Clinical Policy: Bevacizumab (Alymsys, Avastin, Mvasi, Vegzelma, Zirabev)

Reference Number: ERX.SPA.86
Effective Date: 03.01.14
Last Review Date: 11.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Bevacizumab (Avastin®), bevacizumab-awwb (Mvasi®), bevacizumab-bvzr (Zirabev™), bevacizumab-maly (Alymsys®), and bevacizumab-adcd (Vegzelma™) are vascular endothelial growth factor-specific angiogenesis inhibitors.

FDA Approved Indication(s)
Avastin, Mvasi, Zirabev, Alymsys, and Vegzelma are indicated for the treatment of:

- Metastatic colorectal cancer, in combination with intravenous 5-fluorouracil (5-FU)-based chemotherapy for first- or second-line treatment.
- Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen.
- Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer (NSCLC), in combination with carboplatin and paclitaxel for first-line treatment.
- Recurrent glioblastoma in adults.
- Metastatic renal cell carcinoma (RCC) in combination with interferon alfa.
- Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.
- Epithelial ovarian, fallopian tube, or primary peritoneal cancer:
  - In combination with carboplatin and paclitaxel, followed by Avastin/Mvasi/Zirabev/Alymsys/Vegzelma as a single agent, for stage III or IV disease following initial surgical resection .
  - In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens.
  - In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin/Mvasi/Zirabev/Alymsys/Vegzelma as a single agent, for platinum-sensitive recurrent disease.

Avastin is also indicated for the treatment of:

- Hepatocellular carcinoma (HCC) in combination with atezolizumab for patients with unresectable or metastatic HCC who have not yet received prior systemic therapy.

Limitation(s) of use: Bevacizumab-products are not indicated for adjuvant treatment of colon cancer.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Avastin, Mvasi, Zirabev, Alymsys, and Vegzelma are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria
A. All FDA-Approved Indications (must meet all)**:**

1. Diagnosis of one of the following (a-g):
   a. Colorectal cancer;
   b. Non-squamous NSCLC;
   c. Glioblastoma;
   d. Metastatic RCC;
   e. Cervical cancer;
   f. Epithelial ovarian, fallopian tube, or primary peritoneal cancer;
   g. HCC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Member meets one of the following (a-g):
   a. For colorectal cancer, used in combination with one of the following (i-vi):
      i. 5-FU or capecitabine-based chemotherapy;
      ii. Irinotecan and oxaliplatin;
      iii. FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin);
      iv. Irinotecan or FOLFIRI (fluorouracil, leucovorin, and irinotecan);
      v. FOLFIRINOX (fluorouracil, leucovorin, irinotecan, and oxaliplatin);
      vi. Lonsurf® if previously progressed through all available regimens;
   b. For recurrent, advanced, or metastatic non-squamous NSCLC, prescribed as one of the following (i-v):
      i. Single agent therapy;
      ii. In combination with carboplatin and paclitaxel for first line treatment;
      iii. In combination with pemetrexed;
      iv. In combination with Tecentriq®;
      v. In combination with erlotinib for sensitizing EGFR mutation-positive histology;
   c. For glioblastoma, member has recurrent disease or requires symptom management;
   d. For metastatic RCC, used as a single-agent or in combination with interferon alfa, everolimus, or erlotinib (for advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell cancer);
   e. For persistent, recurrent, or metastatic cervical cancer, used in one of the following ways (i or ii):
      i. In combination with paclitaxel and cisplatin, carboplatin, or topotecan;
      ii. In combination with Keytruda®, paclitaxel, and cisplatin/carboplatin for PD-L1-postive disease;
   f. For epithelial ovarian, fallopian tube, or primary peritoneal cancer, one of the following (i-vi):
      i. Prescribed in combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent, for one of the following (1 or 2):
         1) Stage III or IV disease following initial surgical resection;
         2) Stage II-IV high-grade serous, low-grade serous, endometroid (Grade 1/2/3), clear cell carcinoma, or carcinosarcoma;
      ii. Prescribed for maintenance in combination with Lynparza® for stage II-IV disease;
      iii. Prescribed as targeted therapy in combination with Zejula® for platinum-sensitive persistent disease or recurrence;
      iv. For platinum-resistant disease, prescribed in combination with paclitaxel, pegylated liposomal doxorubicin, topotecan, or cyclophosphamide;
      v. For platinum-sensitive disease, prescribed in combination with carboplatin and paclitaxel, or carboplatin and gemcitabine, or carboplatin and liposomal doxorubicin, followed by bevacizumab as a single agent;
      vi. Prescribed as a single agent;
   g. For unresectable or metastatic HCC, used in combination with Tecentriq as first-line systemic therapy, and:
      i. HCC is classified as Child-Pugh class A;

