

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Bevacizumab Products Prior Authorization Policy

- Avastin[®] (bevacizumab intravenous infusion – Genentech)
- Alymsys[®] (bevacizumab-maly intravenous infusion – Amneal)
- Mvasi[™] (bevacizumab-awwb intravenous infusion – Amgen)
- Vegzelma[™] (bevacizumab-adcd intravenous infusion – Celltrion)
- Zirabev[™] (bevacizumab-bvzr intravenous infusion – Pfizer)

REVIEW DATE: 03/20/2024

OVERVIEW

Bevacizumab is a recombinant humanized monoclonal antibody that binds to and inhibits the biologic activity of human vascular endothelial growth factor (VEGF), a key mediator of angiogenesis.¹ Bevacizumab is indicated for the following uses:

- **Cervical cancer**, in combination with paclitaxel and cisplatin OR paclitaxel and topotecan for persistent, recurrent, or metastatic disease.
- **Colorectal cancer**, metastatic:
 - In combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.
 - In combination with fluoropyrimidine-irinotecan-based or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab-containing regimen.

Limitation of use: Bevacizumab is not indicated for adjuvant treatment of colon cancer.

- **Glioblastoma**, for treatment of recurrent disease in adults.
- **Hepatocellular carcinoma**, in combination with Tecentriq[®] (atezolizumab intravenous infusion) for the treatment of unresectable or metastatic disease in patients who have not received prior systemic therapy.
- **Non-small cell lung cancer (NSCLC)**, for non-squamous disease, in combination with carboplatin and paclitaxel for first-line treatment of unresectable, locally advanced, recurrent, or metastatic disease.
- **Ovarian (epithelial), fallopian tube, or primary peritoneal cancer:**
 - Recurrent disease that is platinum-resistant in combination with paclitaxel, Doxil[®] (doxorubicin liposome intravenous infusion), or topotecan, in patients who received no more than two prior chemotherapy regimens.
 - Recurrent disease that is platinum-sensitive in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by bevacizumab as a single agent.
 - In combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent, for stage III or IV disease in patients following initial surgical resection.
- **Renal cell carcinoma**, metastatic, in combination with interferon alfa.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of bevacizumab for uses other than ophthalmic conditions. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with bevacizumab as well as the monitoring required for adverse events and long-term efficacy, approval requires bevacizumab to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of bevacizumab products is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Central Nervous System Tumors.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

Note: For pediatric patients see Pediatric Central Nervous System Tumors.

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least one previous therapy; AND

Note: Examples are temozolomide capsules or injection, etoposide, carmustine, radiotherapy.

C) Patient has ONE of the following (i, ii, iii, iv, v, vi, or vii):

i. Anaplastic gliomas; OR

ii. Astrocytoma; OR

iii. Glioblastoma; OR

iv. Intracranial and spinal ependymoma (excluding subependymoma); OR

v. Meningiomas; OR

vi. Oligodendroglioma; OR

vii. Symptoms due to ONE of the following (a, b, or c):

a) Radiation necrosis; OR

b) Poorly controlled vasogenic edema; OR

c) Mass effect; AND

D) The medication is prescribed by or in consultation with an oncologist.

- 2. Cervical Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i or ii):

i. Patient has recurrent or metastatic cervical cancer; OR

ii. Patient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix; AND

C) The medication is prescribed by or in consultation with an oncologist.

- 3. Colon, Rectal, or Appendiceal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

A) Patient is ≥ 18 years of age; AND

B) Patient has recurrent, advanced, or metastatic colon, rectal, or appendiceal cancer; AND

C) The medication is used in combination with a chemotherapy regimen; AND

Note: Examples of chemotherapy are 5-fluorouracil with leucovorin, and may include one or both of oxaliplatin, irinotecan; capecitabine with or without oxaliplatin; irinotecan with or without oxaliplatin.

D) The medication is prescribed by or in consultation with an oncologist.

