SPECIALTY GUIDELINE MANAGEMENT

AVASTIN (bevacizumab)
MVASI (bevacizumab-awwb)
ZIRABEV (bevacizumab-bvzr)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Metastatic colorectal cancer (mCRC)
   a. Avastin, Mvasi, or Zirabev, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with metastatic colorectal cancer.
   b. Avastin, Mvasi, or Zirabev, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line bevacizumab-containing regimen.

2. First-line non-squamous non-small cell lung cancer (NSCLC)
   Avastin, Mvasi, or Zirabev, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer.

3. Recurrent glioblastoma (RGM)
   Avastin, Mvasi, or Zirabev, is indicated for the treatment of recurrent glioblastoma in adults.

4. Metastatic renal cell carcinoma (mRCC)
   Avastin, Mvasi, or Zirabev, in combination with interferon alfa, is indicated for the treatment of metastatic renal cell carcinoma.

5. Persistent, recurrent, or metastatic cervical cancer
   Avastin, Mvasi, or Zirabev, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.
   a. Avastin, in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, is indicated for the treatment of patients with stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection.
   b. Avastin, in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan, is indicated for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.
   c. Avastin, in combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by Avastin as a single agent, is indicated for the treatment of patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer.

6. Epithelial ovarian, fallopian tube, or primary peritoneal cancer

B. Compendial Uses

1. Breast cancer for recurrent or stage IV (M1) human epidermal growth factor receptor 2 (HER2)-negative disease

2. Central nervous system (CNS) cancers
   a. Low-grade (WHO Grade II) infiltrative supratentorial astrocytoma/oligodendroglioma
   b. Intracranial and spinal ependymoma (excluding subependymoma)
   c. Anaplastic gliomas
   d. Medulloblastoma

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e. Primary central nervous system lymphoma  
f. Meningiomas  
g. Limited and extensive brain metastases  
h. Leptomeningeal metastases  
i. Metastatic spine tumors  
3. Malignant pleural mesothelioma  
4. Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer  
a. Carcinosarcoma (malignant mixed Müllerian tumors)  
b. Clear cell carcinoma  
c. Mucinous carcinoma  
d. Grade 1 endometrioid carcinoma  
e. Low-grade serous carcinoma  
f. Ovarian borderline epithelial tumors (low malignant potential) with invasive implants  
g. Malignant sex cord-stromal tumors  
5. Soft tissue sarcoma  
a. Angiosarcoma  
b. Solitary fibrous tumor/Hemangiopericytoma  
6. AIDS-related Kaposi sarcoma  
7. Uterine/Endometrial cancer  
8. Vulvar cancer  
9. Peritoneal mesothelioma  
10. Pericardial mesothelioma  
11. Tunica vaginalis testis mesothelioma  
12. Small bowel adenocarcinoma  
13. Appendiceal carcinoma  
14. Anal adenocarcinoma  
15. Hepatocellular carcinoma  
16. Ophthalmic disorders  
a. Diabetic macular edema  
b. Neovascular (wet) age-related macular degeneration (AMD)  
c. Macular edema following retinal vein occlusion (RVO)  
d. Proliferative diabetic retinopathy  
e. Choroidal neovascularization (CNV)  
f. Neovascular glaucoma; adjunct  
g. Retinopathy of prematurity  
h. Polypoidal choroidal vasculopathy  

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL  

A. Ophthalmic disorders  
Authorization of 6 months may be granted for treatment of the following retinal disorders:  
1. Diabetic macular edema  
2. Neovascular (wet) age-related macular degeneration  
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

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

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

D. CNS cancer
Authorization of 12 months may be granted for treatment of the following types of CNS cancer:
1. Glioblastoma
2. Intracranial and spinal ependymoma (excludes subependymoma)
3. Anaplastic gliomas
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

E. Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
Authorization of 12 months may be granted for treatment of the following types of ovarian cancer, fallopian tube cancer, and primary peritoneal cancer:
1. Epithelial ovarian cancer, including:
   i. 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
2. Fallopian tube cancer
3. Primary peritoneal cancer

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

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

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

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

J. Soft tissue sarcoma
Angiosarcoma
Authorization of 12 months may be granted for treatment of angiosarcoma, as single agent therapy.

Solitary fibrous tumor/hemangiopericytoma
Authorization of 12 months may be granted for treatment of solitary fibrous tumor or hemangiopericytoma, in combination with temozolomide.

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

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

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

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

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

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

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

III. CONTINUATION OF THERAPY

A. Ophthalmic disorders
For ophthalmic disorders, authorization of 12 months may be granted for continued treatment of an indication outlined in Section II for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

B. All other indications
For all other indications, authorization of 12 months may be granted for continued treatment of an indication outlined in Section II for members who are experiencing a clinical benefit to therapy or who have not experienced an unacceptable toxicity.

IV. REFERENCES


