Bevacizumab: Alymsys®; Avastin®; Avzivi®; Jobevne™; Mvasi®; Vegzelma®; Zirabev®

(Intravenous) *ONCOLOGY*

Document Number: IC-0014

Last Review Date: 09/01/2026

Date of Origin: 10/17/2008

Dates Reviewed: 06/2009, 12/2009, 03/2010, 06/2010, 09/2010, 12/2010, 02/2011, 03/2011, 06/2011, 09/2011, 12/2011, 03/2011, 06/2012, 09/2012, 12/2012, 02/2013, 03/2013, 06/2013, 08/2013, 09/2013, 12/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 12/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020, 12/2020, 03/2021, 06/2021, 09/2021, 12/2021, 03/2022, 05/2022, 09/2022, 11/2022, 03/2023, 06/2023, 09/2023, 12/2023, 01/2024, 03/2024, 06/2024, 09/2024, 12/2024, 03/2025, 05/2025, 06/2025, 09/2025, 12/2025, 03/2026, 06/2026, 09/2026

I. Length of Authorization [63]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
  - Adult CNS Cancers (symptomatic mass effect, radiation necrosis, brain edema): Prior authorization validity will be provided initially for twelve (12) weeks.
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Adult CNS Cancers (symptomatic mass effect, radiation necrosis, brain edema): Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

[J9035, Q5107, Q5118, Q5126, Q5129, Q5160]

- Appendiceal Neoplasms and Cancers, Small Bowel Adenocarcinoma, & Ampullary Adenocarcinoma: 180 billable units per 42 days
- NSCLC, Cervical Cancer, HCC, Vaginal Cancer, Vulvar Cancer, Endometrial Carcinoma & Mesotheliomas: 170 billable units per 21 days
- CRC, CNS Cancers, RCC, Respiratory Papillomatosis, & All other indications: 360 billable units per 42 days

[J9999]

- Appendiceal Neoplasms and Cancers, Small Bowel Adenocarcinoma, & Ampullary Adenocarcinoma: 1800 mg per 42 days
- NSCLC, Cervical Cancer, HCC, Vaginal Cancer, Vulvar Cancer, Endometrial Carcinoma & Mesotheliomas: 1700 mg per 21 days

- CRC, CNS Cancers, RCC, Respiratory Papillomatosis, & All other indications: 3600 mg per 42 days

III. Initial Approval Criteria [1-7]

Prior authorization validity is provided in the following conditions:

- Patient must have a contraindication, intolerance, or failure to **Alymsys®** AND **Mvasi®** prior to the consideration of another bevacizumab product; **AND**

- Member is at least 18 years of age, unless otherwise specified; **AND**

Universal Criteria [1-7]

- Member has no recent history of hemoptysis (i.e., the presence of ≥2.5 mL of blood in sputum); **AND**
- Member must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

Ampullary Adenocarcinoma ‡ [8]

- Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen for intestinal type disease; **AND**
  - Used as first-line therapy for metastatic disease; **OR**
  - Used for disease progression

Adult Central Nervous System (CNS) Cancers † ‡ Φ [1-8,10,29,30]

- Used as single-agent for symptomatic mass effect, radiation necrosis, brain edema; **AND**
  - Member has a diagnosis of one of the following CNS cancers ‡:
    - Circumscribed Glioma
    - Primary CNS Lymphoma
    - Meningiomas
    - Brain or Spine metastases
    - Primary Spinal Cord Tumors
    - Medulloblastoma
    - Glioblastoma/Gliosarcoma
    - H3-mutated high-grade glioma/High-grade astrocytoma with piloid features (HGAP)/Pleomorphic xanthoastrocytoma (PXA) WHO grade 3
    - IDH-mutant Astrocytoma (WHO Grade 2-4)
    - IDH-mutant, 1p19q codeleted Oligodendroglioma (WHO Grade 2 or 3)
    - Intracranial or Spinal Ependymoma *(excluding subependymoma)*; **OR**
- Used for recurrent or progressive disease; **AND**

- Member has a diagnosis of one of the following CNS cancers:
  - IDH-mutant, 1p19q codeleted Oligodendroglioma (WHO Grade 3) ‡
  - Glioblastoma/Gliosarcoma † ‡
  - H3-mutated high-grade glioma/High-grade astrocytoma with piloid features (HGAP)/Pleomorphic xanthoastrocytoma (PXA) WHO grade 3 ‡
  - IDH-mutant Astrocytoma (WHO Grade 3 or 4) ‡; **AND**
    - Used as a single agent; **OR**
    - Used in combination with carmustine, lomustine, or temozolomide; **AND**
      - Member has failed bevacizumab monotherapy; **OR**
- Used as a single agent for Intracranial or Spinal Ependymoma *(excluding subependymoma)* after prior radiation therapy ‡; **OR**
- Used in combination with temozolomide and irinotecan for Medulloblastoma *(recurrent disease only)* ‡*;* **OR**
- Used as a single agent for surgically inaccessible Meningiomas when radiation is not possible ‡; **OR**

- Used as a single agent for progressive or symptomatic Neurofibromatosis type 2-related Schwannomatosis ‡; **AND**
  - Member has a diagnosis of one of the following:
    - Vestibular schwannoma
    - Non-vestibular schwannoma
    - Meningioma
    - Spinal ependymoma with associated cyst

Cervical Cancer † ‡ [1-8,32,51,62,66]

- Member has persistent, recurrent, or metastatic disease; **AND**
  - Member has adenocarcinoma, adenosquamous, or squamous cell carcinoma; **AND**
    - Used in combination with paclitaxel AND either cisplatin, carboplatin, or topotecan^; **OR**
    - Used in combination with pembrolizumab, paclitaxel, AND either cisplatin or carboplatin^; **AND**
      - Tumor expresses PD-L1 (Combined Positive Score [CPS] ≥1) as determined by an FDA-approved or Clinical Laboratory Improvement Amendments (CLIA) compliant test❖; **OR**
    - Used in combination with atezolizumab, paclitaxel, AND either cisplatin or carboplatin ¤; **OR**
    - Used as a single agent as subsequent therapy; **OR**
  - Member has small cell neuroendocrine carcinoma of the cervix (NECC); **AND**
    - Used in combination with paclitaxel and topotecan^; **AND**
      - Used as first-line therapy; **OR**

