



## Bevacizumab (Avastin) Coverage Criteria

### Description:

Bevacizumab (Avastin or biosimilars such as bevacizumab-awwb, Mvasi) is a monoclonal antibody that binds to and inhibits the activity of vascular endothelial growth factor (VEGF). This prevents formation of new blood vessels, which slows cell growth. Bevacizumab is used in the treatment of various cancers. It is given as an intravenous infusion.

### Policy:

The intent of this policy is to define clinical characteristics to identify patients who qualify for Bevacizumab (Avastin or biosimilars such as bevacizumab-awwb, Mvasi). Bevacizumab (Avastin or biosimilars such as bevacizumab-awwb, Mvasi) require a prior authorization and will be covered when the criteria have been met.

Bevacizumab will be covered through Amida Care's medical benefit only.

### Prior Authorization Criteria:

#### I. USE IN THE EYE:

Bevacizumab (Avastin, biosimilars) may be considered medically necessary when used as an intravitreal (inside the eye) injection for the treatment of ocular conditions (e.g. macular degeneration, retinal vein occlusion, diabetic retinopathy).

#### II. USE IN CANCERS:

Most contracts require pre-authorization approval of bevacizumab (Avastin, biosimilars) prior to coverage. Bevacizumab (Avastin, biosimilars) may be considered medically necessary when there is clinical documentation (including, but not limited to chart notes) that one of the following criteria below are met. (If used for other cancer indications, NCCN guidelines, FDA package insert, and drug literature will be reviewed to determine medical necessity):

- A. A diagnosis of metastatic or recurrent cervical cancer, when given in combination with a platinum (such as cisplatin or carboplatin) plus a taxane (such as paclitaxel).

**OR**

- B. A diagnosis of metastatic colorectal cancer (adenocarcinoma), when given in combination with fluorouracil (5FU)- or capecitabine-based chemotherapy.

**OR**

- C. A diagnosis of anaplastic (grade 3) astrocytoma, glioblastoma (grade 4 astrocytoma), or ependymoma that has progressed after at least one prior therapy (e.g. radiation, temozolomide).

**OR**

D. A diagnosis of unresectable, locally advanced, recurrent, or metastatic non-squamous non-small cell lung cancer (NSCLC), when criteria 1 and 2 below are met:

1. Patient has had no prior chemotherapy.

AND

2. Bevacizumab is administered in combination with carboplatin and paclitaxel.

OR

E. A diagnosis of persistent or recurrent platinum-resistant epithelial ovarian cancer (including fallopian tube cancer and primary peritoneal cancer), when:

1. Documented platinum-resistant disease (criteria a. or b. below):

a. Disease progression on platinum-based therapy.

OR

b. Relapsed disease within six months of completing platinum-based chemotherapy regimen.

**AND**

1. Bevacizumab is administered in combination with paclitaxel, liposomal doxorubicin, or topotecan.

**OR**

A. A diagnosis of metastatic renal cell carcinoma, when criteria 1 and 2 below are met:

1. Tumor with clear cell histology.

AND

2. Treatment with a tyrosine kinase inhibitor [pazopanib (Votrient), sorafenib (Nexavar), or sunitinib (Sutent)] has been ineffective, contraindicated or not tolerated.

#### **Administration and Authorization Period**

- Bevacizumab is not considered to be a self-administered medication.
- Authorization may be reviewed at least every 6 months. Clinical documentation (including, but not limited to chart notes) must be provided to confirm that current medical necessity criteria are met, and that the medication is providing clinical benefit, such as disease stability or improvement.

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