Reference number(s)
C22121-A

ALYMSYS (bevacizumab-maly)
AVASTIN (bevacizumab)
MVASI (bevacizumab-awwb)
VEGZELMA (bevacizumab-adcd)
ZIRABEV (bevacizumab-bvzr)
Clover Health MedB QSet

1. Is the product being requested for the treatment of either of the following:
   - Ocular disorder
   - Oncology indication

   a. Ocular disorder □ *Go to #2*
   b. Oncology indication □ *Go to #3*

2. The only product for which coverage is provided for ocular indications is Avastin. Is this request for Alymsys, Mvasi, Vegzelma, or Zirabev for an ocular disorder?
   a. Yes □ *Deny*
   b. No □ *Approve for 12 months (enter authorization for Avastin only)*

3. The preferred product for which coverage is provided for oncology indications is Mvasi. Can the patient's treatment be switched to thepreferred product?
   a. This request is for Mvasi □ *Go to #100*
   b. Yes, the treatment can be switched to Mvasi □ *Go to #100*
   c. No, proceed with Avastin, Alymsys, Vegzelma, or Zirabev request □ *Go to #4*

4. Has the patient received treatment with the requested product in the past 365 days? ***Internal Note: If 'Yes,' please review the past 365 days of the patient's claim history.***
   a. Yes □ *Go to #100*
   b. No □ Go to #5

5. Does the patient have a documented intolerable adverse event to the preferred product (Mvasi) that 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)? **Action Required: If 'Yes', attach supporting chart note(s).**
   a. Yes □ *Go to #100*
   b. No □ *Deny*

Oncology

100. Is the patient currently receiving requested drug?
   a. Yes → *Go to #101*
   b. No → *Go to #108*

Continuation of Therapy – Oncology

101. Is the patient participating in any of the clinical trials listed in the table below?

Study ID #	Study Title
C80405	Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5FU/Leucovorin with Bevacizumab, or Cetuximab, or with the combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum
E2204	An Intergroup Randomized Phase II Study of Bevacizumab or Cetuximab in Combination with Gemcitabine and in Combination with Chemoradiation (Capecitabine and Radiation) in Patients with Completely-Resected Pancreatic Carcinoma
E4203	Phase II Study of Treatment Selection Based Upon Tumor Thymidylate Synthase Expression in Previously Untreated Patients with Metastatic Colorectal Cancer
E5202	Randomized Phase III Study Comparing 5-FU, Leucovorin and Oxaliplatin versus 5-FU, Leucovorin, Oxaliplatin and Bevacizumab in Patients with Stage II Colon Cancer at High Risk for Recurrence to Determine Prospectively the Prognostic Value of Molecular Markers
E5204	Intergroup Randomized Phase III Study of Post-Operative Oxaliplatin, 5-Fluorouracil and Leucovorin with or without Bevacizumab in Patients with Stage II or III Rectal Cancer Receiving Pre-Operative Radiation and a 5-Fluorouracil-Based Regimen
NSABP-R-04	A Clinical Trial Comparing Preoperative Radiation Therapy and Capecitabine with or without Oxaliplatin with Preoperative Radiation Therapy and Continuous Intravenous Infusion 5-Fluorouracil with or without Oxaliplatin in the Treatment of Patients with Operable Carcinoma of the Rectum
RTOG-0522	Phase III Trial of Concurrent Accelerated Radiation & Cisplatin vs Concurrent Accelerated Radiation, Cisplatin, & Cetuximab (Followed by Surgery for Selected Patients) for Stage III & IV Head & Neck Carcinomas
S0502	Phase III Randomized Study of Imatinib, with or without Bevacizumab, in Patients with Metastatic or Unresectable Gastrointestinal Stromal Tumors
7325	Dose-Dense and Dose-Intense Alternating Irinotecan/Capecitabine & Oxaliplatin/Capecitabine: Phase I in Solid Tumors and Phase II with Bevacizumab as First-Line Therapy of Advanced Colorectal Cancer

