



EXCEPTIONS CRITERIA BEVACIZUMAB PRODUCTS

PREFERRED PRODUCTS FOR OCULAR: AVASTIN

PREFERRED PRODUCTS 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 members who are new to treatment with a targeted product for the first time.

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

Table 1. bevacizumab-Ocular

	Product(s)
Preferred*	• Avastin (bevacizumab)
Targeted (non-preferred)	• Beovu (brolucizumab-dbll) • Eylea (aflibercept) • Lucentis (ranibizumab)

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

Table 2. bevacizumab-Oncology

	Product(s)
Preferred*	• Mvasi (bevacizumab-awwb)
Targeted (non-preferred)	• Avastin (bevacizumab) • Zirabev (bevacizumab-bvzr)

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

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when any of the following criteria are met

- Member has received treatment with the targeted product in the past 365 days.
- For an ocular indication, a member has a documented inadequate response or intolerable adverse event with the preferred product, Avastin.
- For an oncology indication, member has had 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. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; January 2021.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2022.
3. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2021.
4. Lucentis [package insert]. San Francisco, CA: Genetech, Inc.; October 2020.
5. Mvasi [package insert]. Thousand Oaks, CA: Amgen, Inc.; November 2021.
6. Zirabev [package insert]. New York, NY: Pfizer, Inc.; May 2021.

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