- 4. Hepatocellular Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, E, and F):

A) Patient is ≥ 18 years of age; AND

B) Patient has Child-Pugh Class A or B disease; AND

- C) According to the prescriber, the patient has ONE of the following (i, ii, or iii):
 - i. Unresectable disease and is not a transplant candidate; OR
 - ii. Liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; OR
 - iii. Metastatic disease or extensive liver tumor burden; AND
 - D) The medication is used in combination with Tecentriq (atezolizumab intravenous infusion); AND
 - E) Patient has not received prior systemic therapy; AND
 - F) The medication is prescribed by or in consultation with an oncologist.
5. **Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient does not have a of recent hemoptysis; AND
 - C) Patient has recurrent, advanced, or metastatic non-squamous non-small cell lung cancer (NSCLC) and meets ONE of the following (i, ii, iii, iv, or v):

Note: Non-squamous NSCLC includes adenocarcinoma, large cell, or NSCLC not otherwise specified.

 - i. The NSCLC tumor is negative or unknown for actionable mutations and the patient meets ONE of the following (a, b, or c):

Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (*EGFR*) mutation, anaplastic lymphoma kinase (*ALK*) fusions, *RET* rearrangement positive, *MET* exon 14 skipping, *NTRK* gene fusion positive, *BRAF V600E* mutation positive, and ROS proto-oncogene 1 (*ROS1*) rearrangement positive. *KRAS G12C* is not considered an actionable mutation (the tumor may be *KRAS G12C* mutation positive).

 - a) The medication is used as initial therapy in combination with other systemic therapies; OR
Note: Examples of systemic therapies are cisplatin, carboplatin, Tecentriq (atezolizumab intravenous infusion), pemetrexed, paclitaxel.
 - b) The medication is used as continuation maintenance therapy and meets ONE of the following [(1), (2), or (3)]:
 - (1) The medication is used as a single agent; OR
 - (2) The medication is used in combination with Tecentriq, if Tecentriq was used in combination with bevacizumab for first-line therapy; OR
 - (3) The medication is used in combination with pemetrexed, if pemetrexed was used in combination with bevacizumab for first-line therapy; OR
 - c) The medication is used as subsequent therapy in combination with other systemic therapies; OR
Note: Examples of systemic therapies are cisplatin, carboplatin, pemetrexed, paclitaxel.
 - ii. The tumor is positive for *EGFR* exon 19 deletion or exon 21 *L858R* mutations and the patient meets ONE of the following (a or b):
 - a) The medication is used as first-line or continuation maintenance therapy in combination with erlotinib; OR
 - b) The medication is used as subsequent therapy following prior targeted therapy; OR
Note: Examples of targeted therapy include Gilotrif (afatinib tablet), Tagrisso (osimertinib tablet), erlotinib, Iressa (gefitinib tablet), Vizimpro (dacomitinib tablet).
 - iii. Patient meets ALL of the following (a, b, and c):
 - a) The medication is used first-line; AND
 - b) The medication is used in combination with other systemic therapies; AND
Note: Examples of systemic therapies include carboplatin plus paclitaxel or pemetrexed, cisplatin plus pemetrexed, and Tecentriq plus carboplatin and paclitaxel.
 - c) The tumor is positive for ONE of the following mutations [(1) or (2)]:
 - (1) *EGFR* exon 20 mutation; OR

- (2) *ERBB2* (HER2) mutation; OR
 - iv. Patient meets ALL of the following (a, b, and c):
 - a) The medication is used as first-line or subsequent therapy; AND
 - b) The medication is used in combination with other systemic therapies; AND
Note: Examples of systemic therapies include carboplatin plus paclitaxel or pemetrexed, cisplatin plus pemetrexed, and Tecentriq plus carboplatin and paclitaxel.
 - c) The tumor is positive for ONE of the following mutations [(1), (2), (3), or (4)]:
 - (1) *BRAF V600E* mutation; OR
 - (2) *NTRK1/2/3* gene fusion positive; OR
 - (3) *MET* exon 14 skipping mutation; OR
 - (4) *RET* rearrangement positive; OR
 - v. Patient meets ALL of the following (a, b, c, and d):
 - a) The medication is used as subsequent therapy; AND
 - b) The medication is used in combination with other systemic therapies; AND
Note: Examples of systemic therapies include carboplatin plus paclitaxel or pemetrexed, cisplatin plus pemetrexed, and Tecentriq plus carboplatin and paclitaxel.
 - c) The tumor is positive for ONE of the following mutations [(1), (2), or (3)]:
 - (1) *EGFR S768I, L861Q*, and/or *G719X* mutation; OR
 - (2) *ALK* rearrangement positive; OR
 - (3) *ROS1* rearrangement positive; AND
 - d) Patient has previously received targeted drug therapy for the specific mutation; AND
Note: Examples of targeted drug therapy include Gilotrif (afatinib tablet), Tagrisso (osimertinib tablet), erlotinib, Iressa (gefitinib tablet), Vizimpro (dacomitinib tablet), Xalkori (crizotinib capsule), Rozlytrek (entrectinib capsule), or Zykadia (ceritinib tablet).
 - D) The medication is prescribed by or in consultation with an oncologist.
6. **Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.** Approve for 1 year if the patient meets BOTH of the following criteria (A and B):
- A) Patient is ≥ 18 years of age; AND
 - B) The medication is prescribed by or in consultation with an oncologist.
7. **Renal Cell Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient has relapsed, metastatic, or stage IV renal cell cancer; AND
 - C) The medication is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

