

POLICY NUMBER UM ONC_1028		SUBJECT Avastin™ (bevacizumab)/ Mvasi™(bevacizumab-awwb)/ Zirabev™ (bevacizumab-bvzr)		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 11/04/10, 10/05/11, 02/08/12, 10/13/13, 12/03/14, 01/19/15, 04/13/16, 02/06/17, 10/11/17, 09/21/18, 07/10/19, 09/11/19, 12/11/19, 01/08/20, 02/12/20, 03/11/20, 07/08/20		APPROVAL DATE July 8, 2020	EFFECTIVE DATE July 31, 2020	COMMITTEE APPROVAL DATES (latest version listed last) 11/04/10, 10/05/11, 02/08/12, 10/13/13, 12/03/14, 01/19/15, 04/13/16, 02/06/17, 10/11/17, 09/21/18, 07/10/19, 09/11/19, 12/11/19, 01/08/20, 02/12/20, 03/11/20, 07/08/20	
PRIMARY BUSINESS OWNER: UM APPROVED BY: Dr. Andrew Hertler			COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM 1			NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS		STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS All	

I. PURPOSE

To define and describe the accepted indications for Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

- When health plan Medicaid coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- When health plan Exchange coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the **Preferred Drug Guidelines shall follow NCH L1 Pathways** when applicable, otherwise shall follow NCH drug policies **AND**
- Continuation requests of previously approved non-preferred medication are not subject to this provision **AND**
- When available, generic alternatives are preferred over brand-name drugs.
- Mvasi (bevacizumab-awwb) and Zirabev (bevacizumab-bvzr) are the **PREFERRED** products whenever Bevacizumab is requested **AND**
- Non-preferred Bevacizumab will be approved only if there is a contraindication or intolerance to the **PREFERRED** medication.

2. Colorectal Cancer



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- a. The member has unresectable advanced or metastatic colorectal cancer and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is being used as **ONE** of the following:
 - i. As initial therapy in combination with capecitabine or with FOLFOX, FOLFIRI, FOLFOXIRI (fluorouracil, leucovorin, oxaliplatin, and irinotecan), 5-FU/LV (fluorouracil and leucovorin), or CapeOX (capecitabine and oxaliplatin).
 - ii. As subsequent therapy after progression, given in combination with FOLFOX, FOLFIRI, XELIRI, and XELOX/CapeOX.

3. Non-Small Cell Lung Cancer (NSCLC)

NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) are non-preferred per NCH Policy & NCH Pathway for metastatic non-squamous Non-Small Cell Lung Cancer. Please refer to the NCH Pathway document for the current recommended regimens in the above cancer type/stage.

4. Glioblastoma

- a. The member has glioblastoma, anaplastic astrocytoma, or high-grade glioma and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is being used as a single agent or in combination with irinotecan, carmustine, lomustine, or temozolomide, in any line of therapy for this disease.

5. Renal Cell Carcinoma

NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is a non-preferred drug for metastatic clear cell renal cell carcinoma.

- a. The member has recurrent or metastatic disease and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is being used as **ONE** of the following:
 - i. As single agent for members who have experienced disease progression on an oral TKI (e.g. pazopanib) AND a checkpoint inhibitor (e.g. pembrolizumab) for clear cell histology
 - ii. A single agent for non-clear cell histology, in any line of therapy.

6. Cervical Cancer

NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) + Cisplatin/Carboplatin + Paclitaxel is the preferred regimen for initial/first line therapy for metastatic cervical carcinoma.

- a. The member has cervical cancer and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is being used as first line therapy in combination with paclitaxel and cisplatin/carboplatin or topotecan for local/regional recurrence or distant metastases.

7. Hepatocellular Carcinoma

NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) + Tecentriq (atezolizumab) is the preferred regimen for initial/first line therapy for unresectable/metastatic hepatocellular carcinoma (Child-Pugh Class A only).

- a. Member has metastatic/inoperable/advanced hepatocellular carcinoma (Child-Pugh Class A only) and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) will be used in combination with Tecentriq (atezolizumab) for initial therapy.



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III. EXCLUSION CRITERIA

1. Off-label indications for Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) in breast, ovarian, soft tissue sarcoma, and endometrial cancers shall be reviewed for appropriateness per National Comprehensive Cancer Network (NCCN) compendium or other CMS-approved compendia, American Society of Clinical Oncology (ASCO) clinical guidelines, or other compelling medical literature publications.
2. Members with Child-Pugh Class B or C hepatocellular carcinoma.
3. Dosing exceeds single dose limit of Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) 15 mg/kg. Per NCH L1 Pathway, the maximum dose of Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) when used in combination with irinotecan/FOLFIRI/FOLOX/IROX regimen is 5 mg/kg.
4. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

1. Review – Utilization Management Department
2. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

None

VII. REFERENCES

1. Avastin Product Information. Genentech, November 2019.
2. Mvasi Product Information. Amgen, November 2020
3. Zirabev Product Information. Pfizer, November 2020.
4. Clinical Pharmacology Elsevier Gold Standard. 2020.
5. Micromedex Healthcare Series: Thomson Micromedex, Greenwood Village, Co 2020.
6. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2020.
7. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2020.