Drug Policy:

Avastin™ (bevacizumab)/ Mvasi™(bevacizumab-awwb)/ Zirabev™ (bevacizumab-bvzr)

POLICY NUMBER UM ONC_1028	**SUBJECT** Avastin™ (bevacizumab)/ Mvasi™(bevacizumab-awwb)/ Zirabev™ (bevacizumab-bvzr)		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 4**
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, 07/14/21	**APPROVAL DATE** July 14, 2021	**EFFECTIVE DATE** July 30, 2021	**COMMITTEE APPROVAL DATES** 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, 07/14/21	
PRIMARY BUSINESS OWNER: UM		**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** Commercial, Exchange, Medicaid	

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 Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH 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

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. 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
2. 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
3. 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
4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs.
6. Mvasi (bevacizumab-awwb) and Zirabev (bevacizumab-bvzr) are the PREFERRED products whenever Bevacizumab is requested AND
7. Non-preferred Bevacizumab will be approved only if there is a contraindication or intolerance to the PREFERRED medication.

B. Colorectal Cancer

1. 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:
   a. 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).
   b. As subsequent therapy after progression on a prior non-bevacizumab based regimen, given in combination with FOLFOX, FOLFIRI, XELIRI, and XELOX/CapeOX.
   c. Bevacizumab may be used in a maximum of 2 lines of therapy, in the metastatic setting.

C. Non-Small Cell Lung Cancer (NSCLC)

1. 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.

D. Glioblastoma

1. 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.

E. Renal Cell Carcinoma

1. NOTE: Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is a non-preferred drug for metastatic clear cell renal cell carcinoma.
2. The member has recurrent or metastatic disease and Avastin (bevacizumab)/Mvasi (bevacizumab-awwb)/Zirabev (bevacizumab-bvzr) is being used as ONE of the following:
   a. As single agent for members who have experienced disease progression on an oral TKI (e.g., pazopanib) AND an Immune Checkpoint Inhibitor (e.g., pembrolizumab) for clear cell histology

b. A single agent for non-clear cell histology, in any line of therapy.

F. Cervical Cancer

1. 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.
2. 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.

G. Hepatocellular Carcinoma

1. 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).
2. 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.

III. EXCLUSION CRITERIA

A. Members with Child-Pugh Class B or C hepatocellular carcinoma.

B. 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.

C. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

IV. MEDICATION MANAGEMENT

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

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Avastin Product Information. Genentech, Inc. South San Francisco, CA 2021.

B. Mvasi Product Information. Amgen, Inc. Thousand Oaks, CA 2021.

C. Zirabev Product Information. Pfizer, Laboratories Div Pfizer Inc NY, NY 2021.

D. Clinical Pharmacology Elsevier Gold Standard 2021.

E. Micromedex Healthcare Series: Thomson Micromedex, Greenwood Village, CO 2021.

F. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2021.

G. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2021.