

**PART B STEP THERAPY CRITERIA FOR APPROVAL**

**Avastin and Alymsys** will be approved when ALL of the following are met:

1. The requested medication is being used for ONE of the following:
  - A. An FDA approved indication

**OR**

  - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
  - A. Information has been provided that indicates the patient has been treated with the request medication in the past 365 days

**OR**

  - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL preferred medication(s) supported for the diagnosis

**OR**

  - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred medication(s) supported for the diagnosis

**OR**

  - D. The prescriber has submitted documentation indicating ALL preferred medication(s) supported for the diagnosis are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

**OR**

  - E. BOTH of the following (for oncology indications):
    - i. NCCN does NOT specify the preferred medication(s) as a preferred regimen for the requested indication

**AND**

    - ii. NCCN specifies the requested medication as a preferred regimen for the requested indication

**Length of Approval:** up to 12 months

See table of preferred medications on next page

**NOTES:**

- For Avastin: preferred medications are not required for non-cancer indications.
- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.

Targeted Part B Medication	Preferred Medications* †
Avastin (bevacizumab)	Mvasi (bevacizumab-awwb) and Zirabev (bevacizumab-bvzr)
Alymsys (bevacizumab-maly)	Mvasi (bevacizumab-awwb) and Zirabev (bevacizumab-bvzr)

\*Preferred medications may vary based upon indication

†Preferred medications require prior authorization under the member's medical (Part B) benefit