5. For Alymsys, Avastin, Mvasi, or Vegzelma requests, member meets one of the following (a or b):
   a. Member must use Zirabev, unless contraindicated or clinically significant adverse effects are experienced;*
      **Prior authorization may be required for Zirabev*
   b. Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings *(see Appendix E*);
6. Request meets one of the following (a or b):*
   a. Dose does not exceed 15 mg/kg IV every 3 weeks or 10 mg/kg every 2 weeks (*see Appendix F for dose rounding guidelines*);
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Oncology - Non-FDA Approved Indications (off-label) (must meet all)**:**
1. Diagnosis of one of the following conditions (a-n):
   a. Adult glioma of one of the following types (i, ii, or iii):
      i. Oligodendroglioma that is IDH-mutant, 1p19q codeleted;
      ii. IDH-mutant astrocytoma;
      iii. Low-grade (WHO Grade I) glioma;
   b. Ampullary adenocarcinoma – intestinal type;
   c. Endometrial carcinoma;
   d. Intracranial and spinal ependymoma;
   e. Malignant peritoneal mesothelioma;
   f. Malignant pleural mesothelioma;
   g. Medulloblastoma;
   h. Meningioma;
   i. Metastatic spine tumors or brain metastases;
   j. Pediatric diffuse high-grade glioma;
   k. Primary central nervous system cancers;
   l. Small bowel adenocarcinoma;
   m. Soft tissue sarcoma – solitary fibrous tumor or angiosarcoma;
   n. Vulvar cancer – squamous cell carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. For Alymsys, Avastin, Mvasi, or Vegzelma requests, member meets one of the following (a or b):
   a. Member must use Zirabev, unless contraindicated or clinically significant adverse effects are experienced;*
      **Prior authorization may be required for Zirabev*
   b. Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings *(see Appendix E*);
5. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).*

   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

C. Ophthalmology - Non-FDA Approved Indications (off-label) (must meet all)**:**
1. Diagnosis of one of the following conditions (a-g):
   a. Neovascular (wet) age-related macular degeneration;
   b. Macular edema following retinal vein occlusion;
   c. Diabetic macular edema;
   d. Proliferative diabetic retinopathy;

e. Neovascular glaucoma;
f. Choroidal neovascularization associated with: angioid streaks, no known cause, inflammatory conditions, high pathologic myopia, or ocular histoplasmosis syndrome;
g. Diabetic retinopathy associated with ocular neovascularization (choroidal, retinal, iris);

2. Age ≥ 18 years;
3. Request is for bevacizumab intravitreal solution;
   ** Requests for IV formulations of Avastin, Mvasi, Zirabev, Alymsys, and Vegzelma will not be approved*
4. Request meets one of the following (a or b):
   a. Dose does not exceed 2.5 mg per dose;
   b. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 6 months

