

SPECIALTY GUIDELINE MANAGEMENT

AVASTIN (bevacizumab) MVASI (bevacizumab-awwb) ZIRABEV (bevacizumab-bvzr)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. **Metastatic Colorectal Cancer (mCRC)**
 - a. Avastin, Mvasi, or Zirabev, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with metastatic colorectal cancer.
 - b. Avastin, Mvasi, or Zirabev, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line bevacizumab-containing regimen.
2. **First-Line Non-Squamous Non-Small Cell Lung Cancer (NSCLC)**
Avastin, Mvasi, or Zirabev, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer.
3. **Recurrent Glioblastoma (RGM)**
Avastin, Mvasi, or Zirabev, is indicated for the treatment of recurrent glioblastoma in adults.
4. **Metastatic Renal Cell Carcinoma (mRCC)**
Avastin, Mvasi, or Zirabev, in combination with interferon alfa, is indicated for the treatment of metastatic renal cell carcinoma.
5. **Persistent, Recurrent, or Metastatic Cervical Cancer**
Avastin, Mvasi, or Zirabev, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.
6. **Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer**
 - a. Avastin, in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, is indicated for the treatment of patients with stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection.
 - b. Avastin, in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan, is indicated for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.
 - c. Avastin, in combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by Avastin as a single agent, is indicated for the treatment of patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer.
7. **Hepatocellular Carcinoma**
Avastin, in combination with atezolizumab, is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.

B. Compendial Uses

1. **Breast Cancer for Recurrent or Stage IV (M1) Human Epidermal Growth Factor Receptor 2 (HER2)-Negative Disease**
2. **Central Nervous System (CNS) Cancers**
 - a. **Low-Grade (WHO Grade II) Infiltrative Supratentorial Astrocytoma/Oligodendroglioma**

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- b. Intracranial and Spinal Ependymoma (excluding subependymoma)
- c. Anaplastic Gliomas
- d. Medulloblastoma
- e. Primary Central Nervous System Lymphoma
- f. Meningiomas
- g. Limited and Extensive Brain Metastases
- h. Metastatic Spine Tumors
3. Malignant Pleural Mesothelioma
4. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer
 - a. Carcinosarcoma (malignant mixed Müllerian tumors)
 - b. Clear Cell Carcinoma
 - c. Mucinous Carcinoma
 - d. Grade 1 Endometrioid Carcinoma
 - e. Low-Grade Serous Carcinoma
 - f. Ovarian Borderline Epithelial Tumors (low malignant potential) with invasive implants
 - g. Malignant Sex Cord-Stromal Tumors
5. Soft tissue sarcoma
 - a. Angiosarcoma
 - b. Solitary Fibrous Tumor/Hemangiopericytoma
6. Uterine Neoplasms/Endometrial Carcinoma
7. Vulvar Squamous Cell Carcinoma
8. Peritoneal Mesothelioma
9. Pericardial Mesothelioma
10. Tunica Vaginalis Testis Mesothelioma
11. Small Bowel Adenocarcinoma
12. Appendiceal Carcinoma
13. Anal Adenocarcinoma
14. Ophthalmic Disorders
 - a. Diabetic Macular Edema
 - b. Neovascular (wet) Age-Related Macular Degeneration (AMD)
 - c. Macular Edema following Retinal Vein Occlusion (RVO)
 - d. Proliferative Diabetic Retinopathy
 - e. Choroidal Neovascularization (CNV)
 - f. Neovascular Glaucoma; adjunct
 - g. Retinopathy of Prematurity
 - h. Polypoidal Choroidal Vasculopathy

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Ophthalmic Disorders

Authorization of 6 months may be granted for treatment of the following retinal disorders:

1. Diabetic Macular Edema
2. Neovascular (wet) Age-Related Macular Degeneration
3. Macular Edema following Retinal Vein Occlusion
4. Proliferative Diabetic Retinopathy
5. Choroidal Neovascularization (including myopic choroidal neovascularization, angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
6. Neovascular Glaucoma
7. Retinopathy of Prematurity

8. Polypoidal Choroidal Vasculopathy

B. Colorectal Cancer (CRC)

Authorization of 12 months may be granted for treatment of colorectal cancer, including appendiceal carcinoma and anal adenocarcinoma.

