

Reference number(s)
1891-A

SPECIALTY GUIDELINE MANAGEMENT

AVASTIN (bevacizumab) MVASI (bevacizumab-awwb)

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 Indications¹⁻²

1. Metastatic colorectal cancer
2. Non-squamous non-small cell lung cancer (NSCLC), with carboplatin and paclitaxel for first line treatment of unresectable, locally advanced, recurrent or metastatic disease
3. Recurrent glioblastoma in adults
4. Metastatic renal cell carcinoma with interferon alfa
5. Cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan in persistent, recurrent, or metastatic disease
6. Recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer

B. Compendial Uses³⁻¹⁸

1. Breast cancer for recurrent or metastatic HER2-negative disease
2. Central nervous system (CNS) cancers
 - a. Adult intracranial and spinal ependymoma
 - b. Anaplastic gliomas
3. Malignant Pleural Mesothelioma
4. Ovarian cancer
 - a. Malignant sex cord-stromal tumors
5. Soft tissue sarcoma
 - a. AIDS-related Kaposi sarcoma
 - b. Angiosarcoma
 - c. Solitary fibrous tumor/hemangiopericytoma
6. Uterine/Endometrial Cancer
7. 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

All other indications are considered experimental/investigational and are not a covered benefit.

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II. CRITERIA FOR INITIAL APPROVAL

A. Ophthalmic disorders⁴⁻¹⁸

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
6. Neovascular glaucoma
7. Retinopathy of prematurity

B. Colorectal cancer (CRC)¹⁻⁴

Authorization of 12 months may be granted for the treatment of colorectal cancer.

C. Non-small cell lung cancer (NSCLC)¹⁻³

Authorization of 12 months may be granted for the treatment of non-squamous NSCLC.

D. CNS cancer¹⁻³

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

E. Ovarian cancer¹⁻³

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

1. Epithelial ovarian cancer
2. Fallopian tube cancer
3. Malignant sex cord-stromal tumors
4. Primary peritoneal cancer

F. Uterine/Endometrial cancer³

Authorization of 12 months may be granted for the treatment of uterine cancer or endometrial cancer.

G. Cervical cancer¹⁻³

Authorization of 12 months may be granted for the treatment of cervical cancer.

H. Breast cancer³

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

I. Renal cell carcinoma¹⁻³

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

J. Soft tissue sarcoma³

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

1. AIDS-related Kaposi sarcoma
2. Angiosarcoma
3. Solitary fibrous tumor/hemangiopericytoma

K. Malignant Pleural Mesothelioma³⁻⁴

Authorization of 12 months may be granted for the treatment of malignant pleural mesothelioma.

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III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

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