D. Other diagnoses/indications (must meet all)**:**

1. For Alymsys, Avastin, Mvasi, or Vegzelma requests for non-ophthalmology uses, member meets one of the following (a or b):
   a. Member must use Zirabev, unless it is contraindicated or clinically significant adverse effects are experienced;*
      **Prior authorization may be required for Zirabev*
   b. Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings *(see Appendix E*);
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
   b. Documentation supports that member is currently receiving bevacizumab for a covered oncology indication listed in section I and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. For Alymsys, Avastin, Mvasi, or Vegzelma requests for non-ophthalmology uses, member meets one of the following (a or b):
   a. Member must use Zirabev, unless contraindicated or clinically significant adverse effects are experienced;*
      **Prior authorization may be required for Zirabev*
   b. Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings *(see Appendix E*);
4. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks (*see Appendix F for dose rounding guidelines*);
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

   **Prescribed chemotherapy regimen must be FDA-approved or recommended by NCCN*

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 and either 2 or 3)**:**

1. For Alymsys, Avastin, Mvasi, or Vegzelma requests for non-ophthalmology uses, member meets one of the following (a or b):
   a. Member must use Zirabev, unless contraindicated or clinically significant adverse effects are experienced;*
      **Prior authorization may be required for Zirabev*

b. Request is for treatment associated with cancer for a State with regulations against step therapy in certain oncology settings *(see Appendix E)*;

2. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy;
Approval duration: Duration of request or 6 months (whichever is less); or
3. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

5-FU: fluorouracil
FDA: Food and Drug Administration
FOLFIRI: fluorouracil, leucovorin, irinotecan
FOLFOX: fluorouracil, leucovorin, oxaliplatin
HCC: hepatocellular carcinoma
IDH: isocitrate dehydrogenase gene
NCCN: National Comprehensive Cancer Network
NSCLC: non-small cell lung cancer
PD-L1: programmed death-ligand 1
RCC: renal cell carcinoma

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Metastatic Carcinoma of the Colon or Rectum		
FOLFOX4 = Infusional 5-FU/leucovorin/ oxaliplatin	Oxaliplatin 85 mg/m^2 IV over 2 hours day 1; leucovorin 200 mg/m^2 IV over 2 hours days 1 & 2, followed by 5-FU 400 mg/m^2 IV bolus over 2-4 minutes, followed by 600 mg/m^2 IV 5-FU continuous infusion over 22 hours on days 1 & 2. Repeat cycle every 14 days.	Varies
FOLFIRI = Infusional 5-FU/ leucovorin/Camptosar® (irinotecan)	Camptosar 180 mg/m^2 IV over 90 minutes day 1; Leucovorin 400 mg/m^2 IV over 2 hours day 1 followed by 5-FU 400 mg/m^2 IV bolus over 2-4 minutes, followed by 2.4 gm/m^2 IV 5-FU continuous infusion over 46 hours. Repeat cycle every 14 days.	Varies
capecitabine (Xeloda®)	2,500 mg/m^2 PO BID for 2 weeks; repeat cycles of 2 weeks on and 1 week off. For patients who cannot tolerate intensive therapy.	Varies
IROX = oxaliplatin/ Camptosar (irinotecan)	Oxaliplatin 85 mg/m^2 IV followed by Camptosar 200 mg m^2 IV over 30-90 minutes every 3 weeks	Varies
Camptosar (irinotecan)	180 mg/m^2 IV every 2 weeks or 300-350 mg/m^2 IV every 3 weeks	Varies
Lonsurf® (trifluridine and tipiracil)	35 mg/m2 (based on trifluridine component) PO BID on days 1-5 and 8-12, repeated every 28 days	Trifluridine 80 mg/dose
NSCLC		
Examples of drugs used in single	Various doses	Varies