        - ➢ Used as subsequent therapy (if not previously used as first-line); **OR**
    - Used as a single agent as subsequent therapy

^ *Bevacizumab may be continued as a maintenance therapy*

¤ *Atezolizumab and bevacizumab may be continued as a maintenance therapy*

Colorectal Cancer (CRC) ¥ † ‡ [1-8,21-26,49,50,52]

- Will not be used as part of adjuvant treatment; **AND**
    - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen as first-line or subsequent therapy for metastatic, unresectable (or medically inoperable), or advanced disease; **OR**
    - Used in combination with irinotecan as initial treatment for unresectable metastatic disease; **AND**
        - Member received previous FOLFOX or CapeOX within the past 12 months; **OR**
    - Used in combination with irinotecan-based therapy as subsequent therapy for advanced or metastatic disease; **OR**
    - Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease; **AND**
        - Member progressed through all available regimens (e.g., oxaliplatin-based and irinotecan-based therapy or beyond second-line treatment)*****

**Refer to National Comprehensive Cancer Network (NCCN) Colon and Rectal Cancer guidelines for regimens.*

***¥** Note: NCCN recommends universal MMR or MSI testing in all newly diagnosed members. If deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (e.g., TMB>50 mut/Mb), treatment should include checkpoint inhibitor immunotherapy if the member is a candidate.*

Appendiceal Neoplasms and Cancers ‡ [8,77]

- Used as neoadjuvant therapy; **AND**
    - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen); **AND**
        - Used for biopsy-proven recurrence of high-risk disease and no previous cytoreductive surgery; **OR**
        - Used for metastatic disease in peritoneal-only; **OR**
- Used as initial therapy for recurrent, metastatic peritoneal-only, or extraperitoneal disease; **AND**
    - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen; **OR**
- Used as subsequent therapy for recurrent, progressive, metastatic peritoneal-only, or extraperitoneal disease; **AND**
    - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen; **OR**
    - Used in combination with trifluridine and tipiracil; **AND**

- Member progressed through all available regimens (e.g., oxaliplatin-based therapy, irinotecan-based therapy, therapy without irinotecan or oxaliplatin, etc.)* besides fruquintinib, regorafenib, or trifluridine/tipiracil with or without bevacizumab

**Refer to NCCN Appendiceal Neoplasms and Cancers guidelines for regimens.*

Endometrial Carcinoma (Uterine Neoplasms) ‡ [8,39,67]

- Used for recurrent disease; **AND**
  - Will not be used for either of the following:
    - Therapy for locoregional recurrence in members with no prior radiation therapy to site of recurrence, or previous vaginal brachytherapy only; **OR**
    - Therapy after surgical exploration for locoregional recurrence in members with disease confined to the vagina or paravaginal soft tissue; **AND**
  - Used as one of the following:
    - Single agent subsequent therapy for disease that has progressed on prior cytotoxic chemotherapy; **OR**
    - Therapy in combination with carboplatin and paclitaxel, and continued as single agent maintenance therapy; **OR**
- Used as primary or adjuvant therapy for stage III-IV disease; **AND**
  - Used in combination with carboplatin and paclitaxel, and continued as single agent maintenance therapy

Hepatocellular Carcinoma (HCC) † ‡ Φ [1,8,18,19,56]

- Used in combination with atezolizumab; **AND**
  - Used as first-line therapy for unresectable or metastatic disease **†**; **OR**
  - Used as subsequent therapy for progression on or after systemic therapy; **AND**
    - Member has not received previous treatment with bevacizumab or a checkpoint inhibitor

Peritoneal* Mesothelioma (PeM) ‡ [8,46,53]

- Used as adjuvant therapy following cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC); **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin; **AND**
  - Member has surgical/pathologic high-risk features**; **OR**
- Used as first-line therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin; **AND**
    - Member has one or more of the following:
      - Medically inoperable disease
      - Complete cytoreduction is not achievable
      - Presence of any high-risk features**

        - ➢ Disease has progressed following CRS + HIPEC and no previous adjuvant systemic therapy was given; **OR**
- Used as subsequent therapy; **AND**
    - Used in combination with pemetrexed AND either cisplatin or carboplatin; **AND**
        - Immunotherapy was administered as first-line treatment; **OR**
        - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response; **OR**
    - Used in combination with atezolizumab; **AND**
        - Member has not received previous therapy with immune checkpoint inhibitors

**Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.*

*** High-risk features include Ki-67 >9%, nodal metastasis, thrombocytosis, PS=2, high disease burden/incomplete cytoreduction (Peritoneal Cancer Index [PCI] >17), completeness of cytoreduction (cc) score >1, biphasic/sarcomatoid histology, or bicavitary disease.*

Pleural* Mesothelioma (PM) ‡ [8,41,53]

- Used in combination with pemetrexed AND either cisplatin or carboplatin; **AND**
    - Used as induction therapy prior to surgical exploration; **AND**
        - Member has clinical stage I disease and epithelioid histology; **OR**
    - Used as first-line therapy; **OR**
    - Used as subsequent therapy; **AND**
        - Immunotherapy was administered as first-line treatment; **OR**
        - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

**Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.*

Non-Squamous Non-Small Cell Lung Cancer (NSCLC) † ‡ [1-8,14,16,17,27,28]

- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used as first-line therapy; **AND**
        - Used in combination with erlotinib for EGFR exon 19 deletion or L858R mutations; **OR**
        - Used in combination with carboplatin and paclitaxel **†**; **OR**
        - Used for one of the following:
            - Tumor is negative for actionable biomarkers* (may be KRAS G12C mutation positive)
            - Tumor is positive for one of the following biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, ERBB2 (HER2), or NRG1 gene fusion; **AND**
        - ➢ Used in combination with one of the following:

- Pemetrexed AND either carboplatin or cisplatin in members with contraindications¥ to PD-1 or PD-L1 inhibitors
- Atezolizumab, carboplatin, and paclitaxel; **OR**

- Used as subsequent therapy; **AND**
  - Used in combination with atezolizumab, carboplatin, and paclitaxel *(excluding use in members who have received prior PD-1/PD-L1 inhibitor therapy)*; **AND**
    - Used for one of the following:
      - EGFR S768I, L861Q, and/or G719X mutation positive tumors AND member received prior targeted therapy§ for those aberrations
      - BRAF V600E mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping, or ERBB2 (HER2) mutation positive tumors; **OR**
  - Member has contraindications¥ to PD-1 or PD-L1 inhibitors; **AND**
    - Used in combination with one of the following:
      - Carboplatin and paclitaxel
      - Pemetrexed AND either carboplatin or cisplatin; **AND**
    - Used for one of the following:
      - EGFR exon 19 deletion or L858R mutation, EGFR S768I, L861Q, and/or G719X mutation, ALK gene fusion, RET gene fusion, or ROS1 gene fusion positive tumors AND member received prior targeted therapy§ for those aberrations
      - BRAF V600E mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping, or ERBB2 (HER2) mutation positive tumors
      - PD-L1 expression positive (PD-L1 ≥ 1%) tumors that are negative for actionable biomarkers* after prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy; **OR**
- Used as continuation maintenance therapy in members who achieved a tumor response or stable disease after first-line systemic therapy; **AND**
  - Used as a single agent *(bevacizumab must have been included in the first-line regimen)*; **OR**
  - Used in combination with pemetrexed following a first-line bevacizumab/pemetrexed/platinum chemotherapy regimen; **OR**
  - Used in combination with atezolizumab following a first-line atezolizumab/carboplatin/paclitaxel/bevacizumab regimen; **OR**
- Used as continuation of therapy following disease progression on erlotinib with bevacizumab; **AND**
  - Member has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited progression; **AND**
  - Member has T790M negative disease

**Note: Actionable biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1, and ERBB2 (HER2). Complete biomarker testing including molecular assessment of EGFR, KRAS,*

ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2), via biopsy and/or plasma testing. If a clinically actionable marker is found, it is reasonable to start therapy based on the identified marker. Treatment is guided by available results and, if unknown, these members are treated as though they do not have driver oncogenes.

¥ Note: Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of immunosuppressive agents, and some oncogenic drivers (i.e., EGFR exon 19 deletion or L858R mutation; ALK, RET, or ROS1 gene fusion) have been shown to be associated with less benefit from PD-1/PD-L1 inhibitors.

§ Note: Genomic Aberration/Mutational Driver Targeted Therapies: Refer to guidelines for appropriate use

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer † ‡ Φ [1-8,15,33-36,54,82]

- Member has malignant stage II-IV sex cord-stromal tumors ‡; **AND**
  - Used as a single agent for clinically relapsed disease; **OR**
- Member has small cell carcinoma of the ovary, hypercalcemic type ‡; **AND**
  - Used in combination with paclitaxel for progressive or recurrent disease; **OR**
- Member has epithelial* ovarian, fallopian tube, or primary peritoneal cancer †; **AND**
  - Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA compliant test❖; **AND**
    - Member has platinum-resistant persistent disease or recurrence; **AND**
    - Used in combination with paclitaxel and pembrolizumab; **OR**
  - Member has platinum-resistant recurrent low grade serous carcinoma; **AND**
    - Used in combination with oral cyclophosphamide and pembrolizumab; **OR**
    - Used in combination with one of the following: oral cyclophosphamide, gemcitabine, liposomal doxorubicin, paclitaxel, topotecan, or mirvetuximab soravtansine (in folate receptor-alpha expressing tumors [≥25% positive tumor cells]); **OR**
  - Member has persistent or recurrent disease; **AND**
    - Will not be used for immediate treatment of a biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
      - Member has platinum-sensitive disease; **AND**
        - Used as a single agent; **OR**
        - Used in combination with carboplatin AND either gemcitabine, paclitaxel † or liposomal doxorubicin; **OR**
      - Member has platinum-resistant disease; **AND**
        - Used as a single agent; **OR**
        - Used in combination with one of the following: oral cyclophosphamide, gemcitabine, liposomal doxorubicin, paclitaxel, or topotecan; **OR**
        - Used in combination with oral cyclophosphamide and pembrolizumab; **OR**

- Used in combination with mirvetuximab soravtansine (in folate receptor-alpha expressing tumors [≥25% positive tumor cells]); **OR**
- Used in combination with carboplatin AND either gemcitabine, paclitaxel or liposomal doxorubicin; **OR**

