

**Avastin (bevacizumab)
Mvasi (bevacizumab-awwb)
Zirabev (bevacizumab-bvzr)
Effective 01/01/2022**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
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 a vascular Endothelial Growth Factor (VEGF) inhibitor indicated for multiple cancers.

Note: Avastin for ocular diagnoses are found on a separate criteria document

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Avastin, Mvasi or Zirabev excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted when the following have been met:

1. Colorectal cancer (CRC)
 - a. The member has a diagnosis of colorectal cancer, including small bowel adenocarcinoma, appendiceal carcinoma, and anal adenocarcinoma
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
2. Non-small cell lung cancer (NSCLC)
 - a. The member has a diagnosis of recurrent, advanced, or metastatic non-squamous NSCLC
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
3. CNS cancer
 - a. The member has ONE of the following diagnosis:
 - i. Glioblastoma

- ii. Intracranial and spinal ependymoma (excludes sub-ependymoma)
 - iii. Anaplastic gliomas
 - iv. Low-grade (WHO Grade II) infiltrative supratentorial astrocytoma/oligodendroglioma
 - v. Medulloblastoma
 - vi. Primary central nervous system lymphoma
 - vii. Meningiomas
 - viii. Limited and extensive brain metastases
 - ix. Leptomeningeal metastases
 - x. Metastatic spine tumors
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
4. Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
- a. Member has a diagnosis of the following types of ovarian cancer, fallopian tube cancer, and primary peritoneal cancer:
 - i. Epithelial ovarian cancer, including: Carcinosarcoma (malignant mixed Müllerian tumors)
 - ii. Clear cell carcinoma
 - iii. Mucinous carcinoma
 - iv. Grade 1 endometrioid carcinoma
 - v. Low-grade serous carcinoma
 - vi. Borderline epithelial tumors (low malignant potential) with invasive implants
 - vii. Malignant sex cord-stromal tumors
 - viii. Fallopian tube cancer
 - ix. Primary peritoneal cancer
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
5. Uterine/Endometrial cancer
- a. The member has a diagnosis of progressive, advanced, or recurrent uterine cancer or endometrial cancer
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
6. Cervical/Vaginal cancer
- a. The member has a diagnosis of persistent, recurrent, or metastatic cervical or vaginal cancer
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
7. Breast cancer
- a. The member has a diagnosis of breast cancer
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
8. Renal cell carcinoma
- a. The member has a diagnosis of relapsed or metastatic renal cell carcinoma
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
9. Soft tissue sarcoma
- a. The member has a diagnosis of soft tissue sarcoma
 - a. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi

10. Angiosarcoma
 - a. The member has a diagnosis of angiosarcoma, as single agent therapy.
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
11. Solitary fibrous tumor/hemangiopericytoma
 - a. The member has a diagnosis of solitary fibrous tumor or hemangiopericytoma, in combination with temozolomide
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
12. Malignant pleural mesothelioma
 - a. The member has a diagnosis of malignant pleural mesothelioma, in combination with pemetrexed and either cisplatin or carboplatin, followed by single agent maintenance therapy
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
13. AIDS-related Kaposi sarcoma
 - a. The member has a diagnosis of AIDS-related Kaposi sarcoma
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
14. Vulvar cancer
 - a. The member has a diagnosis of unresectable locally advanced, recurrent, or metastatic vulvar cancer.
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
15. Peritoneal mesothelioma
 - a. The member has a diagnosis of peritoneal mesothelioma
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
16. Tunica vaginalis testis mesothelioma
 - a. The member has a diagnosis of tunica vaginalis testis mesothelioma.
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi
17. Hepatocellular carcinoma
 - a. The member has a diagnosis of hepatocellular carcinoma, in combination with atezolizumab
 - b. For **Avastin and Zirabev**: The member has had an inadequate response or intolerance to Mvasi

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Avastin (bevacizumab) [prescribing information]. South San Francisco, CA: Genentech; May 2020
2. Mvasi (bevacizumab-awwb) [prescribing information]. Thousand Oaks, CA: Amgen Inc; June 2019
3. Zirabev (bevacizumab-bvzr) [prescribing information]. New York, NY: Pfizer Labs; January 2020

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5. Finn RS, Qin S, Ikeda M, et al. Atezolizumab plus bevacizumab in unresectable hepatocellular carcinoma. *N Engl J Med*. 2020;382(20):1894-1905. doi:10.1056/NEJMoa1915745
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7. Aghajanian C, Blank SV, Goff BA, et al. OCEANS: a randomized, double-blind, placebo-controlled phase III trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer
8. Park MS, Patel SR, Ludwig JA, et al. Activity of temozolomide and bevacizumab in the treatment of locally advanced, recurrent, and metastatic hemangiopericytoma and malignant solitary fibrous tumor. *Cancer*. 2011;117(21):4939-4947
9. Gupta S, Parsa VB, Heilbrun LK, et al. Safety and efficacy of molecularly targeted agents in patients with metastatic kidney cancer with renal dysfunction. *Anticancer Drugs*. 2011;22(8):794-800
10. Agulnik M, Yarber JL, Okuno SH, et al. An open-label, multicenter, phase II study of bevacizumab for the treatment of angiosarcoma and epithelioid hemangioendotheliomas. *Ann Oncol*. 2013;24(1):257-263
11. Barlesi F, Scherpereel A, Rittmeyer A, et al. Randomized phase III trial of maintenance bevacizumab with or without pemetrexed after first-line induction with bevacizumab, cisplatin, and pemetrexed in advanced nonsquamous non-small-cell lung cancer: AVAPERL (MO22089). *J Clin Oncol*. 2013;31(24):3004-3011
12. Tewari KS, Sill MW, Long HJ 3rd, et al. Improved survival with bevacizumab in advanced cervical cancer. *N Engl J Med*. 2014;370(8):734-743

Review History

11/18/2020- Updated: moved Avastin to non-preferred, moved Mvasi and Zirabev to preferred for non-ocular diagnoses; moved to MB only; P+T reviewed

11/17/2021 – Updated and Reviewed at Nov P&T; Mvasi moved to preferred agent; Avastin and Zirabev moved to nonpreferred agent. Effective 01/01/2022

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