

Medical Policy

Bevacizumabs

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Allymsys (bevacizumab-maly)

Vegzelma (bevacizumab-adcd)

Avastin (bevacizumab)

Zirabev (bevacizumab-bvzr)

Mvasi (bevacizumab-awwb)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Patient is 18 years of age or older; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list; **AND**

Cervical Cancer

- For the treatment of persistent, recurrent or metastatic cervical cancer in combination with ONE of the following:
 - Paclitaxel and cisplatin; **OR**
 - Paclitaxel and topotecan; **OR**

Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer

- For treatment in ANY of the following:
 - In combination with carboplatin and paclitaxel, followed by bevacizumab (Avastin) as a single agent, for stage III or IV disease following initial surgical resection; **OR**
 - In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for individuals with platinum-resistant recurrent disease who received no more than two (2) prior chemotherapy regimens; **OR**
 - In combination with ANY of the following regimens, followed by bevacizumab (Avastin) as a single agent for platinum-sensitive recurrent disease:
 - In combination with carboplatin and paclitaxel; **OR**
 - In combination with carboplatin and gemcitabine; **OR**

Glioblastoma

- For treatment of recurrent glioblastoma; **OR**

Hepatocellular Carcinoma

- For the treatment of individuals with unresectable or metastatic hepatocellular carcinoma in combination with atezolizumab who have not received prior systemic therapy; **OR**

Metastatic Colorectal Cancer

- In combination with intravenous 5-fluorouracil-based chemotherapy for first or second-line treatment; **OR**
- As second-line treatment in individuals who have progressed on a first-line bevacizumab (Avastin)-containing regimen in ONE of the following:
 - In combination with fluoropyrimidine-irinotecan; **OR**
 - In combination with fluoropyrimidine-oxaliplatin; **OR**

Non-Squamous Non-Small Cell Lung Cancer (NSCLC)

- In combination with carboplatin and paclitaxel as first-line treatment of individuals with unresectable, locally advanced, recurrent or metastatic non-squamous cell type NSCLC; **OR**

Renal Cell Carcinoma

- For treatment of metastatic renal cell carcinoma in combination with interferon alfa.

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity.

Length of Authorization

1 Year

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.