SmartHealth

Ascension

Bevacizumab

(Avastin®) J9035

Covered with prior authorization

Bevacizumab (Avastin®) may be authorized when the following criteria are met:

Metastatic Colorectal Cancer

- Diagnosis of metastatic colon, rectal, or colorectal, appendiceal, or anal adenocarcinoma; **AND**
- Individual has not progressed on more than two lines of a bevacizumab-containing chemotherapy regimen; **AND**
    - Bevacizumab is used in combination with 5-fluorouracil-based (including capecitabine) chemotherapy, irinotecan, or oxaliplatin; **OR**
    - Bevacizumab is used in combination with trifluridine and tipiracil in individuals who have progressed through standard therapies; **AND**
- Dose is 5 mg/kg every 2 weeks with bolus-IFL or 10 mg/kg every 2 weeks with FOLFOX4 or 5 mg/ kg every 2 weeks or 7.5 mg/kg every 3 weeks with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy after progression on a first-line Avastin-containing regimen; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);

First-Line Non-Squamous Non-Small Cell Lung Cancer

- Diagnosis of advanced, recurrent, or metastatic non-squamous Non-Small Cell Lung Cancer (NSCLC); **AND**
    - Current Eastern Cooperative Oncology Group performance status of 0-2, no history of hemoptysis; **AND**
    - Using in combination with platinum-based therapy and either a taxane or pemetrexed; **AND**
        - Using as first-line therapy; **OR**
        - Using as subsequent therapy if disease has progressed during or following treatment with a targeted agent for the expressed oncogene (for example, kinase inhibitors that target EGFR, ALK, ROS1, BRAF, NTRK, RET, or MET mutations); **AND**
    - Dose is 15 mg/kg IV every 3 weeks; **AND**
    - Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
    - Individual is currently stabilized on bevacizumab (Avastin®);

  OR
- Diagnosis of advanced, recurrent, or metastatic non-squamous Non-Small Cell Lung Cancer (NSCLC); **AND**

- Current Eastern Cooperative Oncology Group performance status of 0-2, no history of hemoptysis; **AND**
- Bevacizumab is used in combination with platinum-based therapy, a taxane, and atezolizumab; **AND**
  - Used as first line therapy if individual does not have presence of actionable molecular markers, including EGFR, ALK, ROS1, BRAF, NTRK, MET or RET mutations; **OR**
  - As subsequent therapy if disease has progressed during or following treatment with a targeted agent for the expressed oncogene; **AND**
- Dose is 15 mg/kg IV every 3 weeks; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);

OR

- Diagnosis of non-squamous Non-Small Cell Lung Cancer (NSCLC); **AND**
  - Using bevacizumab for maintenance therapy for advanced, recurrent, or metastatic disease; **AND**
  - Bevacizumab was previously administered as an agent in a first-line combination chemotherapy regimen; **AND**
    - As single agent; **OR**
    - In combination with atezolizumab; **AND**
  - May be used until disease progression; **AND**
  - Dose is 15 mg/kg IV every 3 weeks; **AND**
  - Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
  - Individual is currently stabilized on bevacizumab (Avastin®);

Recurrent Glioblastoma

- Diagnosis of Central Nervous System-Primary Tumor; **AND**
- Failed radiation therapy; **AND**
- Bevacizumab is used in a single line of therapy; **AND**
  - Tumor to be treated is World Health Organization (WHO) Grade III/IV glioma which includes but is not limited to:
    - Anaplastic astrocytoma; **OR**
    - Anaplastic glioma; **OR**
    - Ependymoma, progressive or recurrent; **OR**
    - Glioblastoma; **OR**
    - Glioblastoma multiforme; **OR**
    - High-grade glioma, recurrent; **AND**
- Dose is 10 mg/kg IV every 2 weeks; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);

Metastatic Renal Cell Carcinoma

- Diagnosis of Renal Cell Carcinoma (RCC); **AND**
- Individual has metastatic clear cell RCC; **AND**
- Bevacizumab is used as first-line treatment in combination with interferon alpha; **OR**
- Individual has relapsed or medically unresectable stage IV disease; **AND**
    - Bevacizumab is used as a single agent in those with non-clear cell histology; **OR**
    - Bevacizumab is used in combination with erlotinib or everolimus in those with non-clear cell histology (including papillary RCC and hereditary leiomyomatosis and RCC [HLRCC]); **AND**
- Dose is 10-15 mg/kg IV every 2 to 3 weeks; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);

