PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Bevacizumab (Alymsys, Avastin, Mvasi, Zirabev)
BILLING CODE	See below
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
STATUS	Prior Authorization Required

Bevacizumab was initially approved by the FDA in 2004 as Avastin. Since then, the FDA approved Mvasi (2017) and Zirabev (2019) as biosimilars to Avastin. Bevacizumab is approved for use in the treatment of metastatic colorectal cancer.

All oncology treatments, including bevacizumab, must be submitted to Eviti Connect for review via the NantHealth Eviti Connect portal. For additional information and details, please refer to the CareSource policy statement "Oncology Treatment Regimen Review."

The following table lists the status of the bevacizumab products. Approval of non-preferred products requires intolerance to all preferred products.

Preferred Products	Non-Preferred Products
• Mvasi – Q5107 • Zirabev – Q5118	• Avastin – J9035

For additional information, please reference the Avastin for use in Ophthalmology Billing Guideline.

DATE	ACTION/DESCRIPTION
05/04/2022	New policy for bevacizumab products created outlining preferred/non-preferred biosimilar products

References:

1. Alymsys. Package insert. Amneal Pharmaceuticals LLC; 2022.
2. Avastin. Package insert. Genentech; 2004.
3. Mvasi. Package insert. Amgen Inc; 2017.
4. Zirabev. Package insert. Pfizer Inc; 2019.

Effective date: 06/01/2022
Revised date: 05/04/2022