- Used in combination with paclitaxel and carboplatin for rising CA-125 levels or clinical relapse in members who have received no prior chemotherapy *(mucinous, clear cell, carcinosarcoma, endometrioid, and high-grade serous histology only)*; **OR**
- Used in combination with paclitaxel and carboplatin for recurrence in members who have received no prior chemotherapy *(low-grade serous carcinoma only)*; **OR**
- Used as maintenance therapy; **AND**
  - Used for stage II-IV disease following primary therapy including bevacizumab; **AND**
    - Used as a single agent in members that are BRCA1/2 wild-type or unknown *(grade 2/3 endometrioid and high-grade serous histology only)*; **OR**
    - Used in combination with olaparib or niraparib (if unable to tolerate olaparib); **AND**
      - Member is BRCA1/2 wild-type or unknown AND homologous recombination (HR) deficient *(grade 2/3 endometrioid and high-grade serous histology only)*; **OR**
      - Member has a germline or somatic BRCA1/2 pathogenic/likely pathogenic variant *(grade 2/3 endometrioid, high-grade serous, clear cell, carcinosarcoma histology only)*; **OR**
  - Used as a single agent following recurrence therapy with chemotherapy plus bevacizumab for platinum-sensitive disease; **OR**
  - Used as continued treatment for stable disease following neoadjuvant therapy *(endometrioid and serous histology only)*; **AND**
    - Used in combination with carboplatin AND paclitaxel or docetaxel; **OR**
    - Used in combination with oxaliplatin and docetaxel; **OR**
- Used as neoadjuvant therapy *(does not apply to low malignant potential or other non-invasive cancers such as ovarian borderline epithelial tumors);* **AND**
  - Used in combination with one of the following:
    - Carboplatin AND paclitaxel or docetaxel; **OR**
    - Oxaliplatin and docetaxel *(excludes use in grade 1 endometrioid carcinoma and low grade serous carcinoma);* **AND**
  - Member is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **OR**
- Used as adjuvant therapy; **AND**
  - Used in combination with oxaliplatin and docetaxel; **AND**
    - Member has pathologic stage II-IV disease *(excludes use in grade 1 endometrioid carcinoma and low grade serous carcinoma)*; **OR**
    - Used following interval debulking surgery (IDS) in members with a response or stable disease to neoadjuvant therapy *(endometrioid and serous histology only)*; **AND**

        - Member is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **OR**
    - Used in combination with carboplatin AND paclitaxel or docetaxel; **AND**
        - Member has pathologic stage II-IV disease; **OR**
        - Used following interval debulking surgery (IDS) in members with a response or stable disease to neoadjuvant therapy *(endometrioid and serous histology only)*; **AND**
            - Member is a poor surgical candidate or has a low likelihood of optimal cytoreduction

**Epithelial subtypes include serous, endometrioid, carcinosarcoma (malignant mixed Müllerian tumors [MMMTs]), clear cell, mucinous, and borderline epithelial tumors (also known as low malignant potential [LMP] tumors).*

Pediatric Central Nervous System (CNS) Cancers ‡ [8,48,57-61,65,70-76]

- Member has recurrent or progressive disease; **AND**
    - Member has diffuse high-grade glioma *(excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant)*; **AND**
        - Member is ≤ 21 years of age; **AND**
        - Used as a single agent for palliation; **OR**
    - Member has medulloblastoma; **AND**
        - Member is ≥ 3 years of age and ≤ 21 years of age; **AND**
            - Used as part of the TEMR regimen (temozolomide, irinotecan, bevacizumab); **OR**
            - Used as part of MEMMAT regimen (thalidomide, celecoxib, fenofibrate, etoposide, cyclophosphamide, bevacizumab); **OR**
    - Member has optic pathway glioma; **AND**
        - Member is < 18 years of age; **AND**
        - Used as subsequent treatment following chemotherapy and/or radiation; **AND**
        - Used as a single agent or in combination with standard therapies (e.g., irinotecan, carboplatin, vinblastine, etc); **OR**
    - Member has neurofibromatosis type 2 (NF2) vestibular schwannomas; **AND**
        - Member is ≥ 6 years of age; **AND**
        - Member has hearing loss in at least 1 ear; **OR**
- Used as continuation of therapy following disease progression on bevacizumab; **AND**
    - Used to preserve vision in members with optic pathway glioma; **OR**
    - Used to preserve hearing in members with NF2 vestibular schwannomas

Renal Cell Carcinoma (RCC) † ‡ Φ [1-8,31]

- Used in combination with interferon alfa for metastatic disease **†**; **OR**
- Member has relapsed or stage IV disease with non-clear cell histology **‡**; **AND**
    - Used in combination with everolimus*; **OR**

- Used in combination with erlotinib for advanced papillary disease including hereditary leiomyomatosis and renal cell carcinoma (HLRCC)-associated RCC

**When used as first-line therapy for stage IV disease, disease must be M1 or unresectable T4, M0*

Respiratory Papillomatosis ‡ [78-81]

- Used as an adjunct to endobronchial therapy (e.g., surgical excision, debridement, etc.) for recurrent disease

Small Bowel Adenocarcinoma ‡ [8,20]

- Member has advanced or metastatic disease; **AND**
  - Used in combination with irinotecan; **AND**
    - Used as subsequent therapy if not previously given; **OR**
  - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen; **AND**
    - Used as initial therapy if proficient mismatch repair/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Used as subsequent therapy if not previously given

Soft Tissue Sarcoma (STS) ‡ [8,38,43]

- Used as a single agent for angiosarcoma; **OR**
- Used in combination with temozolomide for solitary fibrous tumor

Vaginal Cancer ‡ [8,32,62]

- Member has recurrent or metastatic disease; **AND**
  - Used in combination with paclitaxel AND either cisplatin, carboplatin, or topotecan; **AND**
    - Used as first-line therapy; **OR**
    - Used as subsequent therapy (if not previously used as first-line); **OR**
  - Used in combination with pembrolizumab, paclitaxel, AND either cisplatin or carboplatin; **AND**
    - Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA compliant test❖; **AND**
      - Used as first-line therapy; **OR**
      - Used as subsequent therapy (if not previously used as first-line); **OR**
  - Used as a single agent as subsequent therapy

Vulvar Cancer ‡ [8,32]

- Member has advanced, recurrent, or metastatic disease; **AND**
- Used for one of the following:
  - First-line therapy; **OR**
  - Subsequent therapy (if not previously used); **AND**

- Used in combination with one of the following:
  - Paclitaxel AND either cisplatin or carboplatin**^; OR**
  - Pembrolizumab, paclitaxel, AND either cisplatin or carboplatin∞

^ Bevacizumab may be continued as a maintenance therapy

∞ Pembrolizumab and bevacizumab may be continued as a maintenance therapy

❖ *If confirmed using an FDA-approved assay – http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-8,10]

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread, unless otherwise specified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: gastrointestinal perforations and fistulae, surgical/wound healing complications, necrotizing fasciitis, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, proteinuria, severe infusion-related reactions, ovarian failure, congestive heart failure (CHF), etc.

