VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable) – Bevacizumab Products Utilization Management Medical Policy
- Avastin® (bevacizumab intravenous infusion – Genentech)
- Alymsys® (bevacizumab-maly intravenous infusion – Amneal)
- Jobevne™ (bevacizumab-nwgd intravenous infusion – Biocon)
- Mvasi™ (bevacizumab-awwb intravenous infusion – Amgen)
- Vegzelma™ (bevacizumab-adcd intravenous infusion – Celltrion)
- Zirabev™ (bevacizumab-bvzr intravenous infusion – Pfizer)

REVIEW DATE: 02/25/2026

OVERVIEW

Bevacizumab is a recombinant humanized monoclonal antibody that binds to and inhibits the biologic activity of human vascular endothelial growth factor (VEGF), a key mediator of angiogenesis.[1] Bevacizumab is indicated for the following uses:

- **Cervical cancer** in combination with paclitaxel and cisplatin OR paclitaxel and topotecan for persistent, recurrent, or metastatic disease.
- **Colorectal cancer**, metastatic:
  - In combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.
  - In combination with fluoropyrimidine-irinotecan-based or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab-containing regimen.

  Limitation of use: Bevacizumab is not indicated for adjuvant treatment of colon cancer.
- **Glioblastoma**, for treatment of recurrent disease in adults.
- **Hepatocellular carcinoma**, in combination with Tecentriq® (atezolizumab intravenous infusion) for the treatment of unresectable or metastatic disease in patients who have not received prior systemic therapy.
- **Non-small cell lung cancer (NSCLC)**, for non-squamous disease, in combination with carboplatin and paclitaxel for first-line treatment of unresectable, locally advanced, recurrent, or metastatic disease.
- **Ovarian (epithelial), fallopian tube, or primary peritoneal cancer:**
  - Recurrent disease that is platinum-resistant in combination with paclitaxel, Doxil® (doxorubicin liposome intravenous infusion), or topotecan, in patients who received no more than two prior chemotherapy regimens.
  - Recurrent disease that is platinum-sensitive in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by bevacizumab as a single agent.
  - In combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent, for stage III or IV disease in patients following initial surgical resection.
- **Renal cell carcinoma**, metastatic, in combination with interferon alfa.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of bevacizumab for uses other than ophthalmic conditions. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing document in this policy will be considered on a case-

by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with bevacizumab as well as the monitoring required for adverse events and long-term efficacy, approval requires bevacizumab to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of bevacizumab is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. Central Nervous System Tumors. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

Note: For pediatric patients, see Pediatric Central Nervous System Tumors.

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least one previous therapy; AND

Note: Examples are temozolomide capsules or injection, etoposide, carmustine, radiotherapy.

C) Patient has ONE of the following (i, ii, iii, iv, v, vi, vii, viii, or ix):

- **i.** Anaplastic gliomas; OR
- **ii.** Astrocytoma; OR
- **iii.** Glioblastoma; OR
- **iv.** Intracranial and spinal ependymoma (excluding subependymoma); OR
- **v.** Meningiomas; OR
- **vi.** Oligodendroglioma; OR
- **vii.** Medulloblastoma; OR
- **viii.** Neurofibromatosis type 2 vestibular schwannomas; OR
- **ix.** Symptoms due to ONE of the following (a, b, or c):
  - **a)** Radiation necrosis; OR
  - **b)** Brain edema; OR
  - **c)** Mass effect; AND

D) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

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2. Cervical Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i or ii):

- **i.** Patient has recurrent or metastatic disease; OR
- **ii.** Patient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix; AND

C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

3. **Colon, Rectal, or Appendiceal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has recurrent, advanced or metastatic disease; AND
   - **C)** The medication is used in combination with a chemotherapy regimen; AND
     Note: Examples of chemotherapy are 5-fluorouracil with leucovorin, and may include one or both of oxaliplatin, irinotecan; capecitabine with or without oxaliplatin; irinotecan with or without oxaliplatin.
   - **D)** The medication is prescribed by or in consultation with an oncologist.