Persistent, Recurrent, or Metastatic Cervical Cancer

- Diagnosis of Cervical Cancer; **AND**
- Individual has persistent, recurrent, or metastatic disease; **AND**
- Bevacizumab is used in a single line of therapy; **AND**
    - Bevacizumab is used in combination with paclitaxel and either topotecan, cisplatin, or carboplatin for disease that is not amenable to curative treatment with surgery or radiotherapy; **OR**
    - Bevacizumab is used in combination with pembrolizumab, paclitaxel, and a platinum agent; **AND**
- Dose is 15 mg/kg every 3 weeks; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);

Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

- Individual has a diagnosis of Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer; **AND**
- Bevacizumab is used for advanced or metastatic disease following initial surgical resection (as adjuvant therapy); **AND**
- In combination with other chemotherapy; **AND**
    - As a single line of therapy; **OR**
    - Individual has a diagnosis of Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer; **AND**
- Bevacizumab is used for recurrent, metastatic disease that is relapsed or refractory; **AND**
    - Used as a single agent; **OR**
    - In combination with other chemotherapy; **AND**
- As a single line of therapy; **AND**

- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);
  OR

- Diagnosis of Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer; **AND**
- Bevacizumab is used as maintenance therapy for advanced, recurrent, or metastatic disease; **AND**
- Was previously administered as an agent in a combination chemotherapy regimen; **AND**
- Is used as a single agent; **AND**
- May be used until disease progression; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);
  OR

- Diagnosis of Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer; **AND**
- Used in combination with olaparib for an Individual that has achieved complete clinical remission (CR) or partial remission (PR) to primary therapy; **AND**
- Has a homologous recombination deficiency (HRD) positive status defined by either:
  - Deleterious germline and/or somatic BRCA 1/2 mutation with test results confirmed; **OR**
  - Genomic instability with test results confirmed; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin®);
  AND
- Dose is consistent with the following:
  - Stage III or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection:
    - 15 mg/kg every 3 weeks with carboplatin and paclitaxel for up to 6 cycles, followed by 15 mg/kg every 3 weeks as a single agent, for a total of up to 22 cycles
  - Platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer
    - 10 mg/kg every 2 weeks with paclitaxel, pegylated liposomal doxorubicin, or topotecan given every week
    - 15 mg/kg every 3 weeks with topotecan given every 3 weeks
  - Platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer
    - 7.5 mg/kg every 3 weeks with carboplatin and paclitaxel for 6-8 cycles, followed by 15 mg/kg every 3 weeks as a single agent
    - 15 mg/kg every 3 weeks with carboplatin and gemcitabine for 6-10 cycles, followed by 15 mg/kg every 3 weeks as a single agent.

Hepatocellular carcinoma

- Diagnosis of hepatocellular carcinoma; **AND**
- Individual has advanced, unresectable, or metastatic disease; **AND**
- Individual is using for first-line treatment in combination with atezolizumab; **AND**
- Individual has Child-Pugh Class A liver function; **AND**
- Individual has an ECOG performance status of 0-2; **AND**
- Bevacizumab may be used until disease progression; **AND**
- Dose is 15 mg/kg after administration of 1,200 mg of atezolizumab every 3 weeks; **AND**
- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent (listed in Table 1 below); **OR**
- Individual is currently stabilized on bevacizumab (Avastin ®);

NCCN Guidelines Indications

- Individual has a diagnosis of metastatic Breast Cancer; **AND**
- Individual has HER-2 negative breast cancer; **AND**
- Bevacizumab is used as first-line chemotherapy; **AND**
- Bevacizumab is used in combination with paclitaxel or paclitaxel protein-bound.

OR

- Bevacizumab is used to treat symptomatic post-radiation necrosis of the central nervous system.

OR

- Diagnosis of advanced or metastatic small bowel adenocarcinoma; **AND**
- Bevacizumab is used in combination with 5-fluorouracil-based (including capecitabine) regimen; **AND**
- Bevacizumab is used as initial therapy; **AND**
- Bevacizumab is used in a single line of therapy.

OR

- Diagnosis of Vulvar Cancer; **AND**
- Individual has advanced, recurrent, or metastatic disease; **AND**
- Bevacizumab is used in combination with paclitaxel and either cisplatin or carboplatin;
- Bevacizumab is used in a single line of therapy.

OR

- Diagnosis of Endometrial Carcinoma; **AND**
- Individual has advanced or recurrent disease; **AND**
- Bevacizumab is used in combination with carboplatin and paclitaxel; **OR**
- Following combination therapy with carboplatin and paclitaxel, bevacizumab is used as single-agent maintenance therapy until disease progression or prohibitive toxicity.

OR

- Diagnosis of Malignant Mesothelioma; **AND**
- Bevacizumab is used as first-line therapy for unresectable disease; **AND**
- Used in combination chemotherapy with pemetrexed; **OR**
- Used in combination chemotherapy with either cisplatin or carboplatin; **AND**
- Individual has an Eastern Cooperative Oncology Group performance status of 0-2; **AND**
- No history of bleeding or thrombosis.