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
or multi-drug chemotherapy regimens: • Cisplatin, carboplatin, paclitaxel, docetaxel, vinorelbine, gemcitabine, etoposide, irinotecan, vinblastine, mitomycin, ifosfamide, pemetrexed disodium, (Alimta®), erlotinib (Tarceva®), Tecentriq® (atezolizumab)		
Ovarian Cancer		
Examples of drugs used in single- or multi-drug chemotherapy regimens: • carboplatin and paclitaxel, docetaxel and carboplatin, Lynparza® (olaparib), Zejula® (niraparib)	Various doses	Varies
Glioblastoma Multiforme		
temozolomide (Temodar®)	Maintenance phase cycles: 150 mg-200 mg/m² PO days 1-5. Repeat every 28 days.	Varies
carmustine (Bincu®)	150 mg to 200 mg/m² IV on day 1. Repeat every 6-8 weeks for one year or tumor progression.	Varies
Cervical Cancer		
Examples of drugs used in multi-drug chemotherapy regimens: • cisplatin/paclitaxel, carboplatin/paclitaxel, cisplatin/topotecan (Hycamtin®), topotecan/paclitaxel	Various doses	Varies

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information
- Fatal pulmonary hemorrhage can occur in patients with NSCLC treated with chemotherapy and bevacizumab. The incidence of severe or fatal hemoptysis was 31% in patients with squamous histology and 2.3% with NSCLC excluding predominant squamous histology. Patients with recent hemoptysis should not receive bevacizumab.

Appendix E: States with Regulations against Redirections in Certain Oncology Settings

State	Step Therapy Prohibited?	Notes
FL	Yes	For stage 4 metastatic cancer and associated conditions.
GA	Yes	For stage 4 metastatic cancer. Redirection does not refer to review of medical necessity or clinical appropriateness.

State	Step Therapy Prohibited?	Notes
IA	Yes	For standard of care stage 4 cancer drug use, supported by peer-reviewed, evidence-based literature, and approved by FDA.
LA	Yes	For stage 4 advanced, metastatic cancer or associated conditions. Exception if "clinically equivalent therapy, contains identical active ingredient(s), and proven to have same efficacy.
NV	Yes	Stage 3 and stage 4 cancer patients for a prescription drug to treat the cancer or any symptom thereof of the covered person
OH	Yes	**Applies to Commercial requests only** For stage 4 metastatic cancer and associated conditions
PA	Yes	For stage 4 advanced, metastatic cancer
TN	Yes	For advanced metastatic cancer and associated conditions
TX	Yes	For stage 4 advanced, metastatic cancer and associated conditions

Appendix F: Dose Rounding Guidelines

Weight-based Dose Range	Vial Quantity Recommendation
≤ 104.99 mg	1 vial of 100 mg/4 mL
105 mg-209.99 mg	2 vials of 100 mg/4 mL
210 mg-314.99 mg	3 vials of 100 mg/4 mL
315 mg-419.99 mg	1 vial of 400 mg/16 mL
420 mg-524.99 mg	1 vial of 100 mg/4 mL and 1 vial of 400 mg/16 mL
525 mg-629.99 mg	2 vials of 100 mg/4 mL and 1 vial of 400 mg/16 mL
630 mg-734.99 mg	3 vials of 100 mg/4 mL and 1 vial of 400 mg/16 mL
735 mg-839.99 mg	2 vials of 400 mg/16 mL
840 mg-944.99 mg	1 vials of 100 mg/4 mL and 2 vials of 400 mg/16 mL
945 mg-1,049.99 mg	2 vials of 100 mg/4 mL and 2 vials of 400 mg/16 mL
1,050 mg-1,154.99 mg	3 vials of 100 mg/4 mL and 2 vials of 400 mg/16 mL
1,155 mg-1,259.99 mg	3 vials of 400 mg/16 mL
1,260 mg-1,364.99 mg	1 vials of 100 mg/4 mL and 3 vials of 400 mg/16 mL
1,365 mg-1,469.99 mg	2 vials of 100 mg/4 mL and 3 vials of 400 mg/16 mL
1,470 mg-1,574.99 mg	3 vials of 100 mg/4 mL and 3 vials of 400 mg/16 mL
1,575 mg-1,679.99 mg	4 vials of 400 mg/16 mL
1,680 mg-1,784.99 mg	1 vials of 100 mg/4 mL and 4 vials of 400 mg/16 mL
1,785 mg-1,889.99 mg	2 vials of 100 mg/4 mL and 4 vials of 400 mg/16 mL
1,890 mg-1,994.99 mg	3 vials of 100 mg/4 mL and 4 vials of 400 mg/16 mL
1,995 mg-2,099.99 mg	5 vials of 400 mg/16 mL