   Dosing: Approve ONE of the following dosing regimens (A, B, or C):
   - **A)** 5 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
   - **B)** 10 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
   - **C)** 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

4. **Hepatocellular Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** The medication is used as subsequent therapy; OR
     - **ii.** Patient meets BOTH of the following (a and b):
       - **a)** The medication is used for first-line therapy; AND
       - **b)** According to the prescriber, the patient has ONE of the following [(1) or (2)]:
         - **(1)** Liver-confined, unresectable disease and is deemed ineligible for transplant; OR
         - **(2)** Extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy; AND
   - **C)** The medication is used in combination with Tecentriq (atezolizumab intravenous infusion); AND
   - **D)** The medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

5. **Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has recurrent, advanced, or metastatic disease; AND
   - **C)** The medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

6. **Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve ONE of the following doses (A or B):
   - **A)** Up to 15 mg/kg administered intravenously not more frequently than once every 3 weeks; OR
   - **B)** 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

7. Renal Cell Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has relapsed, metastatic, or stage IV disease; AND
- **C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

Other Uses with Supportive Evidence

8. Ampullary Adenocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has intestinal type disease; AND
- **C)** The medication is used in combination with chemotherapy; AND
  Note: Examples of chemotherapy include FOLFOX (leucovorin, fluorouracil, oxaliplatin), FOLFIRI (leucovorin, fluorouracil, irinotecan), FOLFIRINOX (leucovorin, fluorouracil, oxaliplatin, irinotecan), and CapeOX (capecitabine, oxaliplatin).
- **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

9. Endometrial Carcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has recurrent, advanced, or metastatic disease; AND
- **C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve up to 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

10. Mesothelioma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has ONE of the following (i, ii, iii, or iv):
  - **i.** Pleural mesothelioma; OR
  - **ii.** Peritoneal mesothelioma; OR
  - **iii.** Pericardial mesothelioma; OR
  - **iv.** Tunica vaginalis testis mesothelioma; AND
- **C)** Patient meets ONE of the following (i or ii):
  - **i.** The medication will be used in combination with a chemotherapy regimen; OR
    Note: Examples of chemotherapy are pemetrexed, cisplatin, carboplatin.
  - **ii.** The medication will be used in combination with Tecentriq (atezolizumab intravenous infusion); AND
- **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

11. Neovascular or Vascular Ophthalmic Conditions. Approve for 3 years.
Note: Examples of neovascular or vascular ophthalmic conditions include diabetic macular edema (includes patients with diabetic retinopathy and diabetic macular edema), macular edema following retinal vein occlusion, myopic choroidal neovascularization, neovascular (wet) age-related macular degeneration, other neovascular diseases of the eye (e.g., neovascular glaucoma, retinopathy of prematurity, sickle cell neovascularization, choroidal neovascular conditions).

12. Pediatric Central Nervous System Tumors. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient is < 18 years of age; AND
- **B)** Patient has ONE of the following (i or ii):
  - **i.** Pediatric-type diffuse high-grade glioma; OR
    Note: Examples include diffuse hemispheric glioma, diffuse pediatric-type high-grade glioma, infant-type hemispheric glioma, and diffuse midline glioma.
  - **ii.** Pediatric medulloblastoma; AND
- **C)** Patient has recurrent or progressive disease; AND
- **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

13. Small Bowel Adenocarcinoma. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has advanced or metastatic disease; AND
- **C)** The medication is used in combination with chemotherapy; AND
  Note: Examples of chemotherapy are fluorouracil, leucovorin, and oxaliplatin (FOLFOX), capecitabine and oxaliplatin (CapeOX), fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFIRINOX).
- **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):
- **A)** 5 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
- **B)** 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

14. Soft Tissue Sarcoma. Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has ONE of the following (i or ii):
  - **i.** Angiosarcoma; OR
  - **ii.** Solitary fibrous tumor; AND
- **C)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve up to 15 mg/kg administered intravenously not more frequently than once every 2 weeks.

