

Bevacizumab

Drug names	<div>1. Alymsys</div> <div>2. Avastin</div> <div>3. Mvasi</div> <div>4. Vegzelma</div> <div>5. Zirabev</div>				
Description	<p>Bevacizumab is used to treat metastatic (cancer that has spread) carcinoma of the colon or rectum. It is an antineoplastic that helps the body fight cancer. It prevents the growth of certain types of blood vessels to cancer cells. This helps decrease the growth of cancer cells by starving them of the nutrients they need to grow.</p> <p>It is administered by intravenous (IV) infusion.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Avastin (Bevacizumab) for Ocular Indications - An intravitreal VEGF inhibitor antibody treatment used to stop unwanted vascular formations within the eye.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)MHPS				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.3.23</td><td>Combining bio-similar drugs into one A-Z.</td></tr></table>	Date	Description	3.3.23	Combining bio-similar drugs into one A-Z.
Date	Description				
3.3.23	Combining bio-similar drugs into one A-Z.				

Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.3.23</td><td>Combining bio-similar drugs into one A-Z.</td></tr></table>	Date	Description	3.3.23	Combining bio-similar drugs into one A-Z.
Date	Description				
3.3.23	Combining bio-similar drugs into one A-Z.				

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medica is the only payer.
Advantage	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Advantage PartnerCare (I-SNP)	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Medicaid (SPP)	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient hospital POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Prime	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select,	Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Signature	<ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.

Continued on next page

Government Programs, Continued

Document
history

The document history for the past 12 months is outlined below.

Date	Description
3.3.23	Combining bio-similar drugs into one A-Z.

Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>3.3.23</td><td>Combining bio-similar drugs into one A-Z.</td></tr></table>	Date	Description	3.3.23	Combining bio-similar drugs into one A-Z.
Date	Description				
3.3.23	Combining bio-similar drugs into one A-Z.				

Medica Health Plan Solutions (MHPS)

Introduction	This section applies to all Medica Health Plan Solutions (MHPS) members.	
Mayo Medical Plan	Coverage depends on the medication.	
	Medication	Coverage
	All (except Avastin)	<ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.
	Avastin	<ul style="list-style-type: none">A Pharmacy Clinical Guideline, <i>Avastin (bevacizumab)</i>, is on Magellan Rx Management.Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient hospital POS: PA is not required.Providers: All providers, including Mayo Clinic providers, require PA.Medicare supplement: PA does not apply.If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
All others	<p>A Pharmacy Clinical Guideline, <i>Bevacizumab</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.ER or inpatient hospital POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.	
Document history	The document history for the past 12 months is outlined below.	
	Date	Description
	3.3.23	Combining bio-similar drugs into one A-Z.