

This policy applies to the following:

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|---|---------------------------------|---------------------|---|-------------------------------------|---|
| Standard Control (SF) | Managed Medicaid Template (MMT) | ACSF Chart (ACSFC) | ✓ | Medical Benefit | Medicare Part B |
| Standard Control – Choice (SCCF) | Marketplace (MF) | SF Chart (SFC) | | Medical: Advanced Biosimilars First | Medicare Part B: Biosimilars First |
| Preferred Drug Plan Design (PDPD) | Aetna Health Exchange (AHE) | VF Chart (VFC) | ✓ | Medical Benefit: Managed Medicaid | Medicare Part B: Advanced Biosimilars First |
| Advanced Control Specialty (ACSF) | IVL | New to Market (NTM) | | Medical Benefit: Add-on | |
| Advanced Control Specialty – Choice (ACSCF) | Value (VF) | | | | |

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|-------------|
| Reference # |
| 5058-D |

EXCEPTIONS CRITERIA BEVACIZUMAB PRODUCTS

PREFERRED PRODUCT FOR ONCOLOGY: MVASI

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the bevacizumab products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product for an oncology indication.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Bevacizumab-Oncology

| | Product(s) |
|-------------------|--|
| Preferred* | <ul style="list-style-type: none"> • Mvasi (bevacizumab-awwb) |
| Targeted | <ul style="list-style-type: none"> • AlymSYS (bevacizumab-maly) • Avastin (bevacizumab) • Vegzelma (bevacizumab-adcd) • Zirabev (bevacizumab-bvzr) |

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

For an oncology indication, coverage for a targeted product is provided when member has had a documented intolerable adverse event to the preferred product, Mvasi, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

REFERENCES

1. AlymSYS [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; April 2022.

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| | Advanced Control Specialty – Choice (ACSCF) | Value (VF) | | | | |

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2. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; September 2022.
3. Mvasi [package insert]. Thousand Oaks, CA: Amgen, Inc.; February 2023.
4. Vegzelma [package insert]. Incheon, Republic of Korea: Celltrion, Inc.; September 2022.
5. Zirabev [package insert]. New York, NY: Pfizer Inc.; February 2023.