V. Dosage/Administration [1-7,9-10,15,20,32,38,39,41-50,55-62,64-66,68-69,72,75,77,79-82]

Indication	Dose
CRC	Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
Appendiceal Neoplasms and Cancers, Small Bowel Adenocarcinoma, & Ampullary Adenocarcinoma	Administer 5 mg/kg intravenously every 2 weeks **OR** 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
NSCLC, Cervical Cancer, HCC, Vulvar Cancer, Vaginal Cancer, Endometrial Carcinoma & Mesotheliomas (peritoneal, pleural, pericardial, and tunica vaginalis testis)	Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
Adult CNS Cancers	For symptomatic mass effect, radiation necrosis, brain edema:

	Administer 5 to 10 mg/kg intravenously every 2 weeks up to 12 weeks duration **OR** 7.5 mg/kg intravenously every 3 weeks up to 12 weeks. For progressive or symptomatic Neurofibromatosis type 2-related schwannomatosis: Administer 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity. For recurrent or progressive disease: Single agent: –Administer 10 mg/kg intravenously every 2 weeks **OR** 5 to 15 mg/kg every 3 weeks until disease progression or unacceptable toxicity. In combination with carmustine, lomustine, or temozolomide; OR temozolomide and irinotecan: –Administer 5 to 10 mg/kg intravenously every 2 weeks
Pediatric CNS Cancers	Optic Pathway Glioma: Administer 10 mg/kg intravenously every 2 weeks. Neurofibromatosis type 2 vestibular schwannomas: Administer 7.5 mg/kg intravenously every 3 weeks. All other indications: Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.
RCC	Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.
Respiratory Papillomatosis	Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
All Other Indications	Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 7.5 to 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J9035 – Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg
- Q5107 – Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg; 1 billable unit = 10 mg
- Q5118 – Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg; 1 billable unit = 10 mg
- Q5126 – Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg; 1 billable unit = 10 mg
- Q5129 – Injection, bevacizumab-adcd, (vegzelma), biosimilar, 10 mg; 1 billable unit = 10 mg
- Q5160 – Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg; 1 billable unit = 10 mg
- J9999 – Not otherwise classified, antineoplastic drugs *(Avzivi only)*

NDC(s):

- Avastin single-dose vial, 100 mg/4 mL solution for injection: 50242-0060-xx
- Avastin single-dose vial, 400 mg/16 mL solution for injection: 50242-0061-xx
- Mvasi single-dose vial, 100 mg/4 mL solution for injection: 55513-0206-xx
- Mvasi single-dose vial, 400 mg/16 mL solution for injection: 55513-0207-xx
- Zirabev single-dose vial, 100 mg/4 mL solution for injection: 00069-0315-xx
- Zirabev single-dose vial, 400 mg/16 mL solution for injection: 00069-0342-xx
- Alymsys single-dose vial, 100 mg/4 mL solution for injection: 70121-1754-xx & 85006-1754-xx
- Alymsys single-dose vial, 400 mg/16 mL solution for injection: 70121-1755-xx & 85006-1755-xx
- Vegzelma single-dose vial, 100 mg/4 mL solution for injection: 72606-0011-xx
- Vegzelma single-dose vial, 400 mg/16 mL solution for injection: 72606-0012-xx
- Avzivi single-dose vial, 100 mg/4 mL solution for injection: 82143-0001-xx
- Avzivi single-dose vial, 400 mg/16 mL solution for injection: 82143-0002-xx
- Jobevne single-dose vial, 100 mg/4 mL solution for injection: 83257-0009-xx
- Jobevne single-dose vial, 400 mg/16 mL solution for injection: 83257-0010-xx

VII. References

1. Avastin [package insert]. South San Francisco, CA; Genentech, Inc.; September 2022. Accessed July 2026.
2. Mvasi [package insert]. Thousand Oaks, CA; Amgen, Inc.; June 2025. Accessed July 2026.
3. Zirabev [package insert]. New York, NY; Pfizer, Inc.; August 2024. Accessed July 2026.
4. Alymsys [package insert]. Bridgewater, NJ; Amneal Pharmaceuticals LLC; April 2022. Accessed July 2026.
5. Vegzelma [package insert]. Incheon, Republic of Korea; Celltrion, Inc.; February 2023. Accessed July 2026.
6. Avzivi [package insert]. Guangzhou, Guangdong Province, China; Bio-Thera Solutions, Ltd.; December 2023. Accessed July 2026.
7. Jobevne [package insert]. Bridgewater, NJ; Biocon Biologics Inc.; March 2026. Accessed July 2026.
8. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) bevacizumab. National Comprehensive Cancer Network, 2026. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed July 2026.
9. Ceresoli GL, Zucali PA, Mencoboni M, et al. Phase II study of pemetrexed and carboplatin plus bevacizumab as first-line therapy in malignant pleural mesothelioma. Br J Cancer. 2013 Aug 6; 109(3): 552–558
10. Delishaj D, Ursino S, Pasqualetti F, et al. Bevacizumab for the Treatment of Radiation-Induced Cerebral Necrosis: A Systematic Review of the Literature. J Clin Med Res. 2017 Apr; 9(4): 273–280.

11. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. J Oncol Pract. 2018 Mar;14(3):e130-e136.
12. Hematology/Oncology Pharmacy Association. *Intravenous Cancer Drug Waste Issue Brief*. Updated February 2024. Retrieved from https://www.hoparx.org/documents/287/HOPA_Drug_Waste_Issue_Brief_-_Updated_02.22.24.pdf
13. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. BMJ. 2016 Feb 29;352:i788.
14. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer 7.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer 4.2026. National Comprehensive Cancer Network, 2025. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
16. Thatcher N, Goldschmidt JH, Thomas M, et al. Efficacy and safety of biosimilar ABP 215 compared with bevacizumab in patients with advanced nonsquamous non-small cell lung cancer (MAPLE): a randomized, double-blind, phase III study. Clin Cancer Res. 2019;25:2088-2095.
17. Reinmuth N, Bryl M, Bondarenko I, et al. PF-06439535 (a Bevacizumab Biosimilar) Compared with Reference Bevacizumab (Avastin®), Both Plus Paclitaxel and Carboplatin, as First-Line Treatment for Advanced Non-Squamous Non-Small-Cell Lung Cancer: A Randomized, Double-Blind Study. BioDrugs. 2019 Oct;33(5):555-570. Doi: 10.1007/s40259-019-00363-4.
18. Cheng AL, Qin S, Ikeda M, et al. LBA3-IMBrave150: Efficacy and safety results from a ph III study evaluating atezolizumab (atezo) + bevacizumab (bev) vs sorafenib (Sor) as first treatment (tx) for patients (pts) with unresectable hepatocellular carcinoma (HCC). Ann Oncol. 2019 Nov;30 Suppl 9:ix186-ix187.
19. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hepatocellular Carcinoma 1.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.
20. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Bowel Adenocarcinoma 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.

21. Hurwitz H, Fehrenbacher L, Novotny W, et al. Bevacizumab plus irinotecan, fluorouracil, and leucovorin for metastatic colorectal cancer. N Engl J Med. 2004 Jun 3;350(23):2335-42.
22. Giantonio BJ, Catalano PJ, Meropol NJ, et al. Bevacizumab in combination with oxaliplatin, fluorouracil, and leucovorin (FOLFOX4) for previously treated metastatic colorectal cancer: results from the Eastern Cooperative Oncology Group Study E3200. J Clin Oncol. 2007;25(12):1539-1544.
23. Chen HX, Mooney M, Boron M, et al. Phase II multicenter trial of bevacizumab plus fluorouracil and leucovorin in patients with advanced refractory colorectal cancer: an NCI Treatment Referral Center Trial TRC-0301. J Clin Oncol. 2006;24(21):3354-3360. Doi:10.1200/JCO.2005.05.1573.
24. Bennouna J, Sastre J, Arnold D, et al. Continuation of bevacizumab after first progression in metastatic colorectal cancer (ML18147): a randomised phase 3 trial. Lancet Oncol. 2013 Jan;14(1):29-37.
25. de Gramont A, Van Cutsem E, Schmoll HJ, et al. Bevacizumab plus oxaliplatin-based chemotherapy as adjuvant treatment for colon cancer (AVANT): a phase 3 randomised controlled trial. Lancet Oncol. 2012;13(12):1225-1233. Doi:10.1016/S1470-2045(12)70509-0.
26. Allegra CJ, Yothers G, O'Connell MJ, et al. Phase III trial assessing bevacizumab in stages II and III carcinoma of the colon: results of NSABP protocol C-08. J Clin Oncol. 2011;29(1):11-16. Doi:10.1200/JCO.2010.30.0855.
27. Sandler A, Gray R, Perry MC, et al. Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer. N Engl J Med. 2006 Dec 14;355(24):2542-50.
28. Reck M, von Pawel J, Zatloukal P, et al. Phase III trial of cisplatin plus gemcitabine with either placebo or bevacizumab as first-line therapy for nonsquamous non-small-cell lung cancer: AVAil. J Clin Oncol. 2009 Mar 10;27(8):1227-34.
29. Wick W, Gorlia T, Bendszus M, et al. Lomustine and Bevacizumab in Progressive Glioblastoma. N Engl J Med 2017; 377:1954-1963.
30. Friedman HS, Prados MD, Wen PY, et al. Bevacizumab alone and in combination with irinotecan in recurrent glioblastoma. J Clin Oncol. 2009 Oct 1;27(28):4733-40.
31. Escudier B, Pluzanska A, Koralewski P, et al. Bevacizumab plus interferon alfa-2a for treatment of metastatic renal cell carcinoma: a randomised, double-blind phase III trial. Lancet. 2007;370(9605):2103-2111. Doi:10.1016/S0140-6736(07)61904-7.
32. Tewari KS, Sill MW, Penson RT, et al. Bevacizumab for advanced cervical cancer: final overall survival and adverse event analysis of a randomised, controlled, open-label, phase 3 trial (Gynecologic Oncology Group 240). Lancet. 2017;390(10103):1654-1663. Doi:10.1016/S0140-6736(17)31607-0.
33. Burger RA, Brady MF, Bookman MA, et al. Incorporation of bevacizumab in the primary treatment of ovarian cancer. N Engl J Med. 2011 Dec 29;365(26):2473-83.
34. Pujade-Lauraine E, Hilpert F, Weber B, et al. Bevacizumab Combined With Chemotherapy for Platinum-Resistant Recurrent Ovarian Cancer: The AURELIA Open-Label Randomized Phase III Trial. Journal of Clinical Oncology 2014 32:13, 1302-1308.
35. Aghajanian C, Blank SV, Goff BA, et al. OCEANS: a randomized, double-blind, placebo-controlled phase III trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer. J Clin Oncol. 2012;30(17):2039–2045.
36. Coleman RL, Brady MF, Herzog TJ, et al. Bevacizumab and paclitaxel-carboplatin chemotherapy and secondary cytoreduction in recurrent, platinum-sensitive ovarian cancer (NRG

