### Approval Criteria

Requests for Avastin (bevacizumab) may be approved when the following criteria are met:

I. Individual is being treated for ANY of the following:
   A. Established neovascular “wet” age-related macular degeneration; OR
   B. Pseudoxanthoma elasticum; OR
   C. Other rare causes of choroidal neovascularization for one or more of the following conditions:
      1. Angioid streaks; OR
      2. Choroiditis (including, but not limited to histoplasmosis induced choroiditis); OR
      3. Degenerative myopia, idiopathic; OR
      4. Retinal dystrophies; OR
      5. Trauma; OR
   D. Neovascular glaucoma; OR
   E. Macular edema from branch retinal vein occlusion; OR
   F. Macular edema from central retinal vein occlusion; OR
   G. Diabetic macular edema; OR
   H. Retinopathy of prematurity; OR
   I. Proliferative diabetic retinopathy with or without diabetic macular edema; OR
   J. Radiation retinopathy; OR

II. In the treatment of individuals with metastatic breast carcinoma when all of the following criteria are met:
   A. HER2-negative breast cancer; AND
   B. Used in first-line chemotherapy* for treatment of metastatic disease; AND

---

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

WEB-PEC-0609-17
C. Used in combination with paclitaxel or paclitaxel protein-bound.

*NOTE: Hormonal therapy alone is not considered "chemotherapy."

OR

III. In the treatment of individuals with a primary central nervous system tumor who have failed radiation therapy when the following criteria are met:
A. Avastin is being used in a single line of therapy; AND
B. The tumor to be treated is a World Health Organization (WHO) Grade III/IV glioma (includes, but is not limited to):
   1. Anaplastic astrocytoma; OR
   2. Anaplastic glioma; OR
   3. Ependymoma, progressive or recurrent; OR
   4. Glioblastoma; OR
   5. Glioblastoma multiforme; OR
   6. High-grade glioma, recurrent;

OR

IV. In the treatment of individuals with metastatic cervical cancer when all of the following criteria are met:
A. Individual has recurrent, or persistent disease that is not amenable to curative treatment with surgery or radiotherapy; AND
B. Avastin is being used in combination with paclitaxel and topotecan, or with paclitaxel and cisplatin chemotherapy; AND
C. Avastin is being used in a single line of therapy.

OR

V. In the treatment of individuals with metastatic colon, rectal, colorectal, or small bowel adenocarcinoma when the following criteria are met:
A. Avastin is being used in combination with 5FU-based chemotherapy, irinotecan or oxaliplatin; AND
B. Individual has not progressed on more than two lines of a bevacizumab-containing chemotherapy agent.

VI. In the treatment of individuals with unresectable malignant mesothelioma when the following criteria are met:
A. Avastin is used in a first-line combination chemotherapy with cisplatin or carboplatin and pemetrexed; AND
B. Individual has an Eastern Cooperative Oncology Group performance status of 0-2 and no history of bleeding or thrombosis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
OR

C. Avastin as maintenance therapy is considered medically necessary in the treatment of individuals with malignant mesothelioma when all of the following criteria are met:
1. Avastin was previously administered as an agent in a first-line combination chemotherapy regimen; **AND**
2. Avastin is used as a single agent; **AND**
3. Avastin is used until disease progression*.
*Note*: Once disease progression has occurred, bevacizumab is not to be re-instituted.

OR

VII. In the treatment of individuals with unresectable, locally advanced, recurrent or metastatic non-squamous, non-small cell lung cancer (NSCLC) when the following criteria are met:
A. Avastin is used in first-line combination chemotherapy with platinum-based therapy and a taxane or pemetrexed; **AND**
B. Individual has an Eastern Cooperative Oncology Group performance status of 0-1 and no history of hemoptysis;

OR

C. As maintenance therapy in the treatment of individuals with unresectable, locally advanced, recurrent or metastatic non-squamous, NSCLC when all of the following criteria are met:
1. Avastin was previously administered as an agent in a first-line combination chemotherapy regimen; **AND**
2. Avastin is being used as a single agent; **AND**
3. Avastin may be used until disease progression;

OR

VIII. In the treatment of individuals with recurrent, metastatic epithelial ovarian cancer, fallopian tube cancer or recurrent primary peritoneal cancer when all of the following criteria are met:
A. Avastin is used as a single agent or in combination with other chemotherapy; **AND**
B. Avastin is used in a single line of therapy; **AND**
C. Avastin is used for relapsed or refractory disease;

OR

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
D. As maintenance therapy in individuals with recurrent, metastatic epithelial ovarian cancer, fallopian tube cancer or recurrent primary peritoneal cancer when all of the following criteria are met:
   1. Avastin was previously administered as an agent in a first-line combination chemotherapy regimen; \textbf{AND}
   2. Avastin is being used as a single agent; \textbf{AND}
   3. Avastin may be used until disease progression;

\textbf{OR}

IX. In the treatment of individuals with symptomatic post-radiation necrosis of the central nervous system;

\textbf{OR}

IX. In the treatment of individuals with renal carcinoma (RCC) when either of the following criteria are met:
   A. Avastin is being used in first-line treatment of metastatic clear cell RCC in combination with interferon; \textbf{OR}
   B. Avastin is being used as a single agent for relapsed or medically unresectable stage IV disease with predominant clear cell histology in individuals who have progressed on prior cytokine therapy;

\textbf{OR}

X. In the treatment of individuals with angiosarcoma \textbf{AND} is Avastin is used as a single agent;

\textbf{OR}

XI. In the treatment of individuals with solitary fibrous tumor and hemangiopericytoma and is using Avastin in combination with temozolomide.

Avastin (bevacizumab) \textbf{may NOT be approved} in the treatment of all other conditions when the criteria above are not met, including but not limited to any of the following:
   A. Adjuvant therapy following surgery for stage II or III adenocarcinoma of the colon; \textbf{OR}
   B. Prostate cancer; \textbf{OR}
   C. Carcinoid tumors; \textbf{OR}
   D. Metastatic melanoma; \textbf{OR}
   E. Metastatic adenocarcinoma of the pancreas; \textbf{OR}
   F. Metastatic breast cancer, second line therapy or greater, for example when progression noted following anthracycline and taxane chemotherapy; \textbf{OR}

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.