

# Pharmacy Second Level Review

Please review each of these drugs carefully.

<a href="#">belinostat</a>	<b>i</b> Required for nonformulary use
<a href="#">bevacizumab</a>	<b>i</b> See comments.
<a href="#">bezlotoxumab</a>	<b>i</b> Required for inpatient and outpatient use.
<a href="#">blinatumomab</a>	<b>i</b> All inpatient use requires Pharmacy Second Level Review, including new starts and readmissions. Prior financial review is required prior to hospital admission and use. See comments for Second Level Review Exception.
<a href="#">cabazitaxel</a>	<b>i</b> Required for inpatient use

## bevacizumab

**Restricted to Outpatient Facilities:** See comments.

**Pharmacy Second Level Review:** See comments.

Drug Name	Form	Strength	Formulary	Non-Formulary	Restricted	Restricted Outpt	TIP
Avastin	INJECTION	25 mg/mL	✓			✓	
Alymsys (maly)	INJECTION	25 mg/mL	✓			✓	
Mvasi (awwb)	SOLUTION, INTRAVENOUS	25 mg/mL	✓			✓	
Zirabev (bvzr)	SOLUTION, INTRAVENOUS	25 mg/mL	✓			✓	

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### Comments:

#### Restriction:

**Preferred [redacted] formulary product is bevacizumab-bvzr (Zirabev).** Other products are restricted to the outpatient setting for use where bevacizumab-bvzr injection is not covered by insurance. Must be prescribed by authorized chemotherapy providers/ophthalmologists for FDA approved indications or indications with Category 1 or 2A level of evidence per NCCN Compendium. Financial review with verification of reimbursement required prior to initiating therapy for outpatient administration.

**Pharmacy Second Level Review:** Off-label oncology use in the outpatient setting requires Pharmacy Second Level Review. Inpatient use requires Pharmacy Second Level Review. Exception: Pharmacy Second Level Review is not required for pediatric patients in the inpatient setting receiving bevacizumab for Retinopathy of Prematurity or neuro-oncology tumors to aid brain edema.