C. Small Bowel Adenocarcinoma

Authorization of 12 months may be granted for treatment of small bowel adenocarcinoma.

D. Non-Small Cell Lung Cancer (NSCLC)

Authorization of 12 months may be granted for treatment of recurrent, advanced, or metastatic non-squamous NSCLC.

E. CNS Cancer

Authorization of 12 months may be granted for treatment of the following types of CNS cancer:

1. Glioblastoma
2. Intracranial and Spinal Ependymoma (excludes subependymoma)
3. Anaplastic Gliomas
4. Low-Grade (WHO Grade II) Infiltrative Supratentorial Astrocytoma/Oligodendroglioma
5. Medulloblastoma
6. Primary Central Nervous System Lymphoma
7. Meningiomas
8. Limited and Extensive Brain Metastases
9. Metastatic Spine Tumors

F. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

Authorization of 12 months may be granted for treatment of the following types of ovarian cancer, fallopian tube cancer, and primary peritoneal cancer:

1. Epithelial Ovarian Cancer, including:
 - i. Carcinosarcoma (malignant mixed Müllerian tumors)
 - ii. Clear Cell Carcinoma
 - iii. Mucinous Carcinoma
 - iv. Grade 1 Endometrioid Carcinoma
 - v. Low-Grade Serous Carcinoma
 - vi. Borderline Epithelial Tumors (low malignant potential) with invasive implants
 - vii. Malignant Sex Cord-Stromal Tumors
2. Fallopian Tube Cancer
3. Primary Peritoneal Cancer

G. Uterine Neoplasms/Endometrial Carcinoma

Authorization of 12 months may be granted for treatment of progressive, advanced, or recurrent uterine neoplasms or endometrial carcinoma.

H. Cervical/Vaginal Cancer

Authorization of 12 months may be granted for treatment of persistent, recurrent, or metastatic cervical or vaginal cancer.

I. Breast Cancer

Authorization of 12 months may be granted for treatment of breast cancer.

J. Renal Cell Carcinoma

Authorization of 12 months may be granted for treatment of relapsed, metastatic, or stage IV renal cell carcinoma.

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K. Soft Tissue Sarcoma

1. Angiosarcoma
Authorization of 12 months may be granted for treatment of angiosarcoma, as single agent therapy.
2. Solitary fibrous tumor/hemangiopericytoma
Authorization of 12 months may be granted for treatment of solitary fibrous tumor or hemangiopericytoma, in combination with temozolomide.

L. Malignant Pleural Mesothelioma

Authorization of 12 months may be granted for treatment of malignant pleural mesothelioma, in combination with pemetrexed and either cisplatin or carboplatin, followed by single agent maintenance therapy.

M. Vulvar Squamous Cell Carcinoma

Authorization of 12 months may be granted for treatment of unresectable locally advanced, recurrent, or metastatic vulvar squamous cell carcinoma.

N. Peritoneal Mesothelioma

Authorization of 12 months may be granted for treatment of peritoneal mesothelioma.

O. Pericardial Mesothelioma

Authorization of 12 months may be granted for treatment of pericardial mesothelioma.

P. Tunica Vaginalis Testis Mesothelioma

Authorization of 12 months may be granted for treatment of tunica vaginalis testis mesothelioma.

Q. Hepatocellular Carcinoma

Authorization of 12 months may be granted for treatment of hepatocellular carcinoma, in combination with atezolizumab.

III. CONTINUATION OF THERAPY

A. Ophthalmic disorders

For ophthalmic disorders, authorization of 12 months may be granted for continued treatment of an indication outlined in Section II for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

B. All other indications

For all other indications, authorization of 12 months may be granted for continued treatment of an indication outlined in Section II for members who are experiencing a clinical benefit to therapy or who have not experienced an unacceptable toxicity.

IV. REFERENCES

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