



## Medical Policy

Antineoplastic – bevacizumab	
Avastin® (bevacizumab), Mvasi® (bevacizumab-awwb), Zirabev® (bevacizumab-bvcr), AlymSYS®	
MEDICAL POLICY NUMBER	MED_Clin_Ops_042a
ORIGINAL EFFECTIVE DATE	7/1/2021
CURRENT VERSION NUMBER	2
CURRENT VERSION EFFECTIVE DATE	7/26/2022
APPLICABLE PRODUCT AND MARKET	Individual Family Plan: ALL Small Group: ALL

**IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY:** These services may or may not be covered by all Bright Health Plans. Please refer to the member's plan document for specific coverage information.

Bright Health may use tools developed by third parties, such as MCG™ Care Guidelines and the ASAM Criteria™ to assist in administering health benefits. Bright Health Medical Policies, MCG™ Care Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Bright Health Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Bright Health Medical Policy may visit Bright Health provider portal at [brighthouse.com/provider](http://brighthouse.com/provider)

\*If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed and applied prior to using the criteria set forth in this medical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

Before using this policy, please check the member benefit plan document and any federal or state mandates, if applicable. Bright Health policies and practices are compliant with all federal and state requirements, including mental health parity laws.

### PURPOSE

To promote consistency between reviewers in clinical coverage decision-making by providing the criteria that generally determine the medical necessity of bevacizumab therapy.

### POLICY/CRITERIA

#### Prior Authorization and Medical Review is required.

Coverage will be provided for six months and may be renewed. For CNS cancers and recurrent glioblastoma (symptom management), coverage will be provided for 12 weeks and may NOT be renewed.

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Avastin and Alymsys are Non-Preferred products. **The Preferred products are Mvasi and Zirabev.**

Avastin may be considered medically necessary if:

- Patient has experienced a therapeutic failure or intolerance with Mvasi **AND** Zirabev; **OR**
- Avastin is requested for an indication for which Mvasi **AND** Zirabev have not been FDA-approved.

Coverage for Avastin (bevacizumab), Mvasi (bevacizumab-awwb), Zirabev (bevacizumab-bvcr), or Alymsys (bevacizumab-maly) is provided in the following conditions:

1. Patient is 18 years of age or older; **AND**
2. Patient must have no recent history of hemorrhage or hemoptysis (the presence of blood in sputum); **AND**
3. Patient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

### 1. Colorectal Cancer (CRC)

- a. Requested drug will not be used for adjuvant treatment; **AND**
- b. Patient's disease is metastatic; **AND**
  - i. Requested drug will be used as first- or second-line therapy in combination fluorouracil-based chemotherapy regimen; **OR**
  - ii. Patient's disease has progressed on a first-line bevacizumab-containing regimen; **AND**
  - iii. Requested drug will be used in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy

### 2. Non-Squamous Non-Small Cell Lung Cancer

- a. Requested drug is being used first-line treatment; **AND**
- b. Patient's disease is unresectable, locally advanced, recurrent or metastatic; **AND**
- c. Requested drug will be used in combination with carboplatin and paclitaxel.

### 3. Recurrent Glioblastoma (GBM)

### 4. Renal Cell Carcinoma (RCC)

- a. Patient's disease is metastatic; **AND**
- b. Requested drug will be used in combination with interferon alfa.

### 5. Cervical Cancer

- a. Patient's disease is persistent, recurrent, or metastatic; **AND**
- b. Requested drug will be used in combination with paclitaxel and cisplatin or paclitaxel and topotecan.

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- 6. Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (Avastin & Zirabev ONLY)**
- Patient has a diagnosis of stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer; **AND**
  - Patient has had initial surgical resection; **AND**
  - Requested drug will be used in combination with carboplatin and paclitaxel, followed by the requested drug as a single agent; **OR**
  - Patient has a diagnosis of platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer; **AND**
  - Patient has received no more than 2 prior chemotherapy regimens; **AND**
  - Requested drug will be used in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan; **OR**
  - Patient has a diagnosis of** platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer; **AND**
  - Requested drug will be used** in combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by the requested drug as a single agent.
- 7. Hepatocellular Carcinoma (Avastin ONLY)**
- Patient has a diagnosis of unresectable or metastatic disease; **AND**
  - Patient has not received prior systemic therapy; **AND**
  - Avastin will be used in combination with atezolizumab.