15. Vaginal Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):

A) Patient is ≥ 18 years of age; AND
B) Patient has advanced, recurrent, or metastatic disease; AND
C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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16. Vulvar Cancer. Approve for 1 year if the patient meets ALL of the following (A, B, and C):
A) Patient is ≥ 18 years of age; AND
B) Patient has advanced, recurrent, or metastatic disease; AND
C) The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of bevacizumab products is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Hepatocellular Carcinoma:** Remove requirement that the patient has unresectable or metastatic hepatocellular carcinoma or according to the prescriber, the patient is not a surgical candidate. Added "or B" to requirement that the patient has Child-Pugh Class A or B disease. Added requirement that the patient has unresectable disease and is not a transplant candidate; OR has liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; OR has metastatic disease or extensive liver tumor burden. **Non-Small Cell Lung Cancer:** Added *KRAS G12C* is not considered an actionable mutation (the tumor may be *KRAS G12C* mutation positive) to requirement that the patient is negative or unknown for actionable mutations. Removed *KRAS G12C* mutation from requirement that the tumor is positive for one of the following mutations for first-line use. **Mesothelioma:** Removed "malignant" from malignant pleural mesothelioma and malignant peritoneal mesothelioma. **Pediatric Central Nervous System Tumors:** Added pediatric medulloblastoma as an option for approval. Removed requirement that the medication is used for palliation.	03/20/2024
Annual Revision	**Central Nervous System Tumors:** Medulloblastoma and neurofibromatosis type 2 vestibular schwannomas added as new options for approval. Removed poorly control vasogenic from brain edema option for approval. **Hepatocellular Carcinoma:** Changed approval duration from 1 year to duration noted. Patient has Child-Pugh Class A or B disease and patient has not received prior systemic therapy were removed as requirements. Added new option for approval for 1 year (total), if patient has undergone resection or ablation therapy, patient is at high-risk of recurrence, and medication is used as adjuvant therapy. Added option for approval for 1 year if the medication is used for first-line therapy and the patient has liver-confined, unresectable disease and is deemed ineligible for transplant or the patient has extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy. Removed liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease as an option for approval. **Non-Small Cell Lung Cancer:** Added *NRG1* and removed *KRAS G12C* is not considered an actionable mutation from the Note with examples of actionable mutations. Added *NRG1* as an option of approval for first-line use. Removed *RET* rearrangement as an option for approval for first-line or subsequent therapy. Added *RET* rearrangement as an option for approval for subsequent therapy and added additional targeted drug therapies to the Note. **Vaginal Cancer:** Added new condition of approval. **Vulvar Cancer:** Removed bevacizumab is used in combination with a chemotherapy regimen as a requirement.	02/26/2025
Selected Revision	Jobevne (bevacizumab-nwgd) was added to the policy; the same criteria apply as the other bevacizumab products.	08/20/2025

HISTORY(CONTINUED)

Annual Revision	**Hepatocellular Carcinoma:** The duration of approval was changed to 1 year. The option of approval along with the associated notes to approve for 1 year (total) was removed. The option of approval that the medication is used as subsequent therapy was added. **Non-Small Cell Lung Cancer:** The requirement that the patient does not have a history of recent hemoptysis was removed. The requirement that the patient has recurrent, advanced, or metastatic non-squamous non-small cell lung cancer (NSCLC) was modified to the patient has recurrent, advanced, or metastatic disease. The requirement that the patient meets one of the following was removed: the tumor is negative or unknown for actionable mutations; the tumor is positive for (EGFR) exon 19 deletion or exon 21 L858R mutations; the medication is used as first-line; the medication is used as first-line or subsequent therapy; and the medication is used as subsequent therapy. **Small Bowel Adenocarcinoma:** Added 5 mg/kg administered intravenously not more frequently than every 2 weeks to the approval dosing regimens. The dosing was modified to 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks. Previously, approved up to 7.5 mg/kg administered intravenously not more frequently than once every 2 weeks. **Soft Tissue Sarcoma:** The requirement that the patient has angiosarcoma or solitary fibrous tumor was modified to the patient has ONE of the following: Angiosarcoma or Solitary fibrous tumor.	02/25/2026