Oncology/Gynecologic Oncology Group study GOG-0213): a multicentre, open-label, randomised, phase 3 trial. Lancet Oncol. 2017;18(6):779–791.
37. Robert NJ, Diéras V, Glaspy J, et al. RIBBON-1: randomized, double-blind, placebo-controlled, phase III trial of chemotherapy with or without bevacizumab for first-line treatment of human epidermal growth factor receptor 2-negative, locally recurrent or metastatic breast cancer. J Clin Oncol. 2011 Apr 1;29(10):1252-60.
38. Agulnik M, Yarber JL, Okuno SH, et al. An open-label, multicenter, phase II study of bevacizumab for the treatment of angiosarcoma and epithelioid hemangioendotheliomas. Ann Oncol. 2013;24(1):257-263. Doi:10.1093/annonc/mds237.
39. Lorusso D, Ferrandina G, Colombo N, et al. Randomized phase II trial of carboplatin-paclitaxel (CP) compared to carboplatin-paclitaxel-bevacizumab (CP-B) in advanced (stage III-IV) or recurrent endometrial cancer: The MITO END-2 trial. Journal of Clinical Oncology 2015 33:15_suppl, 5502-5502.
40. Miller K, Wang M, Gralow J, et al. Paclitaxel plus bevacizumab versus paclitaxel alone for metastatic breast cancer. N Engl J Med. 2007 Dec 27;357(26):2666-76.
41. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Mesothelioma: Pleural 3.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
42. Zalcman G, Mazieres J, Margery J, et al; French Cooperative Thoracic Intergroup (IFCT). Bevacizumab for newly diagnosed pleural mesothelioma in the Mesothelioma Avastin Cisplatin Pemetrexed Study (MAPS): a randomised, controlled, open-label, phase 3 trial. Lancet. 2016 Apr 2;387(10026):1405-1414.
43. Park MS, Patel SR, Ludwig JA, et al. Activity of temozolomide and bevacizumab in the treatment of locally advanced, recurrent, and metastatic hemangiopericytoma and malignant solitary fibrous tumor. Cancer. 2011 Nov 1;117(21):4939-47. Doi: 10.1002/cncr.26098.
44. Rose PG, Ali S, Moslemi-Kebria M, et al. Paclitaxel, Carboplatin, and Bevacizumab in Advanced and Recurrent Endometrial Carcinoma. Int J Gynecol Cancer. 2017 Mar;27(3):452-458. Doi: 10.1097/IGC.0000000000000891.
45. Aghajanian C, Sill MW, Darcy KM, et al. Phase II trial of bevacizumab in recurrent or persistent endometrial cancer: a Gynecologic Oncology Group study. J Clin Oncol. 2011 Jun 1;29(16):2259-65. Doi: 10.1200/JCO.2010.32.6397.
46. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Mesothelioma: Peritoneal 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.
47. Raghav KPS, Overman MJ, Liu S, et al. A phase II trial of atezolizumab and bevacizumab in patients with relapsed/refractory and unresectable malignant peritoneal mesothelioma. J Clin Oncol 2020;38:9013-9013.
48. Grill J, Massimino M, Bouffet E, et al. Phase II, Open-Label, Randomized, Multicenter Trial (HERBY) of Bevacizumab in Pediatric Patients With Newly Diagnosed High-Grade Glioma. J Clin Oncol 2018 Apr 1;36(10):951-958. Doi: 10.1200/JCO.2017.76.0611. Epub 2018 Feb 7.

49. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer Version 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.
50. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Rectal Cancer Version 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.
51. Frumovitz M, Munsell MF, Burzawa JK, et al. Combination therapy with topotecan, paclitaxel, and bevacizumab improves progression-free survival in recurrent small cell neuroendocrine carcinoma of the cervix. Gynecol Oncol. 2017 Jan;144(1):46-50. Doi: 10.1016/j.ygyno.2016.10.040. Epub 2016 Nov 4. PMID: 27823771; PMCID: PMC5873577.
52. Prager GW, Taieb J, Fakih M, et al.; SUNLIGHT Investigators. Trifluridine-Tipiracil and Bevacizumab in Refractory Metastatic Colorectal Cancer. N Engl J Med. 2023 May 4;388(18):1657-1667. Doi: 10.1056/NEJMoa2214963. PMID: 37133585.
53. Bearz A, Talamini R, Rossoni G, et al. Re-challenge with pemetrexed in advanced mesothelioma: a multi-institutional experience. BMC Res Notes 2012;5:482
54. Nagao S, Kogiku A, Suzuki K, et al. A phase II study of the combination chemotherapy of bevacizumab and gemcitabine in women with platinum-resistant recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer. J Ovarian Res 2020;13:14
55. Gulhati P, Raghav K, Shroff RT, et al. Bevacizumab combined with capecitabine and oxaliplatin in patients with advanced adenocarcinoma of the small bowel or ampulla of vater: A single-center, open-label, phase 2 study. Cancer 2017;123:1011-1017
56. Qin S, Chen M, Cheng AL, Kaseb AO, et al. Atezolizumab plus bevacizumab versus active surveillance in patients with resected or ablated high-risk hepatocellular carcinoma (IMbrave050): a randomised, open-label, multicentre, phase 3 trial. Lancet. 2023 Nov 18;402(10415):1835-1847. doi: 10.1016/S0140-6736(23)01796-8.
57. Grill J, Massimino M, Bouffet E, et al. Phase II, open-label, randomized, multicenter trial (HERBY) of bevacizumab in pediatric patients with newly diagnosed high-grade glioma. J Clin Oncol 2018;36:951-958.
58. Peyrl A, Chocholous M, Kieran MW, et al. Antiangiogenic metronomic therapy for children with recurrent embryonal brain tumors. Pediatr Blood Cancer 2012;59:511- 517.
59. Slavc I, Mayr L, Stepien N, et al. Improved long-term survival of patients with recurrent medulloblastoma treated with a "MEMMAT-like" metronomic antiangiogenic approach. Cancers (Basel) 2022;14:5128.
60. Winnicki C, Leblond P, Bourdeaut F, et al. Retrospective national "Real Life" experience of the SFCE with the metronomic MEMMAT and MEMMAT-like protocol. J Clin Med 2023;12:1415.
61. Levy AS, Krailo M, Chi S, et al. Temozolomide with irinotecan versus temozolomide, irinotecan plus bevacizumab for recurrent medulloblastoma of childhood: Report of a COG randomized Phase II screening trial. Pediatr Blood Cancer 2021;68:e29031
62. Colombo N, Dubot C, Lorusso D, et al. Pembrolizumab for persistent, recurrent, or metastatic cervical cancer. N Engl J Med 2021;385:1856-1867.

