Avastin (Bevacizumab)

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Original Effective Date: 09/14/2004
Line(s) of Business: HMO; PPO; QUEST Integration
Current Effective Date: 10/01/2014
Section: Prescription Drugs
Place(s) of Service: Home

I. Description

Bevacizumab (Avastin) is a vascular endothelial growth factor-specific angiogenesis inhibitor indicated for the treatment of:

- Metastatic colorectal cancer with intravenous 5-fluorouracil–based chemotherapy for first- or second-line treatment.
- Metastatic colorectal cancer, with fluoropyrimidine- irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line Avastin-containing regimen.
- Non-squamous non-small cell lung cancer NSNSC, with carboplatin and paclitaxel for first-line treatment of unresectable, locally advanced, recurrent or metastatic disease.
- Glioblastoma, as a single agent for adult patients with progressive disease following prior therapy.
- Metastatic renal cell carcinoma with interferon alfa.

The FDA has withdrawn its approval for metastatic HER2-negative breast cancer however; NCCN continues to recommend (2A) the use of bevacizumab in combination with paclitaxel for recurrent or metastatic disease that is:

- hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative with visceral crisis
- HER2-negative and either hormone receptor-negative or hormone receptor-positive and endocrine therapy refractory
- progressive with no clinical benefit after three consecutive endocrine therapy regimens or with symptomatic visceral disease

Bevacizumab is administered by intravenous infusion for cancer indications or intravitreally for macular degeneration. It is a monoclonal antibody that binds vascular endothelial growth factor (VEGF) and prevents interaction of VEGF to its receptors thus preventing the stimulation of new blood vessels.
II. Criteria/Guidelines
   A. Bevacizumab is covered (subject to Limitation/Exclusions and Administrative Guidelines) when recommended by an oncologist to treat the following conditions:
      1. Metastatic colorectal cancer
         a. Used as first- or second-line treatment in combination with intravenous fluorouracil-based chemotherapy
         b. Used as second-line treatment in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for patients who have progressed on a first-line bevacizumab-containing regimen
         c. Used in combination with fluorouracil, leucovorin and oxaliplatin (FOLFOX), fluorouracil, leucovorin and irinotecan (FOLFIRI) or capecitabine and oxaliplatin (CapeOX) regimen as:
            i. Perioperative therapy for patients with synchronous liver and/or lung metastases or with resectable metachronous metastases
            ii. Therapy for patients with unresectable synchronous liver and/or lung metastases, with synchronous abdominal/peritoneal metastases, or with unresectable metachronous metastases
         d. In combination with irinotecan or FOLFIRI for patients with unresectable metachronous metastases who have received previous adjuvant FOLFOX within the past 12 months
         e. Initial therapy for patients with unresectable advanced or metastatic disease:
            i. In combination with capecitabine or with FOLFOX, FOLFIRI, fluorouracil and leucovorin (5-FU/LV) or CapeOX regimen for patients who can tolerate intensive therapy.
            ii. In combination with infusional 5-FU/LV or capecitabine for patients who cannot tolerate intensive therapy.
         f. After first progression of advanced or metastatic disease in combination with:
            i. FOLFOX or CapeOX regimen in patients who did not previously receive oxaliplatin based regimens.
            ii. Irinotecan or with FOLFIRI in patients who did not previously receive irinotecan based regimens
            iii. Irinotecan and oxaliplatin in patients who did not previously receive irinotecan or oxaliplatin based regimens
      2. Non-squamous non-small cell lung cancer:
         a. When used as first-line therapy in combination with carboplatin and paclitaxel for patients with unresectable, locally advanced, recurrent or metastatic disease
         b. As second-line therapy for recurrence or metastasis in combination with platinum based doublet for tumors of nonsquamous cell histology in patients with performance status 0-2 and no history of recent hemoptysis if erlotinib or crizotinib was given first-line
         c. For recurrence or metastasis in patients with tumors of nonsquamous cell histology and no history of recent hemoptysis and a performance status of 0-1 when used as:
i. First-line therapy in combination with cisplatin or carboplatin based regimens, including cisplatin or carboplatin in combination with pemetrexed
ii. Continuation maintenance therapy for patients who have achieved tumor response or stable disease following first-line chemotherapy used as a single agent or in combination with pemetrexed if previously used with a first-line pemetrexed/platinum chemotherapy regimen.

3. Central nervous system cancers
   a. For the treatment of glioblastoma with progressive disease in adult patients following prior therapy as a single agent
   b. For treatment of disease progression as a single agent in adult intracranial ependymomas (excludes subependymoma and myxopapillary)
   c. Treatment of recurrent disease or salvage therapy as a single agent or in combination with irinotecan, carmustine, lomustine or temozolomide in patients with glioblastomas or anaplastic gliomas

4. Breast cancer in combination with paclitaxel for recurrent or metastatic disease that is:
   a. Hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative with visceral crisis.
   b. HER2-negative and either hormone receptor-negative or hormone receptor-positive and endocrine therapy refractory.
   c. Progressive with no clinical benefit after three consecutive endocrine therapy regimens or with symptomatic visceral disease.

