

Clinical Policy Title:	bevacizumab
Policy Number:	RxA.665
Drug(s) Applied:	Zirabev®, Mvasi®
Original Policy Date:	03/19/2021
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Colorectal cancer (must meet all):

1. Diagnosis of metastatic colorectal cancer;
2. Medication is prescribed in one of the following ways (a or b):
 - a. As first or second-line treatment in combination with 5-fluorouracil based chemotherapy;
 - b. As second-line treatment in combination with irinotecan and fluoropyrimidine, or oxaliplatin and fluoropyrimidine-based chemotherapy, after disease has progressed on first-line treatment with bevacizumab;
3. Medication is not being used as adjuvant therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

B. Non-squamous non-small cell lung cancer (NSCLC) (must meet all):

1. Diagnosis of NSCLC;
2. Medication is prescribed as first line treatment in combination with carboplatin and paclitaxel.

Approval Duration

All Lines of Business (except Medicare): 12 months

C. Glioblastoma (must meet all):

1. Diagnosis of recurrent glioblastoma.

Approval Duration

All Lines of Business (except Medicare): 12 months

D. Metastatic renal cell carcinoma (must meet all):

1. Diagnosis of metastatic renal cell carcinoma;
2. Prescribed in combination with interferon alfa.

Approval Duration

All Lines of Business (except Medicare): 12 months

E. Cervical cancer (must meet all):

1. Diagnosis of persistent, recurrent, or metastatic cervical cancer;
2. Prescribed in combination with one of the following (a or b):
 - a. Cisplatin and paclitaxel;

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- b. Topotecan and paclitaxel.

Approval Duration

All Lines of Business (except Medicare): 12 months

F. Fallopian tube, epithelial ovarian, or primary peritoneal cancer (must meet all):

1. Diagnosis of one of the following cancers (a, b, c, or d):
 - a. Ovarian cancer;
 - b. Fallopian tube cancer;
 - c. Primary peritoneal cancer;
 - d. Stage III or IV epithelial ovarian cancer;
2. Medication is prescribed in one of the following ways (a, b, or c):
 - a. In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant disease with no more than 2 prior chemotherapy regimens;
 - b. In combination with carboplatin and paclitaxel or gemcitabine for platinum-sensitive disease follow by single agent bevacizumab;
 - c. As first-line therapy in combination with carboplatin and paclitaxel following surgical resection followed by single-agent bevacizumab.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All indications listed in section I (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Colorectal Cancer Version 1.2025 Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed February 28, 2025.
2. National Comprehensive Cancer Network. Non-Small Cell Lung Cancer. Version 3.2025. Available at https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed February 28, 2025.
3. National Comprehensive Cancer Network. Central Nervous System Cancers. Version 4.2024. Available at https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf. Accessed February 28, 2025
4. National Comprehensive Cancer Network. Kidney Cancer. Version 3.2025. Available at https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf. Accessed February 28, 2025
5. National Comprehensive Cancer Network. Hepatocellular carcinoma. Version 4.2024. Available at https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf. Accessed February 28, 2025.
6. National Comprehensive Cancer Network. Cervical cancer. Version 3.2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf. Accessed February 28, 2025

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/25/2021	03/09/2021
Policy was reviewed: 1. Initial Approval Criteria, I.D: Updated to include approval criteria for indication, Metastatic renal	12/09/2021	01/17/2022

<p>cell carcinoma.</p> <ol style="list-style-type: none"> 2. Initial Approval Criteria, I.F.1: Updated to remove prior drug request criteria “Request is for Avastin®”. 3. Initial Approval Criteria, I.F.4.b: Updated combination therapy criteria from For recurrent disease-platinum resistant, bevacizumab is being prescribed with paclitaxel, pegylated liposomal doxorubicin, or topotecan to For recurrent disease-platinum resistant, bevacizumab is being prescribed with paclitaxel, pegylated liposomal doxorubicin, or topotecan for members who have received no more than 2 prior chemotherapy regimens. 4. Initial Approval Criteria, I.H: Updated to remove approval criteria for Breast cancer (off-label) changed to CNS cancers. <ol style="list-style-type: none"> a. Added prescribing requirements, single agent and as combination 5. Initial Approval Criteria, I.K: Updated to remove approval criteria for Diabetic macular edema (off-label). 6. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 7. References were reviewed and updated. 		
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> 1. References were reviewed and updated. 	06/30/2022	07/18/2022
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> 1. Initial Approval Criteria, I.H.1: Rephrased from Central nervous system cancer to Compendium Recommended Indications and added following indications: <ol style="list-style-type: none"> a. Ampullary adenocarcinoma-intestinal type; b. Endometrial carcinoma; c. Malignant peritoneal mesothelioma; d. Pediatric diffuse high-grade glioma; e. Primary central nervous system cancers; f. Small bowel adenocarcinoma; g. Soft tissue sarcoma-solitary fibrous tumor or angiosarcoma; h. Vulvar cancer-squamous cell carcinoma 2. Initial Approval Criteria, I.H.4: Updated to remove prescribing criteria “Must be prescribed (a or b): <ol style="list-style-type: none"> a. As a single agent or; 	12/20/2022	01/17/2023

<p>b. In combination with carmustine, lomustine, or temozolomide if bevacizumab monotherapy fails and it is desirable to continue the steroid sparing effects of bevacizumab.”</p> <p>3. References were reviewed and updated.</p>		
<p>Policy was reviewed:</p> <p>1. References were reviewed and updated.</p>	07/03/2023	07/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <p>1. Removed off-label uses.</p> <p>2. Removed age, dosing, and prescriber requirements.</p> <p>3. Removed step through requirements.</p> <p>4. Updated indications to package inserts.</p> <p>5. References were reviewed and updated.</p>	03/03/2025	
<p>Policy reviewed.</p>	12/11/2025	12/11/2025