a. Yes → *Approve for 12 months*
b. No → *Go to #102*

102. What is the patient's diagnosis?
a. Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma → *Go to #106*
b. Non-squamous non-small cell lung cancer (NSCLC) → *Go to #106*
c. Central nervous system cancer → *Go to #103*
d. Central nervous system necrosis due to exposure to ionizing radiation → *Go to #107*
e. Renal cell cancer → *Go to #106*
f. Cervical cancer → *Go to #106*
g. Vaginal cancer → *Go to #106*
h. Epithelial ovarian cancer → *Go to #106*
i. Fallopian tube cancer → *Go to #106*
j. Primary peritoneal cancer → *Go to #106*
k. Malignant sex cord stromal tumors → *Go to #106*
l. Soft tissue sarcoma → *Go to #105*
m. Endometrial carcinoma→ *Go to #106*
n. Uterine neoplasms → *Go to #106*
o. Breast cancer → *Go to #106*
p. Hepatocellular carcinoma → *Go to #106*
q. Gastric cancer → *Go to #106*
r. Liver cancer → *Go to #106*
s. Small bowel adenocarcinoma → *Go to #106*
t. Ampullary adenocarcinoma → *Go to #106*
u. Vulvar carcinoma, including squamous cell carcinoma and adenocarcinoma → *Go to #106*
v. Mesothelioma (malignant pleural, malignant peritoneal, pericardial, or tunica vaginalis testis) → *Go to #106*
w. Other → *Deny*

103. Which of the following subtypes classifies the disease?
a. Glioma (WHO Grade 1) → *Go to #106*
b. Diffuse high grade gliomas → *Go to #106*
c. Glioblastoma → *Go to #106*
d. IDH mutant astrocytoma (WHO Grade 2, 3, or 4) → *Go to #106*
e. Oligodendroglioma (WHO Grade 2 or 3) → *Go to #106*
f. Intracranial and spinal ependymoma (excludes subependymoma) → *Go to #106*
g. Medulloblastoma → *Go to #106*
h. Primary central nervous system lymphoma → *Go to #106*
i. Meningiomas → *Go to #106*
j. Limited and extensive brain metastases → *Go to #106*
k. Metastatic spine tumors → *Go to #106*
l. Other → *Deny*

105. Which of the following subtypes classifies the disease?
a. Angiosarcoma → *Go to #106*
b. Solitary fibrous tumor/hemangiopericytoma → *Go to #106*

c. Other → *Deny*

106. Is the patient receiving benefit from therapy, defined as no evidence of unacceptable toxicity and no evidence of disease progression while on the current regimen?
   a. Yes → *Approve for 12 months*
   b. No → *Deny*

107. Is the patient receiving benefit from therapy?
   a. Yes → *Approve for 3 months*
   b. No → *Deny*

New Start - Oncology

108. Is the patient participating in any of the clinical trials listed in the table below?

Study ID #	Study Title
C80405	Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5FU/Leucovorin with Bevacizumab, or Cetuximab, or with the combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum
E2204	An Intergroup Randomized Phase II Study of Bevacizumab or Cetuximab in Combination with Gemcitabine and in Combination with Chemoradiation (Capecitabine and Radiation) in Patients with Completely-Resected Pancreatic Carcinoma
E4203	Phase II Study of Treatment Selection Based Upon Tumor Thymidylate Synthase Expression in Previously Untreated Patients with Metastatic Colorectal Cancer
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E5204	Intergroup Randomized Phase III Study of Post-Operative Oxaliplatin, 5-Fluorouracil and Leucovorin with or without Bevacizumab in Patients with Stage II or III Rectal Cancer Receiving Pre-Operative Radiation and a 5-Fluorouracil-Based Regimen
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RTOG-0522	Phase III Trial of Concurrent Accelerated Radiation & Cisplatin vs Concurrent Accelerated Radiation, Cisplatin, & Cetuximab (Followed by Surgery for Selected Patients) for Stage III & IV Head & Neck Carcinomas
S0502	Phase III Randomized Study of Imatinib, with or without Bevacizumab, in Patients with Metastatic or Unresectable Gastrointestinal Stromal Tumors
7325	Dose-Dense and Dose-Intense Alternating Irinotecan/Capecitabine & Oxaliplatin/Capecitabine: Phase I in Solid Tumors and Phase II with Bevacizumab as First-Line Therapy of Advanced Colorectal Cancer

