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)

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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** (persistent, recurrent, or metastatic), in combination with paclitaxel and cisplatin OR paclitaxel and topotecan.
- **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**, treatment of recurrent disease in adults.
- **Hepatocellular carcinoma**, in combination with Tecentriq® (atezolizumab intravenous infusion) for the treatment of patients with unresectable or metastatic disease who have not received prior systemic therapy.
- **Non-small cell lung cancer (NSCLC)**, non-squamous, 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 for the treatment of 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, in patients with stage III or IV disease 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.

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 the following criteria (A, B, and C):
   - **A)** Patient has tried at least one previous therapy; AND
     Note: Examples are temozolomide capsules or injection, etoposide, carmustine, radiotherapy.
   - **B)** Patient has ONE of the following (i, ii, iii, iv, or v):
     - **i.** Anaplastic gliomas; OR
     - **ii.** Glioblastoma; OR
     - **iii.** Intracranial and spinal ependymoma (excluding subependymoma) in patient ≥ 18 years of age; OR
     - **iv.** Meningiomas; OR
     - **v.** 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
   - **C)** The medication is prescribed by or in consultation with an oncologist.

2. **Cervical Cancer.** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient has recurrent or metastatic cervical cancer; AND
   - **B)** The medication is prescribed by or in consultation with an oncologist.

3. **Colon or Rectal Cancer.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** Patient has recurrent, advanced, or metastatic colon or rectal cancer (Stage IV); AND
   - **B)** 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.
   - **C)** The medication is prescribed by or in consultation with an oncologist.

4. **Hepatocellular Carcinoma.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
   - **A)** The medication is used in combination with Tecentriq (atezolizumab intravenous infusion); AND
   - **B)** Patient has not received prior systemic therapy; AND
   - **C)** The medication is prescribed by or in consultation with an oncologist.

5. **Non-Small Cell Lung Cancer (NSCLC).** Approve for 1 year if the patient meets the following criteria (A and B):
   - **A)** Patient has recurrent, advanced, or metastatic non-squamous NSCLC (i.e., adenocarcinoma, large cell, or NSCLC not otherwise specified) and meets ONE of the following criteria (i, ii, iii, or iv):
     - **i.** The tumor is positive for epidermal growth factor receptor (*EGFR*) exon 19 deletion or L858R mutations and bevacizumab is used in combination with erlotinib; OR
     - **ii.** The tumor is positive for one of the following mutations and bevacizumab is used in combination with other systemic therapies (a, b, c, d, e, or f):

Note: Examples include carboplatin plus paclitaxel or Alimta (pemetrexed intravenous infusion); cisplatin plus Alimta; and Tecentriq (atezolizumab intravenous infusion) plus carboplatin and paclitaxel.

a) Epidermal growth factor receptor (*EGFR*) exon 20 mutation; OR
b) *KRAS G12C* mutation; OR
c) *BRAF V600E*; OR
d) *NTRK1/2/3* gene fusion; OR
e) *MET* exon 14 skipping mutation; OR
f) *RET* rearrangement positive; OR

iii. Patient has previously received targeted drug therapy for an actionable mutation; OR
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.

iv. The NSCLC tumor is negative or unknown for actionable mutations and the patient meets ONE of the following criteria (a or b):
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.

a) Bevacizumab is used as initial therapy in combination with other systemic therapies; OR
Note: Examples of systemic therapies are cisplatin, carboplatin, Tecentriq (atezolizumab intravenous infusion), Alimta (pemetrexed intravenous infusion), paclitaxel.

b) Bevacizumab is used as subsequent therapy.
Note: Bevacizumab can be used either as a single agent or in combination with other agents.

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

7. Renal Cell Cancer. Approve for 1 year if the patient meets the following criteria (A and B):
A) Patient has advanced (e.g., relapsed, metastatic, or Stage IV) renal cell cancer; AND
B) The medication is prescribed by or in consultation with an oncologist.

Other Uses with Supportive Evidence

8. Endometrial Carcinoma. Approve for 1 year if the patient meets the following criteria (A and B):
A) Patient has recurrent, advanced, or metastatic disease; AND
B) The medication is prescribed by or in consultation with an oncologist.

9. Mesothelioma. Approve for 1 year if the patient meets the following criteria (A, B, and C):
A) Patient has one of the following (i, ii, iii, or iv):
i. Malignant pleural mesothelioma; OR
ii. Malignant peritoneal mesothelioma; OR
iii. Pericardial mesothelioma; OR
iv. Tunica vaginalis testis mesothelioma; AND

B) One of the following applies (i, ii, or iii):
i. Bevacizumab will be used in combination with a chemotherapy regimen; OR
Note: Examples of chemotherapy are Alimta (pemetrexed intravenous infusion), cisplatin, carboplatin.

ii. Bevacizumab will be used in combination with Tecentriq (atezolizumab intravenous infusion); OR

iii. Bevacizumab is being used as a single agent for maintenance therapy after the patient has received combination chemotherapy regimen; AND
Note: Examples of chemotherapy are Alimta (pemetrexed intravenous infusion), cisplatin, carboplatin.

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

10. 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).

11. Small Bowel Adenocarcinoma. Approve for 1 year if the patient meets the following criteria (A and B):

A) 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 (FOLFOXIRI).

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

12. Soft Tissue Sarcoma. Approve for 1 year if the patient meets BOTH of the following criteria (A and B):

A) Patient has angiosarcoma or solitary fibrous tumor; AND

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

13. Vulvar Cancer (Squamous Cell Carcinoma). Approve for 1 year if the patient meets the following criteria (A and B):

A) Bevacizumab is used in combination with a chemotherapy regimen; AND
Note: Examples of chemotherapy regimens are cisplatin and paclitaxel, carboplatin and paclitaxel.

B) 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.

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