

| PA Criteria | Criteria Details | | | | | | |
|---|---|--|-------------|----------------------------|-------|---------------------------------------|--|
| Covered Uses (FDA approved indication) | <p>Alymsys is a biosimilar to Avastin, bevacizumab is a vascular endothelial growth factor inhibitor indicated for the treatment of multiple cancers including:</p> <p>metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment;</p> <p>metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen;</p> <p>unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment;</p> <p>recurrent glioblastoma in adult;</p> <p>metastatic renal cell carcinoma in combination with interferon alfa, and more.</p> | | | | | | |
| Exclusion Criteria | None. | | | | | | |
| Required Medical Information | Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment. | | | | | | |
| Other Criteria | Criteria will be applied consistent with LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=37205&ver=15 | | | | | | |
| Age Restriction | None. | | | | | | |
| Prescriber Restrictions | None. | | | | | | |
| Coverage Duration | Up to one year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice. | | | | | | |
| Other Criteria/Information | <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>Q5126</td> <td>Alymsys (bevacizumab-maly) biosimilar</td> <td>Billing unit: 10 mg 100 mg/4 mL, 400 mg/16 mL SDV</td> </tr> </tbody> </table> | HCPCS | Description | Billing Units/How Supplied | Q5126 | Alymsys (bevacizumab-maly) biosimilar | Billing unit: 10 mg 100 mg/4 mL, 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 |
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