**This is part of a dose rounding guideline on select drug classes as part of an initiative conducted on a larger scale with multiple references and prescriber feedback.*

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Metastatic colorectal cancer	5 mg/kg or 10 mg/kg once every 14 days as an IV infusion in combination with a 5-FU based chemotherapy regimen until disease progression is detected. 5 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks when used in combination with a fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin based chemotherapy regimen in patients who have progressed on a first-line	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks

Indication	Dosing Regimen	Maximum Dose
	bevacizumab-containing regimen	
Non-squamous NSCLC	15 mg/kg IV infusion every 3 weeks with carboplatin/paclitaxel	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Ovarian cancer, stage III or IV disease following initial surgical resection	15 mg/kg IV infusion every 3 weeks with carboplatin/paclitaxel for up to 6 cycles, followed by bevacizumab 15 mg/kg every 3 weeks as a single agent	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Platinum resistant ovarian cancer	10 mg/kg intravenously every 2weeks with weekly paclitaxel, liposomal doxorubicin, or topotecan or 15 mg/kg every 3 weeks if given with topotecan every 3 weeks	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Platinum sensitive ovarian cancer	15 mg/kg intravenously every 3 weeks with carboplatin and paclitaxel or with carboplatin and gemcitabine, followed by bevacizumab 15 mg/kg every 3 weeks as a single agent	15 mg/kg IV every 3 weeks
HCC	15 mg/kg IV every 3 weeks plus Tecentriq 1,200 mg IV on the same day	15 mg/kg IV every 3 weeks
Clear cell renal carcinoma	10 mg/kg IV every 2 weeks with interferon alfa	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Glioblastoma multiforme, anaplastic astrocytoma, anaplastic oligodendroglioma	10 mg/kg IV every 2 weeks	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Soft tissue sarcoma	15 mg/kg IV infusion every 3 weeks	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Cervical cancer	15 mg/kg IV infusion every 3 weeks (in combination with paclitaxel and either cisplatin or topotecan) until disease progression or unacceptable toxicity	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks
Neovascular (wet) macular degeneration	1.25 to 2.5 mg administered by intravitreal injection every 4 weeks	2.5 mg/dose
Neovascular glaucoma	1.25 mg administered by intravitreal injection every 4 weeks	2.5 mg/dose
Macular edema secondary to retinal vein occlusion	1 mg to 2.5 mg administered by intravitreal injection every 4 weeks	2.5 mg/dose
Proliferative diabetic retinopathy	1.25 mg administer by intravitreal injection 5 to 20 days before vitrectomy	2.5 mg/dose
Diabetic macular edema	1.25 mg administered by intravitreal injection	2.5 mg/dose
Malignant mesothelioma of pleura	15 mg/kg IV (plus pemetrexed 500 mg/m(2) IV and cisplatin 75 mg/m(2) IV) every 21 days for up to 6 cycles, followed	2.5 mg/dose

Indication	Dosing Regimen	Maximum Dose
	by maintenance bevacizumab 15 mg/kg every 21 days until disease progression or unacceptable toxicity. All patients should receive folic acid 400 mcg orally daily and vitamin B12 1000 mcg IM every 3 weeks, both beginning 7 days prior to pemetrexed and continuing for 3 weeks following the last pemetrexed dose (off-label dosage).	
Metastatic colorectal cancer in previously untreated elderly patients ineligible for oxaliplatin- or irinotecan-based chemotherapy	7.5 mg/kg IV on day 1 with capecitabine 1,000 mg/m^2 orally twice daily on days 1 to 14, given every 3 weeks until disease progression.	15 mg/kg IV every 3 weeks or 10 mg/kg IV every 2 weeks.

