

Field Name	Field Description
Prior Authorization Group Description	Dose Rounding Limit Exception Criteria
Drugs	Bevacizumab products (Avastin, Mvasi, Zirabev, Vegzelma, Alymsys) for oncologic indications
Covered Uses	All medically accepted indications. Medically accepted indications are defined using the following compendia resources: the Food and Drug Administration (FDA) approved indication(s) (Drug Package Insert), American Hospital Formulary Service Drug Information (AHFS-DI), and DRUGDEX Information System. The reviewer may also reference disease state specific standard of care guidelines.
Scope	Requests for drugs exceeding the health plan's dose rounding limits. For members 18 years of age and older, the dose will be rounded down to the nearest whole vial size if the rounded dose falls within 10% of the requested dose.
Criteria	<ul style="list-style-type: none"> • If the drug is subject to other criteria, the member must meet criteria for approval. • The provider has submitted justification why the dose-rounding will be inadequate based on the member's condition and treatment history. Exceptions may include but are not limited to: <ul style="list-style-type: none"> ○ Member previously demonstrated a suboptimal or partial response to therapy at a rounded dose ○ Rounded dose is unavailable due to manufacturer supply/shortage issues ○ Provider has a documented medical reason why dose rounding is inappropriate for the member <p>Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.</p>
Coverage Duration	6 months
Revision/Review Date	3/2024