

| PA Criteria                                   | Criteria Details   |   |             |                            |       |   |   |
|---|--|---|-------------|----------------------------|-------|---|---|
| <b>Covered Uses (FDA approved indication)</b> | <p>Vegzelma is a biosimilar to Avastin® (bevacizumab). Bevacizumab is a vascular endothelial growth factor inhibitor indicated for the treatment of multiple cancers including:</p> <ul style="list-style-type: none"> <li>A. metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment;</li> <li>B. metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or luoropyrimidine oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen;</li> <li>C. Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment;</li> <li>D. recurrent glioblastoma in adult;</li> <li>E. metastatic renal cell carcinoma in combination with interferon alfa, and more.</li> </ul> |   |             |                            |       |   |   |
| <b>Exclusion Criteria</b>                     | None.  |   |             |                            |       |   |   |
| <b>Required Medical Information</b>           | Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.  |   |             |                            |       |   |   |
| <b>Other Criteria</b>                         | Must follow (LCD) L37205: Chemotherapy Drugs and their Adjuncts.<br><a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&amp;ver=15">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&amp;ver=15</a>  |   |             |                            |       |   |   |
| <b>Age Restriction</b>                        | None.  |   |             |                            |       |   |   |
| <b>Prescriber Restrictions</b>                | None.  |   |             |                            |       |   |   |
| <b>Coverage Duration</b>                      | Up to one year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.   |   |             |                            |       |   |   |
| <b>Other Criteria/Information</b>             | <p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q5129</td> <td>Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg</td> <td> <b>Billing unit: 10 mg</b><br/><br/>           100 mg/4 mL SDV<br/>           400 mg/16 mL SDV         </td> </tr> </tbody> </table>   | HCPCS   | Description | Billing Units/How Supplied | Q5129 | Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg | <b>Billing unit: 10 mg</b><br><br>100 mg/4 mL SDV<br>400 mg/16 mL SDV |
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| STATUS   | DATE REVISED | REVIEW DATE | APPROVED/REVIEWED BY  | EFFECTIVE DATE |
|----------|--------------|-------------|---|----------------|
| Created  | 3/26/2025    | 3/26/2025   | Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG) | N/A            |
| Approved | N/A          | 5/15/2025   | Pharmacy & Therapeutics (P&T) Committee                       | 5/15/2025      |
|          |              |             |   |                |
|          |              |             |   |                |