Bevacizumab Agents  
(Avastin, Mvasi, Zirabeve)

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dosing Limit (when used for ophthalmologic indications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avastin (bevacizumab) 100 mg, 400 mg vial</td>
<td>1.25 mg per eye; each eye may be treated as frequently as every 4 weeks</td>
</tr>
<tr>
<td>Mvasi (bevacizumab-awwb) 100 mg, 400 mg vial</td>
<td></td>
</tr>
<tr>
<td>Zirabeve (bevacizumab-bvzr) 100 mg, 400 mg vial</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVAL CRITERIA**

Requests for Avastin (bevacizumab), Mvasi (bevacizumab-awwb), or Zirabeve (bevacizumab-bvzr) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Diabetic macular edema (AAO 2017); OR
   B. Proliferative diabetic retinopathy with or without diabetic macular edema (DP B IIa); OR
   C. Established neovascular “wet” age-related macular degeneration (AHFS); OR
   D. Macular edema from branch retinal vein occlusion (AAO 2015); OR
   E. Macular edema from central retinal vein occlusion (AAO 2015); OR
   F. Neovascular glaucoma (Costagliola 2008, DP B IIb); OR
   G. Choroidal neovascularization associated with myopic degeneration (AAO Consensus 2017, DP B IIb); OR
   H. Other rare causes of choroidal neovascularization for one or more of the following conditions (Weber 2016):
      1. angioid streaks; OR
      2. choroiditis (including, but not limited to histoplasmosis induced choroiditis); OR
      3. retinal dystrophies; OR
      4. trauma; OR
      5. pseudoxanthoma elasticum; 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.
C. Bevacizumab is used in a single line of therapy;

OR

VII. Individual has a diagnosis of Cervical Cancer and the following are met:
   A. Individual has persistent, recurrent, or metastatic disease that is not amenable to curative treatment with surgery or radiotherapy (Tewari 2014); AND
   B. Bevacizumab is being used in combination with paclitaxel and either topotecan, cisplatin, or carboplatin; AND
   C. Bevacizumab is used in a single line of therapy;

OR

VIII. Individual has a diagnosis of Endometrial Carcinoma and the following are met (NCCN 2A):
   A. Individual has advanced or recurrent disease; AND
      1. Bevacizumab is being used in combination with carboplatin and paclitaxel; OR
      2. Following combination therapy with carboplatin and paclitaxel, bevacizumab is being used as single-agent maintenance therapy until disease progression or prohibitive toxicity;

OR

IX. Individual has a diagnosis of Malignant Mesothelioma and the following are met (NCCN 2A):
   A. Bevacizumab is used as first-line therapy for unresectable disease when:
      1. Used in a first-line combination chemotherapy with pemetrexed and either cisplatin or carboplatin; AND
      2. Individual has an Eastern Cooperative Oncology Group performance status of 0-2 and no history of bleeding or thrombosis (Zalcman 2016, Ceresoli 2013);
   OR
   B. Bevacizumab is used as maintenance therapy for unresectable disease, as a single agent, when:
      1. Bevacizumab was previously administered as an agent in a first-line combination regimen; AND
      2. Bevacizumab used until disease progression*;

   *Note: Once disease progression has occurred, bevacizumab is not to be re-instituted.

OR

X. Individual has a diagnosis of non-squamous Non-Small Cell Lung Cancer (NSCLC) and the following are met:
   A. Individual has a current Eastern Cooperative Oncology Group performance status of 0-1, no history of hemoptysis; 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.
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.
B. Was previously administered as an agent in a combination chemotherapy regimen (given first-line or following initial surgical resection); **AND**
C. Used as a single agent; **AND**
D. May be used until disease progression;

**OR**

XIV. Individual has a diagnosis of Renal Cell Carcinoma (RCC) and the following are met:
   A. Individual has metastatic clear cell RCC and bevacizumab is used as first-line treatment in combination with interferon alpha; **OR**
   B. Individual has relapsed or medically unresectable stage IV disease when:
      1. Bevacizumab is used as a single agent in those with predominant clear cell histology who have progressed on prior cytokine therapy (NCCN 2B; Yang 2003); **OR**
      2. Bevacizumab is used as a single agent in those with non-clear cell histology (NCCN 2A); **OR**
      3. 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]) (NCCN 2A);

**OR**

XV. Individual has a diagnosis of Soft Tissue Sarcoma and the following are met (NCCN 2A):
   A. Bevacizumab is used as a single agent for the treatment of angiosarcoma; **OR**
   B. Bevacizumab is used in combination with temozolomide for the treatment of solitary fibrous tumor and hemangiopericytoma.

Requests for Avastin (bevacizumab), Mvasi (bevacizumab-awwb), or Zirabev (bevacizumab-bvzr) may **not** be approved for the following:

I. All other indications not included above; **OR**

II. Individual is using as adjuvant therapy following surgery for stage II or III adenocarcinoma of the colon; **OR**

III. Individual is using bevacizumab in combination with the same irinotecan based regimen that was previously used in combination with ziv-aflibercept; **OR**

IV. Individual is using for treatment of a single condition with concomitant use of other targeted biologic agents (including cetuximab, panitumumab, trastuzumab, lapatinib and ziv-aflibercept); **OR**

V. Individual is using for the treatment of any of the following:
   A. Prostate cancer; **OR**
   B. Carcinoid tumors; **OR**
   C. Metastatic melanoma; **OR**
   D. Metastatic adenocarcinoma of the pancreas; **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.

Key References:


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.