8. **Ampullary Adenocarcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is ≥ 18 years of age; AND
 - B) Patient has intestinal type disease; AND
 - C) The medication is used in combination with chemotherapy; AND
Note: Examples of chemotherapy include FOLFOX (leucovorin, fluorouracil, oxaliplatin), FOLFIRI (leucovorin, fluorouracil, irinotecan), FOLFIRINOX (leucovorin, fluorouracil, oxaliplatin, irinotecan), and CapeOX (capecitabine, oxaliplatin).
 - D) The medication is prescribed by or in consultation with an oncologist.
9. **Endometrial Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) Patient is ≥ 18 years of age; AND

- B) Patient has recurrent, advanced, or metastatic disease; AND
- C) The medication is prescribed by or in consultation with an oncologist.

10. Mesothelioma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has ONE of the following (i, ii, iii, or iv):
 - i. Pleural mesothelioma; OR
 - ii. Peritoneal mesothelioma; OR
 - iii. Pericardial mesothelioma; OR
 - iv. Tunica vaginalis testis mesothelioma; AND
- C) Patient meets ONE of the following (i or ii):
 - i. Bevacizumab will be used in combination with a chemotherapy regimen; OR
Note: Examples of chemotherapy are pemetrexed, cisplatin, carboplatin.
 - ii. Bevacizumab will be used in combination with Tecentriq (atezolizumab intravenous infusion);
AND
- D) The medication is prescribed by or in consultation with an oncologist.

11. Neovascular or Vascular Ophthalmic Conditions. Approve for 3 years.

Note: Examples of neovascular or vascular ophthalmic conditions include diabetic macular edema (includes patients with diabetic retinopathy and diabetic macular edema), macular edema following retinal vein occlusion, myopic choroidal neovascularization, neovascular (wet) age-related macular degeneration, other neovascular diseases of the eye (e.g., neovascular glaucoma, retinopathy of prematurity, sickle cell neovascularization, choroidal neovascular conditions).

12. Pediatric Central Nervous System Tumors. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is < 18 years of age; AND
- B) Patient has ONE of the following (i or ii):
 - i. Pediatric-type diffuse high-grade glioma; OR
Note: Examples include diffuse hemispheric glioma, diffuse pediatric-type high-grade glioma, infant-type hemispheric glioma, and diffuse midline glioma.
 - ii. Pediatric medulloblastoma; AND
- C) Patient has recurrent or progressive disease; AND
- D) The medication is prescribed by or in consultation with an oncologist.

13. Small Bowel Adenocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has advanced or metastatic disease; AND
- C) The medication is used in combination with chemotherapy; AND
Note: Examples of chemotherapy are fluorouracil, leucovorin, and oxaliplatin (FOLFOX), capecitabine and oxaliplatin (CapeOX), fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFIRINOX).
- D) The medication is prescribed by or in consultation with an oncologist.

14. Soft Tissue Sarcoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has angiosarcoma or solitary fibrous tumor; AND
- C) The medication is prescribed by or in consultation with an oncologist.

15. Vulvar Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
 - B) Patient has advanced, recurrent, or metastatic disease; AND
 - C) Bevacizumab is used in combination with a chemotherapy regimen; AND
- Note: Examples of chemotherapy regimens are cisplatin and paclitaxel, carboplatin and paclitaxel.
- D) The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of bevacizumab products is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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