a. Yes → *Approve for 12 months*
b. No → *Go to #109*

109. What is the patient's diagnosis?
a. Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma → *Approve for 12 months*
b. Non-squamous non-small cell lung cancer → *Go to #118*
c. Central nervous system cancer → *Go to #110*
d. Central nervous system necrosis due to ionizing radiation → *Approve for 3 months*
e. Renal cell cancer → *Go to #119*
f. Cervical cancer → *Go to #120*
g. Vaginal cancer → *Go to #120*
h. Epithelial ovarian cancer → *Approve for 12 months*
i. Fallopian tube cancer → *Approve for 12 months*
j. Primary peritoneal cancer → *Approve for 12 months*
k. Malignant sex cord stromal tumors → *Approve for 12 months*
l. Soft tissue sarcoma → *Go to #112*
m. Endometrial carcinoma → *Go to #121*
n. Uterine neoplasms→ *Go to #121*
o. Breast cancer → *Go to #129*
p. Hepatocellular carcinoma → *Go to #115*
q. Gastric cancer → *Approve for 12 months*
r. Liver cancer → *Approve for 12 months*
s. Small bowel adenocarcinoma → *Approve for 12 months*
t. Ampullary adenocarcinoma → *Go to #131*
u. Vulvar carcinoma, including squamous cell carcinoma and adenocarcinoma → *Go to #130*
v. Mesothelioma (malignant pleural, malignant peritoneal, pericardial, or tunica vaginalis testis) → *Go to #122*
w. Other → *Deny*

Central nervous system cancer

110. Which of the following subtypes classifies the disease?
a. Glioma (WHO Grade 1) → *Approve for 12 months*

b. Diffuse high grade gliomas → *Approve for 12 months*
c. Glioblastoma → *Approve for 12 months*
d. IDH mutant astrocytoma (WHO Grade 2, 3, or 4) → *Approve for 12 months*
e. Oligodendroglioma (WHO Grade 2 or 3) → *Approve for 12 months*
f. Intracranial and spinal ependymoma (excludes subependymoma) → *Approve for 12 months*
g. Medulloblastoma → *Approve for 12 months*
h. Primary central nervous system lymphoma → *Approve for 12 months*
i. Meningiomas → *Approve for 12 months*
j. Limited and extensive brain metastases → *Approve for 12 months*
k. Metastatic spine tumors → *Approve for 12 months*
l. Other → *Deny*

Soft tissue sarcoma

112. Which of the following subtypes classifies the disease?
a. Angiosarcoma → *Go to #113*
b. Solitary fibrous tumor/hemangiopericytoma → *Go to #114*
c. Other → *Deny*

113. Will the requested medication be given as single agent therapy?
a. Yes → *Approve for 12 months*
b. No → *Deny*

114. Will the requested medication be given in combination with temozolomide?
a. Yes → *Approve for 12 months*
b. No → *Deny*

Hepatocellular carcinoma

115. Will the requested drug be used in combination with atezolizumab?
a. Yes → *Go to #116*
b. No → *Deny*

116. What is the place in therapy in which the requested drug will be used?
a. Initial treatment → *Go to #117*
b. Subsequent treatment → *Deny*

117. Does the patient have unresectable or metastatic disease?
a. Unresectable disease → *Approve for 12 months*
b. Metastatic disease → *Approve for 12 months*
c. None of the above → *Deny*

