Reference number(s)
3834-A

JURISDICTION SPECIFIC MEDICARE PART B

BEVACIZUMAB AND BIOSIMILARS
AVASTIN (bevacizumab)
MVASI (bevacizumab-awwb)
ZIRABEV (bevacizumab-bvzr)

POLICY

I. COVERED USES

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. The FDA-labeled indications and recognized compendia (off-label) uses are listed below:

A. Metastatic colorectal cancer (mCRC)
B. First-line non-squamous non-small cell lung cancer (NSCLC)
C. Recurrent glioblastoma
D. Metastatic renal cell carcinoma (mRCC)
E. Persistent, recurrent, or metastatic cervical cancer
F. Epithelial ovarian, fallopian tube, or primary peritoneal cancer
G. Hepatocellular carcinoma (HCC)
H. Breast cancer
I. Central nervous system (CNS) cancers
J. Necrosis of central nervous system due to exposure to ionizing radiation
K. Malignant pleural mesothelioma
L. Soft tissue sarcoma
M. Uterine neoplasms/Endometrial carcinoma
N. Vulvar squamous cell carcinoma
O. AIDS-related Kaposi sarcoma
P. Choroidal retinal neovascularization, secondary to pathologic myopia
Q. Diabetic macular edema
R. Retinal vein occlusion with macular edema
S. Neovascular glaucoma
T. Neovascular (wet) age-related macular degeneration
U. Proliferative diabetic retinopathy
V. Epistaxis due to hereditary hemorrhagic telangiectasia syndrome
W. Small bowel adenocarcinoma, including advanced ampullary cancer

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

A. Relevant medical history, physical examination, results of pertinent diagnostic tests or procedures
B. Medical record with name of drug administered, route of administration, dosage, duration of the administration.

III. CRITERIA FOR APPROVAL

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

B. **Non-small cell lung cancer**
Authorization of 12 months may be granted for treatment of non-small cell lung cancer.

C. **Renal cell cancer**
Authorization of 12 months may be granted for treatment of renal cell cancer.

D. **Cervical cancer**
Authorization of 12 months may be granted for treatment of cervical cancer.

E. **Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer**
Authorization of 12 months may be granted for treatment of epithelial ovarian cancer, fallopian tube cancer, and primary peritoneal cancer.

F. **Hepatocellular Carcinoma**
Authorization of 12 months may be granted for treatment of hepatocellular carcinoma (HCC).

G. **Breast Cancer**
Authorization of 12 months may be granted for treatment of breast cancer.

H. Central Nervous System (CNS) Cancer
Authorization of 12 months may be granted for treatment of central nervous system (CNS) cancer, including recurrent glioblastoma, intracranial and spinal ependymoma (excluding subependymoma), anaplastic glioma, metastatic spine tumors, low-grade (WHO Grade II) infiltrative supratentorial astrocytoma/oligodendroglioma, medulloblastoma, primary central nervous system lymphoma, and meningiomas.

I. Necrosis of Central Nervous System Due to Exposure to Ionizing Radiation
Authorization of 3 months may be granted for treatment of central nervous system necrosis due to exposure to ionizing radiation.

J. **Malignant Pleural Mesothelioma**
Authorization of 12 months may be granted for treatment of malignant pleural mesothelioma.

K. **Soft tissue Sarcoma**
Authorization of 12 months may be granted for treatment of angiosarcoma or solitary fibrous tumor/hemangiopericytoma.

L. Uterine neoplasms/Endometrial Carcinoma
Authorization of 12 months may be granted for treatment of uterine neoplasms or endometrial carcinoma.

M. Vulvar Squamous Cell Carcinoma
Authorization of 12 months may be granted treatment of vulvar squamous cell carcinoma.

N. AIDS-related Kaposi Sarcoma
Authorization of 12 months may be granted treatment of AIDS-related Kaposi sarcoma.

O. **Choroidal Retinal Neovascularization Secondary to Pathologic Myopia**
Authorization of 12 months may be granted for the treatment of choroidal retinal neovascularization secondary to pathologic myopia.

P. **Diabetic Macular Edema**
Authorization of 12 months may be granted for the treatment of diabetic macular edema

Q. Retinal Vein Occlusion With Macular Edema
Authorization of 12 months may be granted for the treatment of macular edema following retinal vein occlusion.

R. **Neovascular Glaucoma**
Authorization of 12 months may be granted for the treatment of neovascular glaucoma.

S. Neovascular Age-Related Macular Degeneration
Authorization of 12 months may be granted for the treatment of neovascular (wet) age-related macular degeneration.

T. **Proliferative Diabetic Retinopathy**
Authorization of 12 months may be granted for the treatment of proliferative diabetic retinopathy.

U. **Epistaxis Due to Hereditary hemorrhagic telangiectasia syndrome**
Authorization of 12 months may be granted for the treatment of epistaxis due to hereditary hemorrhagic telangiectasia syndrome.

V. Small Bowel Adenocarcinoma
Authorization of 12 months may be granted for the treatment of small bowel adenocarcinoma, including advanced ampullary cancer.

IV. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

V. REFERENCES

1. Drugs and Biologicals LCD (L33394) Version R14. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed May 13, 2021.
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3. Billing and Coding: Drugs and Biologicals (A52855) Version R7. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed May 13, 2021.
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6. Zirabev [package insert]. New York, NY: Pfizer, Inc.; January 2020.
7. The NCCN Drugs & Biologics Compendium® © 2020 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed May 13, 2021
8. Micromedex Solutions [database online]. Truven Health Analytics, Greenwood Village, CO. Available at: https://www.micromedexsolutions.com. Accessed February 12, 2021.