5. Kidney cancer:
   a. For the treatment of metastatic renal cell carcinoma in combination with interferon alfa
   b. As first-line therapy for patients with relapsed or medically unresectable stage IV disease:
      i. In combination with interferon alfa-2 for patients with predominant clear cell histology
      ii. As a single agent in patients with non-clear cell histology
   c. For subsequent therapy as a single agent for patients with relapsed or medically unresectable stage IV disease with predominant clear cell histology

6. Ovarian cancer:
   a. Preferred therapy as a single agent for persistent disease or recurrence
   b. For clinical relapse in patients with stage II-IV granulosa cell tumors

7. Cervical cancer; when used as first-or second-line therapy in combination with cisplatin and paclitaxel for local/regional recurrence or distant metastases

8. Endometrial carcinoma; used as a single agent in patients who have progressed on prior cytotoxic chemotherapy

9. Soft tissue sarcoma
   a. Used as a single agent for angiosarcoma
   b. Used in combination with temozolomide for the treatment solitary fibrous tumor and hemangiopericytoma

B. For all indications, HMSA follows NCCN level 1 or 2A and/or DrugDex level I or IIa recommendations.
C. Patients with cancer whose therapy has been interrupted due to surgery or other medical complications not related to bevacizumab are eligible for continued therapy if the above criteria are met.

D. Continuation of therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the initial therapy has been approved and the patient shows no progression of disease while on bevacizumab (not always applicable to patients with colorectal cancer—see criteria II.A.1. for exceptions).

E. Bevacizumab is covered for the following ophthalmic indications:
   1. Neovascular (wet) age-related macular degeneration
   2. Choroid neovascular membrane (CNVM) or
   3. Choroidal neovascularization (CNV) secondary to myopia
   4. Macular edema following retinal vein occlusion
   5. Diabetic macular edema.

III. Limitations/Exclusions

A. For oncology indications, with the exception of colorectal cancer, bevacizumab is not covered for a patient who has had progression of disease while on bevacizumab.

B. Bevacizumab is not covered when used in the treatment of ovarian cancer in combination with paclitaxel and carboplatin for:
   1. Primary treatment for incompletely staged (stage II-IV) patients with suspected unresectable residual disease
   2. Primary adjuvant treatment for pathologic stage II-IV disease following completion surgery in selected patients

IV. Administrative Guidelines

A. Precertification is required for the initial three months of therapy for the treatment of cancer. To precertify, please complete HMSA's Drug Review Request and mail or fax the form as indicated. The following documentation must be submitted:
   1. Clinical notes that include the history of previous treatments
   2. Current oncology notes
   3. Pathology reports
   4. Imaging studies
   5. CEA for colorectal cancer

B. Precertification is required for continuation of therapy for up to an additional three months. The following documentation from the medical record must be submitted:
   1. Current oncology notes documenting the patient's response to treatment
   2. Objective findings demonstrating no progression of disease (i.e., CEA and/or imaging) when compared to previous studies, with the exception of colorectal cancer

C. Precertification is not required for bevacizumab when it is prescribed for ophthalmic indications listed above in II.E. All other ophthalmic indications require precertification.
D. Applicable codes

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<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J9035</td>
<td>Injection, bevacizumab, 10 mg</td>
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E. For ophthalmic indications: (No precertification required)

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<td>J3590</td>
<td>Unclassified biologics (include the proper NDC number)</td>
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<tr>
<th>ICD-9 code</th>
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<tr>
<td>362.52</td>
<td>Exudative senile macular degeneration</td>
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<tr>
<td>OR</td>
<td></td>
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<td>360.21</td>
<td>Progressive high (degenerative) myopia, when billed with:</td>
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<td>362.16</td>
<td>Retinal neovascularization NOS</td>
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<td>OR</td>
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<td>362.35</td>
<td>Central retinal vein occlusion</td>
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<td>362.36</td>
<td>Venous tributary (branch) occlusion</td>
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<td>OR</td>
<td></td>
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<tr>
<td>362.07</td>
<td>Diabetic macular edema</td>
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ICD-10 codes are provided for your information. These will not become effective until the ICD-10 compliance date.

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<thead>
<tr>
<th>ICD-10 Code</th>
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<td>H35.32</td>
<td>Exudative age-related macular degeneration</td>
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<td>H44.23</td>
<td>Degenerative myopia, bilateral when billed with:</td>
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<td>H35.059</td>
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<td>Tributary (branch) retinal vein occlusion, unspecified eye</td>
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<tr>
<td>E11.311</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</td>
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V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

12. NCCN Drugs and Biologics Compendium. Bevacizumab. 2014