PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Oncology (Injectable) – Bevacizumab Products Preferred Specialty Management Policy
- Alymsys® (bevacizumab-maly intravenous infusion – Amneal)
- Avastin® (bevacizumab intravenous infusion – Genentech)
- Mvasi® (bevacizumab-awwb intravenous infusion – Amgen)
- Zirabev™ (bevacizumab-bvzr intravenous infusion – Pfizer)

REVIEW DATE: 07/06/2022; selected revision 09/28/2022

OVERVIEW

Alymsys, Mvasi and Zirabev are approved as biosimilars to Avastin intravenous, indicating no clinically meaningful differences in safety and effectiveness and the same mechanism of action, route of administration, and dosage form as Avastin intravenous.[1-3] However, minor differences in clinically inactive components are allowed. At this time, the bevacizumab biosimilars have only demonstrated biosimilarity, not interchangeability.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Oncology (Injectable) – Bevacizumab Products Prior Authorization Policy* criteria. The program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Oncology (Injectable) – Bevacizumab Products Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for the Preferred Product will be authorized. All approvals are provided for the duration noted below.

Automation: None.

Preferred Products: Zirabev
Non-Preferred Products: Alymsys, Avastin, Mvasi

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Alymsys, Avastin, Mvasi	**1.** Approve for 1 year if the patient meets BOTH of the following (A and B): **A)** Patient meets the standard *Oncology (Injectable) – Bevacizumab Products PA Policy* criteria; AND **B)** Patient meets ONE of the following (i or ii): **i.** Patient meets both of the following (a and b): **a)** Patient has tried Zirabev; AND **b)** Patient cannot continue to use the Preferred Product due to a formulation difference in the inactive ingredient(s) [e.g., differences in the stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction; OR **ii.** Patient is currently receiving the requested bevacizumab product. **2.** If the patient has met the standard *Oncology (Injectable) – Bevacizumab Products PA Policy* criteria (1A), but has not met exception criteria (1B): approve the Preferred Product.

REFERENCES

1. Avastin® intravenous infusion [prescribing information]. South San Francisco, CA: Genentech. December 2020.
2. Mvasi® intravenous infusion [prescribing information]. Thousand Oaks, CA: Amgen; November 2021.
3. Zirabev™ intravenous infusion [prescribing information]. New York, NY: Pfizer; February 2021.
4. Alymsys® intravenous infusion [prescribing information]. Bridgewater, NJ: Amneal; April 2022.