JOHNS HOPKINS MEDICINE / JOHNS HOPKINS HEALTHCARE	Johns Hopkins HealthCare LLC **Pharmacy Public** **Medical Management Drug Policies**	*Policy Number*	MMDP050
		Effective Date	06/01/2022
		Review Date	04/19/2023
	Subject **Vascular Endothelial Growth Factor (VEGF) Inhibitors - Bevacizumab products: Avastin, Mvasi, Zirabev, Alymsys, Vegzelma**	*Revision Date*	04/19/2023
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This document applies to the following Participating Organizations:

US Family Health Plan

Keywords: Alymsys, Avastin, Mvasi, Vegzelma , Zirabev

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I. POLICY

A. Avastin (bevacizumab), Mvasi (bevacizumab-awwb), Zirabev (bevacizumab-bvzr), Alymsys (bevacizumab-maly), and Vegzelma (bevacizumab-adcd) will require prior authorization for medical benefit coverage to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.

II. POLICY CRITERIA

A. Mvasi, Zirabev, Alymsys or Vegzelma may be approved for patients who meet the following:
   1. Colorectal Cancer (CRC)
      a. Documentation has been submitted showing that the patient has a diagnosis of colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma
   2. Small Bowel Adenocarcinoma
      a. Documentation has been submitted showing that the patient has a diagnosis of small bowel adenocarcinoma
   3. Ampullary Adenocarcinoma
      a. Documentation has been submitted showing that the patient has a diagnosis of progressive, unresectable, or metastatic intestinal-type ampullary adenocarcinoma
   4. Non-Small Cell Lung Cancer (NSCLC)
      a. Documentation has been submitted showing that the patient has a diagnosis of recurrent, advanced, or metastatic non-squamous NSCLC
   5. CNS Cancer
      a. Documentation has been submitted showing that the patient has one of the following types of CNS cancer:
         I. Glioma (WHO Grade 1)
         II. Diffuse high grade gliomas
         III. Glioblastoma
         IV. IDH mutant astrocytoma (WHO Grade 2, 3 or 4)
         V. Oligodendroglioma (WHO Grade 2 or 3)
         VI. Intracranial and Spinal Ependymoma (excludes subependymoma)
         VII. Medulloblastoma
         VIII. Primary Central Nervous System Lymphoma

IX. Meningiomas
X. Limited and Extensive Brain Metastases
XI. Metastatic Spine Tumors

6. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer
   a. Documentation has been submitted showing that the patient has one of the following:
      I. epithelial ovarian cancer
      II. fallopian tube cancer
      III. primary peritoneal cancer
      IV. malignant sex cord stromal tumors
7. Uterine Neoplasms/Endometrial Carcinoma
   a. Documentation has been submitted showing that the patient has a diagnosis of progressive, advanced, recurrent, or metastatic uterine neoplasms or endometrial carcinoma
8. Cervical/Vaginal Cancer
   a. Documentation has been submitted showing that the patient has a diagnosis of persistent, recurrent, or metastatic cervical or vaginal cancer
9. Breast Cancer
   a. Documentation has been submitted showing that the patient has a diagnosis of recurrent or metastatic breast cancer
10. Renal Cell Carcinoma
    a. Documentation has been submitted showing that the patient has a diagnosis of relapsed or stage IV renal cell carcinoma
11. Soft Tissue Sarcoma
    a. Angiosarcoma
       I. Documentation has been submitted showing that the requested bevacizumab product will be used as monotherapy for treatment of angiosarcoma
    b. Solitary fibrous tumor or hemangiopericytoma
       I. Documentation has been submitted showing that the requested bevacizumab product will be used in combination with temozolomide for treatment of solitary fibrous tumor or hemangiopericytoma
12. Malignant Pleural Mesothelioma
    a. Documentation has been submitted showing either of the other following:
       I. Patient has a diagnosis of malignant pleural mesothelioma, malignant peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma AND
          i. The requested bevacizumab product will be used as one of the following:
             A. 1st-line therapy for unresectable disease in combination with pemetrexed and either cisplatin or carboplatin, followed by monotherapy maintenance with the bevacizumab product
             B. Subsequent therapy in combination with pemetrexed and either cisplatin or carboplatin if immunotherapy was administered as 1st-line treatment
       II. Patient has a diagnosis of malignant peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma AND the requested bevacizumab product will be used in combination with atezolizumab as subsequent therapy
13. Vulvar Squamous Cell Carcinoma
    a. Documentation has been submitted showing that the patient has a diagnosis of unresectable locally advanced, recurrent, or metastatic vulvar squamous cell carcinoma and adenocarcinoma
14. Hepatocellular Carcinoma

a. Documentation has been submitted showing the following:
   I. Patient has a diagnosis of unresectable or metastatic hepatocellular carcinoma,
   II. The requested bevacizumab product will be used as initial treatment in combination with atezolizumab

15. Ophthalmic Disorders
   a. Documentation has been submitted showing the patient has been diagnosed with one of the following retinal disorders:
      I. Diabetic Macular Edema
      II. Neovascular (wet) Age-Related Macular Degeneration
      III. Macular Edema following Retinal Vein Occlusion
      IV. Proliferative Diabetic Retinopathy
      V. Choroidal Neovascularization (including myopic choroidal neovascularization, angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
      VI. Neovascular Glaucoma
      VII. Retinopathy of Prematurity
      VIII. Polypoidal Choroidal Vasculopathy

B. Avastin may be approved for the following:
   1. Oncology Conditions
      a. Documentation has been submitted showing the following:
         I. Patient meets the initial coverage criteria listed above for the biosimilar products
         II. Patient has hypersensitivity to the biosimilar products, or provider has a clinical justification as to why the patient cannot use the biosimilar products
   2. Ophthalmic Disorders
      a. Documentation has been submitted showing the patient has been diagnosed with one of the following retinal disorders:
         I. Diabetic Macular Edema
         II. Neovascular (wet) Age-Related Macular Degeneration
         III. Macular Edema following Retinal Vein Occlusion
         IV. Proliferative Diabetic Retinopathy
         V. Choroidal Neovascularization (including myopic choroidal neovascularization, angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
         VI. Neovascular Glaucoma
         VII. Retinopathy of Prematurity
         VIII. Polypoidal Choroidal Vasculopathy

III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval will be limited to 6 months of therapy for treatment of ophthalmic disorders. All other covered uses will be limited to 12 months of therapy.

B. Continuation of therapy may be approved in 12-month intervals with documentation showing the patient is experiencing a clinical benefit to therapy without disease progression, and has not had unacceptable toxicity
   1. Specific requirement for ophthalmic disorders: Documentation is required showing that the patient has had a positive clinical response to therapy, evidenced by one of the following:
      a. improvement or maintenance in best corrected visual acuity [BCVA] or visual field

b. reduction in the rate of vision decline or the risk of more severe vision loss

IV. EXCLUSIONS

A. The bevacizumab products will not be covered for the following:
   1. Any indications or uses that are not FDA-approved, or guideline-supported

V. RECOMMENDED DOSAGE

Please refer to the FDA-approved prescribing information, or clinical guidelines, for indication-specific dosing details.

VI. CODES

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage.

Medication	JHCPCS/CPT Code
Injection, bevacizumab, 10 mg	J9035
Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Q5107
Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Q5118
Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Q5126
Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Q5129

VII. REFERENCES

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4. Alymsys [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; April 2022.
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VIII. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/20/2022	Policy Creation
05/27/2022	Clarified Avastin criteria

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04/19/2023	Added Alymsys and Vegzelma; revised criteria

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