OR

- Diagnosis of Malignant Mesothelioma; **AND**
- Bevacizumab is used as maintenance therapy for unresectable disease; **AND**
- Bevacizumab is used as a single agent; **AND**
- Bevacizumab was previously administered as an agent in a first-line combination chemotherapy regimen; **AND**
- Bevacizumab can be used until disease progression (Note: once disease progression has occurred, bevacizumab is not to be re-instituted.)

OR

- Diagnosis of Soft Tissue Sarcoma; **AND**
- Bevacizumab is used
    - as a single agent for treatment of angiosarcoma; **OR**
    - in combination with temozolomide for the treatment of solitary fibrous tumor.

AND

- Dose follows NCCN guidelines or protocols by indication;

AND

- Individual has had a trial and intolerance to one preferred bevacizumab biosimilar agent; **OR**
- Individual is currently stabilized on the bevacizumab (Avastin®);

AND

- Prescriber is an oncologist or hematologist.

Exclusion criteria:

- Product use for non-FDA approved indications or indications not supported by industry-accepted guidelines;
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use;
- Not indicated for adjuvant treatment of colon cancer;
- Ophthalmic indications are excluded from the TAG initiative and should be evaluated locally by each ministry. When Avastin (bevacizumab) is used to treat age-related macular degeneration, diabetic macular edema, or macular retinal edema (C9257), no prior authorization is required. Individuals with significant known risk factors unless the record provides an assessment of clinical benefit that outweighs the risk.

Table 1 | Step/Alternative Therapies:

Preferred Product(s) [No PA Required]	Non-Preferred Product(s) [PA Required]
bevacizumab-awwb, biosimilar, Mvasi [Q5107]	bevacizumab (Avastin)
bevacizumab-bvzr, biosimilar, Zirabev [Q5118]	
bevacizumab-adcd, biosimilar, Vegzelma [Q5129]	

bevacizumab-maly, biosimilar, Alymsys [Q5126]	

Initial authorization for approved indications is up to 12 months.

Continuation requests may be approved if there is confirmation of clinically significant improvement or stabilization in clinical signs and symptoms of the disease. Clinical documentation provided must be from within the most recent 12 months.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Avastin is a vascular endothelial growth factor inhibitor indicated for the treatment of:

- Metastatic colorectal cancer, in combination with intravenous fluorouracil based chemotherapy for first- or second-line treatment.
- Metastatic colorectal cancer, in combination with fluoropyrimidine irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in individuals who have progressed on a first-line Avastin-containing regimen.
- Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.
- Recurrent glioblastoma in adults.
- Metastatic renal cell carcinoma in combination with interferon alfa.
- Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.
- Epithelial ovarian, fallopian tube, or primary peritoneal cancer: o in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage III or IV disease following initial surgical resection.
    - in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens
    - in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin as a single agent, for platinum sensitive recurrent disease
- Hepatocellular Carcinoma (HCC)
    - in combination with atezolizumab for the treatment of individuals with unresectable or metastatic HCC who have not received prior systemic therapy

References:
Ascension. (2021, April 23). *Bevacizumab Clinical Evaluation SBAR*. TAG INITIATIVES - PSWP.
Geirnaert, M. (2020, October). Off-label infusion of biosimilar bevacizumab: a provincial experience. *J Oncology Pharmacy practice*, *26*(7), 1683-1685. 10.1177/1078155220945374

Avastin (bevacizumab) label. (2020, May). Accessdata.fda.gov. Retrieved April 21, 2022, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/125085s332lbl.pdf

National Comprehensive Cancer Network, Inc. (Copyright © National Comprehensive Cancer Network, Inc). *NCCN Guidelines: Treatment by Cancer Type*. NCCN Clinical Practice Guidelines in Oncology. Retrieved April 22, 2022, from https://www.nccn.org/guidelines/category_1

Criteria History/ Revision Information:

Date	**Summary of Changes**
March 2021	Bevacizumab Clinical Evaluation SBAR developed by Ascension Hematology/Oncology Expert Review Panel
March 2021	Criteria for use summary approved by Clinical Leadership Council
April 2022	Criteria for use summary developed by Ascension Medical Specialty Prior Authorization Team
May 2023	Criteria for use summary updated by Ascension Medical Specialty Prior Authorization Team
June 2023	Criteria for use summary approved by the Hematology/Oncology Expert Review Panel (ERP)
July 2023	Criteria for use summary approved by the Ambulatory Care Leadership Council.
May 2022, Revision August 2023	Criteria for use summary approved by Ascension Therapeutic Affinity Group

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team or
email your questions to smarthealthspecialty@ascension.org.