### DOSING LIMITS

Max Units (per dose and over time) [Medical Benefit]:

- 170 billable units per 21 days
- 120 billable units per 14 days

### LIMITATIONS/EXCLUSIONS

- Any indication other than those listed above due to insufficient evidence of therapeutic value.
- Adjuvant treatment of colon cancer.

### DEFINITIONS

- AVASTIN (bevacizumab) injection, for intravenous use. Initial U.S. Approval: 2004
  - Avastin (bevacizumab) injection is a clear to slightly opalescent, colorless to pale brown, sterile solution for intravenous infusion supplied as single-dose vials in the following strengths:
    - 100 mg/4 mL: carton of one vial or carton of 10 vials
    - 400 mg/16 mL: carton of one vial or carton of 10 vials
- MVASI (bevacizumab-awwb) injection, for intravenous use. Initial U.S. Approval: 2017
  - MVASI (bevacizumab-awwb) is biosimilar to AVASTIN (bevacizumab)
  - MVASI (bevacizumab-awwb) injection is a clear to slightly opalescent, colorless to pale yellow, sterile solution for intravenous infusion supplied as single-dose vials in the following strengths:

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- i. 100 mg/4 mL
  - ii. 400 mg/16 mL
- 3. ZIRABEV™ (bevacizumab-bvzr) injection, for intravenous use. Initial U.S. Approval: 2019
  - a. ZIRABEV (bevacizumab-bvzr) is biosimilar to AVASTIN (bevacizumab).
  - b. ZIRABEV (bevacizumab-bvzr) injection is a clear to slightly opalescent, colorless to pale brown, sterile solution for intravenous infusion supplied in a carton containing one single-dose vial in the following strengths:
    - i. 100 mg/4 mL (25 mg/mL)
    - ii. 400 mg/16 mL (25 mg/mL)
- 4. ALYMSYS® (bevacizumab-maly) injection, for intravenous use. Initial U.S. Approval: 2022
  - a. ALYMSYS (bevacizumab-maly) is biosimilar\* to AVASTIN (bevacizumab)
  - b. Alymsys (bevacizumab-maly) injection is a clear to slightly opalescent, colorless to pale brown, sterile solution for intravenous infusion supplied in a carton containing single-dose vial in the following strengths and packaging configurations:
    - i. 100 mg/4 mL (25 mg/mL)
    - ii. 400 mg/16 mL (25 mg/mL)

## CODING

Applicable NDC Codes	
50242-0060-xx	Avastin single-use vial, 100 mg/4 mL solution for injection
50242-0061-xx	Avastin single-use vial, 400 mg/16 mL solution for injection
55513-0206-xx	Mvasi single-use vial, 100 mg/4 mL solution for injection
55513-0207-xx	Mvasi single-use vial, 400 mg/16 mL solution for injection
00069-0315-xx	Zirabev single-use vial, 100 mg/4 mL solution for injection
00069-0342-xx	Zirabev single-use vial, 400 mg/16 mL solution for injection
70121-1754-xx	Alymsys single-dose vial, 100 mg/4 mL solution for injection
70121-1755-xx	Alymsys single-dose vial, 400 mg/16 mL solution for injection

Applicable Procedure Code	
J9035	Injection, bevacizumab, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg
J9999	Not otherwise classified, antineoplastic drugs (Alymsys only)

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Applicable ICD-10 Codes	
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestines
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of large intestines
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.3	Angiosarcoma of the liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung

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Applicable ICD-10 Codes	
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament

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Applicable ICD-10 Codes	
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain

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Applicable ICD-10 Codes	
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
I67.89	Other cerebrovascular disease
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.43	Personal history of malignant neoplasm of ovary
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue

**EVIDENCE BASED REFERENCES**

1. Avastin [package insert]. South San Francisco, CA; Genentech; December 2020. Accessed May 2021.
2. Mvasi [package insert]. Thousand Oaks, CA; Amgen, Inc.; June 2019. Accessed May 2021.
3. Zirabev [package insert]. New York, NY; Pfizer, Inc.; January 2020. Accessed May 2021.
4. Alymsys [package insert]. Bridgewater, NJ; Amneal Pharmaceuticals LLC; April 2022. Accessed July 2022.





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### POLICY HISTORY

Revision History	Month Day, Year	Updates
Original Effective Date	JULY 1, 2021	
Revision	July, 2022	Addition of Alymsys as non-preferred product
P&T Committee Endorsement	MAY 24, 2021	

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