Avastin (bevacizumab)
Mvasi (bevacizumab-awwb)
Zirabev (bevacizumab-bvzr)
Effective 01/01/2021

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Bevacizumab is avascular endothelial growth factor (VEGF) FDA indicated for treatment of multiple cancers. The American Academy of Ophthalmology preferred Practice Pattern guidelines recommends the use of VEGF inhibitors, including intravitreal bevacizumab, as first-line therapy for the treatment of neovascular age-related macular degeneration (AMD). and prevents the interaction of VEGF to its receptors (Flt-1 and KDR) on the surface of endothelial cells. The interaction of VEGF with its receptors leads to endothelial cell proliferation and new blood vessel formation in in vitro models of angiogenesis.

Coverage Guidelines

Ophthalmic disorders

Authorization of 24 months may be granted for the following retinal disorders:

1. Diabetic macular edema
2. Neovascular (wet) age-related macular degeneration including subtypes:
    a. Polypoidal choroidopathy
    b. Retinal angiomatous proliferation
3. Macular edema following retinal vein occlusion
4. Proliferative diabetic retinopathy
5. Choroidal neovascularization (including myopic choroidal neovascularization, angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
6. Neovascular glaucoma
7. Retinopathy of prematurity
8. Polypoidal choroidal vasculopathy

Colorectal cancer (CRC)
Authorization of 12 months may be granted for the treatment of colorectal cancer, including adenocarcinoma, appendiceal carcinoma, and anal adenocarcinoma.

Non-small cell lung cancer (NSCLC)
Authorization of 12 months may be granted for the treatment of recurrent, advanced, or metastatic non-squamous NSCLC.

CNS cancer
Authorization of 12 months may be granted for treatment of the following types of CNS cancer:

1. Glioblastoma
2. Adult intracranial and spinal ependymoma (excludes subependymoma)
3. Anaplastic glioma
4. Low-grade (WHO Grade II) infiltrative supratentorial astrocytoma/oligodendroglioma
5. Medulloblastoma
6. Primary central nervous system lymphoma
7. Meningiomas
8. Limited and extensive brain metastases
9. Leptomeningeal metastases
10. Metastatic spine tumors

Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
Authorization of 12 months may be granted for the treatment of the following types of ovarian cancer, fallopian tube cancer, and primary peritoneal cancer:

1. Epithelial ovarian cancer, including
    a. Carcinosarcoma (malignant mixed Müllerian tumors)
    b. Clear cell carcinoma
    c. Mucinous carcinoma
    d. Grade 1 endometrioid epithelial carcinoma
    e. Low-grade serous carcinoma
    f. Malignant sex cord-stromal tumors
    g. Borderline epithelial tumors (low malignant potential) with invasive implants
2. Fallopian tube cancer
3. Primary peritoneal cancer

Uterine/Endometrial cancer
Authorization of 12 months may be granted for the treatment of progressive, advanced, or recurrent uterine cancer or endometrial cancer.

Cervical cancer/Vaginal cancer
Authorization of 12 months may be granted for the treatment of persistent, recurrent, or metastatic cervical cancer or vaginal cancer.

Breast cancer
Authorization of 12 months may be granted for treatment of breast cancer.

Renal cell carcinoma

Authorization of 12 months may be granted for the treatment of relapsed or metastatic renal cell carcinoma.

Soft tissue sarcoma
Authorization of 12 months may be granted for the treatment of the following types of soft tissue sarcoma:

1. Angiosarcoma as a single agent therapy
2. Solitary fibrous tumor or hemangiopericytoma in combination with temozolomide

Malignant Pleural Mesothelioma
Authorization of 12 months may be granted for the treatment of malignant pleural mesothelioma, in combination with pemetrexed and either cisplatin or carboplatin, followed by single agent maintenance therapy.

AIDS-related Kaposi sarcoma
Authorization of 12 months may be granted for the treatment of AIDS-related Kaposi sarcoma.

Vulvar cancer
Authorization of 12 months may be granted for the treatment of unresectable locally advanced, recurrent, or metastatic vulvar cancer.

Peritoneal mesothelioma
Authorization of 12 months may be granted for treatment of peritoneal mesothelioma.

Pericardial mesothelioma
Authorization of 12 months may be granted for treatment of pericardial mesothelioma.

Tunica vaginalis testis mesothelioma
Authorization of 12 months may be granted for treatment of tunica vaginalis testis mesothelioma.

Hepatocellular carcinoma
Authorization of 12 months may be granted for treatment of hepatocellular carcinoma, in combination with atezolizumab.

Continuation of Therapy
All members requesting authorization for continuation of therapy must meet all initial authorization criteria.

Limitations

1. Approvals for all other diagnoses will be granted for 12 months.

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Review History

11/18/2020 – Transitioned from SGM to Custom Criteria; separated out MH vs. Comm/Exch criteria. Matched CVS SGM criteria.

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