## 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  
3. Zirabev (bevacizumab-bvzr) [prescribing information]. New York, NY: Pfizer Labs; January 2020


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


**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

**Disclaimer**

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