MED RX POLICY

POLICY: Oncology (Injectable) – Bevacizumab Products Med Rx Policy

- Alymsys® (bevacizumab-maly intravenous infusion – Amneal)
- Avastin® (bevacizumab intravenous infusion – Genentech)
- Mvasi™ (bevacizumab-awwb intravenous infusion – Amgen)
- Vegzelma™ (bevacizumab-adcd intravenous infusion – Celltrion)
- Zirabev™ (bevacizumab-bvzr intravenous infusion – Pfizer)

REVIEW DATE: 09/20/2023

OVERVIEW

Alymsys, Mvasi, Vegzelma, and Zirabev are approved as biosimilars to Avastin intravenous (IV), indicating no clinically meaningful differences in safety and effectiveness and the same mechanism of action, route of administration, and dosage form as Avastin IV.[1-5] However, minor differences in clinically inactive components are allowed. At this time, the bevacizumab biosimilars have only demonstrated biosimilarity, not interchangeability.

POLICY STATEMENT

This Med Rx program has been developed to encourage the use of the Preferred Products. For all products (Preferred and Non-Preferred), the patient is required to meet the standard *Oncology (Injectable) – Bevacizumab Products Utilization Management Medical Policy* criteria. This program also directs the patient to try at least one Preferred Product prior to the approval of a Non-Preferred Product. The use of Avastin for neovascular or vascular ophthalmic conditions is exempted from the requirement of trying a Preferred Product. All approvals are provided for a duration noted in the respective standard *Oncology (Injectable) – Bevacizumab Products Utilization Management Medical Policy.*

Automation: None.

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

Recommended Exception Criteria

Non-Preferred Product	Exception Criteria
Alymsys, Avastin, Vegzelma	1. **Oncology Conditions.** Approve if the patient meets BOTH of the following (A and B): A) Patient meets the standard *Oncology (Injectable) – Bevacizumab Products Utilization Management Medical 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 one of Mvasi or 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 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. **Neovascular or Vascular Ophthalmic Conditions.** Approve for 3 years.

References

1. Avastin® intravenous infusion [prescribing information]. South San Francisco, CA: Genentech; September 2022.
2. Mvasi® intravenous infusion [prescribing information]. Thousand Oaks, CA: Amgen; February 2023.
3. Zirabev™ intravenous infusion [prescribing information]. New York, NY: Pfizer; February 2023.
4. Alymsys® intravenous infusion [prescribing information]. Bridgewater, NJ: Amneal; April 2022.
5. Vegzelma™ intravenous infusion [prescribing information]. Incheon, Republic of Korea: Celltrion; September 2022.

History

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Alymsys:** Added Alymsys as a Non-Preferred Product.	09/28/2022
Selected Revision	**Oncology Conditions:** Revised criteria from patient is currently taking Avastin to patient is currently receiving the requested bevacizumab product.	10/12/2022
Selected Revision	**Vegzelma:** Added Vegzelma as a Non-Preferred Product.	02/01/2023
Annual Revision	No criteria changes.	09/20/2023