VI. Product Availability
Single use vials: 100 mg/4 mL, 400 mg/16 mL

VII. References
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12. Fahrenbruch R, Kintzel P, Bott AM., et al. Dose rounding of biologic and cytotoxic anticancer agents: a position statement of the hematology/oncology pharmacy association. *Journal of Oncology Practice*. 2018;14(3)e130-e136.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2019 annual review: added Mvasi to the policy; added NCCN Category 2A recommended off-label uses: AIDS-related Kaposi sarcoma, anaplastic gliomas, intracranial and spinal ependymoma, infilrative supratentorial astrocytoma/oligodendroglioma, medulloblastoma; references reviewed and updated.	12.11.18	02.19
RT4: Added biosimilar, Zirabev, to the policy; references reviewed and updated.	07.08.19	
4Q 2019 annual review: added NCCN Category 2A recommended off-label uses: meningioma, small bowel adenocarcinoma; updated glioblastoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer FDA-approved indications in approval criteria; references reviewed and updated.	08.09.19	11.19
Added appendix E: dose rounding guidelines; added reference to appendix E within criteria; ophthalmology indications: removed ophthalmologist specialist requirement due to low potential for inappropriate use and added max dose of 2.5 mg/dose; references updated.	02.19.20	05.20
RT4 policy update to add criteria for newly FDA-approved indication for first-line therapy for HCC in combination with atezolizumab; references reviewed and updated.	06.08.20	
Ad Hoc update: for ophthalmology non-FDA approved indications, added requirement that request be for intravitreal Avastin as compounding pharmacies often break standard Avastin vials into smaller dosages specifically for ophthalmic use and there is a temporary CPT code not currently available to biosimilars.	10.01.20	
4Q 2020 annual review: modified continued therapy approval duration from 12 to 6 months; removed AIDS-related Kaposi sarcoma as an off label use as it is no longer NCCN supported; added additional NCCN supported regimens for colorectal cancer, non-squamous non-small cell lung cancer, renal cell carcinoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer; added to Section IB metastatic spine tumors or brain metastases and vulvar cancer diagnoses which are supported by NCCN; references reviewed and updated.	10.02.20	11.20
RT4: FDA indication language updated for Zirabev to reflect expansion of indication to include epithelial ovarian, fallopian tube, or primary peritoneal cancer; amended language for ophthalmology non-FDA approved indications to be: request is for bevacizumab intravitreal solution.	02.26.21	
4Q 2021 annual review: added additional NCCN-supported regimens and classifications for colorectal cancer, NSCLC, glioblastoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer; added criterion that HCC be classified as Child-Pugh class A disease per NCCN; added low-grade WHO grade I glioma to NCCN-supported off-label indication; added redirection to Zirabev biosimilar if request is for Avastin or Mvasi; references reviewed and updated.	08.15.21	11.21
RT4: updated with Mvasi's FDA-approved indications of epithelial ovarian, fallopian tube, or primary peritoneal cancers.	12.10.21	
RT4: added newly FDA-approved biosimilar Alymsys to policy.	05.04.22	
4Q 2022 annual review: added additional NCCN-supported indications of ampullary adenocarcinoma cancer, malignant peritoneal mesothelioma, and pediatric diffuse high-grade glioma; re-classified anaplastic gliomas to astrocytoma and oligodendroglioma per updated NCCN classification; removed breast cancer indication, WHO grade 2 glioma indication, and	10.25.22	11.22

Reviews, Revisions, and Approvals	Date	P&T Approval Date
single-agent therapy option for cervical cancer per NCCN; removed "radiographic and/or clinical relapse", "recurrent", and "carcinosarcoma with… BRCA 1/2 mutation" disease qualifiers for ovarian cancer as there are other clinical scenarios per NCCN; added new regimens for cervical and colorectal cancers per NCCN; added option to bypass redirection to preferred agent for certain oncology settings if state regulations apply per Appendix E; references reviewed and updated. RT4: added Vegzelma biosimilar to policy.		

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.