Non-squamous non-small cell lung cancer (NSCLC)

118. Does the patient have symptomatic local, recurrent, unresectable, advanced, or metastatic disease?
a. Recurrent disease → *Approve for 12 months*
b. Unresectable disease → *Approve for 12 months*
c. Advanced disease → *Approve for 12 months*
d. Metastatic disease → *Approve for 12 months*
e. Symptomatic local disease → *Approve for 12 months*

f. None of the above → *Deny*

Renal cell cancer

119. Does the patient have relapsed or stage IV disease?
   a. Relapsed disease → *Approve for 12 months*
   b. Stage IV disease → *Approve for 12 months*
   c. None of the above → *Deny*

Cervical cancer
Vaginal cancer

120. Does the patient have persistent, recurrent, or metastatic disease?
   a. Persistent disease → *Approve for 12 months*
   b. Recurrent disease → *Approve for 12 months*
   c. Metastatic disease → *Approve for 12 months*
   d. None of the above → *Deny*

Endometrial carcinoma
Uterine neoplasms

121. Does the patient have progressive, advanced, recurrent, or metastatic disease?
   a. Progressive disease → *Approve for 12 months*
   b. Advanced disease → *Approve for 12 months*
   c. Recurrent disease → *Approve for 12 months*
   d. Metastatic disease → *Approve for 12 months*
   e. None of the above → *Deny*

Malignant pleural mesothelioma, malignant peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma

122. What is the place in therapy in which the requested drug will be used?
   a. First-line treatment → *Go to #123*
   b. Subsequent treatment → *Go to #125*

123. Will the requested medication be given in combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin), followed by single-agent maintenance bevacizumab?
   a. Yes → *Go to #124*
   b. No → Deny

124. Does the patient have unresectable disease?
   a. Yes → *Go to #127*
   b. No → Deny

125. Will the requested medication be used in any of the following regimens?
   a. In combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin) → *Go to #126*
   b. In combination with atezolizumab (Tecentriq) → *Go to #128*

c. No → Deny

126. Has the patient received immunotherapy as first-line treatment?
   a. Yes → *Go to #127*
   b. No → Deny

127. Please indicate the type of mesothelioma which applies to the patient's disease
   a. Malignant pleural mesothelioma → Approve for 12 months
   b. Malignant peritoneal mesothelioma → Approve for 12 months
   c. Pericardial mesothelioma → Approve for 12 months
   d. Tunica vaginalis testis mesothelioma → Approve for 12 months
   e. Other → Deny

128. Please indicate the type of mesothelioma which applies to the patient's disease
   a. Malignant pleural mesothelioma → Deny
   b. Malignant peritoneal mesothelioma → *Approve for 12 months*
   c. Pericardial mesothelioma → *Approve for 12 months*
   d. Tunica vaginalis testis mesothelioma → *Approve for 12 months*
   e. Other → Deny

Breast cancer

129. Does the patient have recurrent or metastatic disease?
   a. Recurrent disease → *Approve for 12 months*
   b. Metastatic disease → *Approve for 12 months*
   c. None of the above → *Deny*

Vulvar squamous cell carcinoma

130. Does the patient have unresectable locally advanced, recurrent, or metastatic disease?
   a. Unresectable locally advanced disease → *Approve for 12 months*
   b. Recurrent disease → *Approve for 12 months*
   c. Metastatic disease → *Approve for 12 months*
   d. None of the above → *Deny*

Ampullary adenocarcinoma

131. Please indicate the type of ampullary adenocarcinoma which applies to the patient's disease
   a. Intestinal-type → *Go to #132*
   b. Other → Deny

132. Does the patient have progressive, unresectable, or metastatic disease?
   a. Progressive disease → *Approve for 12 months*
   b. Unresectable disease → *Approve for 12 months*
   c. Metastatic disease → *Approve for 12 months*
   d. None of the above → Deny

Reference number(s)
C22121-A