63. Levin VA, Bidaut L, Hou P, et al. Randomized double-blind placebo-controlled trial of bevacizumab therapy for radiation necrosis of the central nervous system. Int J Radiat Oncol Biol Phys 2011;79:1487-1495.
64. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Bevacizumab: Central Nervous System Cancers Chemotherapy Order Template, CNS3. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
65. Plotkin SR, Duda DG, Muzikansky A, et al. Multicenter, prospective, phase II and biomarker study of high-dose bevacizumab as induction therapy in patients with neurofibromatosis type 2 and progressive vestibular Schwannoma. J Clin Oncol 2019;37:3446-3454.
66. Oaknin A, Gladieff L, Martínez-García J, et al. Atezolizumab plus bevacizumab and chemotherapy for metastatic, persistent, or recurrent cervical cancer (BEATcc): a randomised, open-label, phase 3 trial. Lancet 2024;403:31-43.
67. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Uterine Neoplasms Version 3.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
68. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Bevacizumab: Endometrial Carcinoma Chemotherapy Order Template, UTE8. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
69. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for PACLitaxel/CARBOplatin + Bevacizumab: Endometrial Carcinoma Chemotherapy Order Template, UTE20. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2026.
70. Avery RA, Hwang EI, Jakacki RI, et al. Marked recovery of vision in children with optic pathway gliomas treated with bevacizumab. JAMA Ophthalmol. 2014 Jan;132(1):111-4. doi: 10.1001/jamaophthalmol.2013.5819. PMID: 24232489
71. Bennebroek CAM, van Zwol J, Porro GL et al. Impact of Bevacizumab on Visual Function, Tumor Size, and Toxicity in Pediatric Progressive Optic Pathway Glioma: A Retrospective Nationwide Multicentre Study. Cancers (Basel). 2022 Dec 10;14(24):6087. doi: 10.3390/cancers14246087. PMID: 36551572; PMCID: PMC9776082.
72. Zhukova N, Rajagopal R, Lam A, et al. Use of bevacizumab as a single agent or in adjunct with traditional chemotherapy regimens in children with unresectable or progressive low-grade glioma. Cancer Med. 2019;8(1):40-50. doi:10.1002/cam4.1799
73. Park M. Recent Update in Pharmacological Agents for Optic Pathway Glioma. Brain Tumor Res Treat. 2022 Apr;10(2):101-107. https://doi.org/10.14791/btrt.2022.0006

74. Kalra M, Heath JA, Kellie SJ, et al. Confirmation of bevacizumab activity, and maintenance of efficacy in retreatment after subsequent relapse, in pediatric low-grade glioma. J Pediatr Hematol Oncol 2015;37:e341–e346.
75. Blakeley JO, Ye X, Duda DG, et al: Efficacy and biomarker study of bevacizumab for hearing loss resulting from neurofibromatosis type 2-associated vestibular schwannomas. J Clin Oncol 34:1669-1675, 2016.
76. Plotkin SR, Merker VL, Halpin C, et al. Bevacizumab for progressive vestibular Schwannoma in Neurofibromatosis type 2. Otology & Neurotology. 2012;33(6):1046-1052
77. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Appendiceal Neoplasms and Cancers Version 2.2026. National Comprehensive Cancer Network, 2026. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2026.
78. Shepherd W, Radchenko C. (2026). Management of non-life-threatening, nonmalignant subglottic and tracheal stenosis in adults. In Feller-Kopman DJ, Finlay G (Eds.), *UptoDate.* Last updated July 15, 2026. Accessed August 2026. Available from https://www.uptodate.com/contents/management-of-non-life-threatening-nonmalignant-subglottic-and-tracheal-stenosis-in-adults
79. Ballestas SA, Lopez JH, Klein AM, et al. Long-Term Follow-up of Parenteral Bevacizumab In Patients with Recurrent Respiratory Papillomatosis. Laryngoscope. 2023 Oct;133(10):2725-2733. Epub 2023 Feb 23 (Abstract).
80. Bevacizumab. Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier. C2026 – [2026 January 26]. Available from: http://www.clinicakey.com.
81. Best SR, Mohr M, Zur KB. Systemic Bevacizumab for Recurrent Respiratory Papillomatosis: A National Survey. Laryngoscope. 2017 Jun 28;127(10):2225-2229.
82. Colombo N, Zsiros E, Parma G, et al; Pembrolizumab plus weekly paclitaxel in platinum-resistant recurrent ovarian cancer (ENGOT-ov65/KEYNOTE-B96): a multicentre, randomised, double-blind, phase 3 study. Lancet. 2026 Apr 18;407(10538):1525-1537. doi: 10.1016/S0140-6736(26)00602-1. Epub 2026 Apr 10. PMID: 41974150.
83. Wellpoint Federal. Local Coverage Article: Billing and Coding: Bevacizumab and biosimilars (A52370). Centers for Medicare & Medicaid Services, Inc. Updated on 07/16/2026 with effective date 07/01/2026. Accessed July 2026.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA

Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
C24.1	Malignant neoplasm of ampulla of Vater
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

ICD-10	ICD-10 Description
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
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
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris

ICD-10	ICD-10 Description
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
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
C56.3	Malignant neoplasm of bilateral ovaries
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
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

ICD-10	ICD-10 Description
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
C72.1	Malignant neoplasm of cauda equina
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
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
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma unspecified site
C83.89	Other non-follicular lymphoma extranodal and solid organ sites

ICD-10	ICD-10 Description
C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D14.1	Benign neoplasm of larynx
D14.2	Benign neoplasm of trachea
D14.30	Benign neoplasm of unspecified bronchus and lung
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D14.4	Benign neoplasm of respiratory system, unspecified
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D36.9	Benign neoplasm, unspecified site
D37.3	Neoplasm of uncertain behavior of appendix
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
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
G93.6	Cerebral edema
I67.89	Other cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
J38.7	Other diseases of larynx
J39.2	Other diseases of pharynx
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.83	Von Hippel-Lindau syndrome
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

ICD-10	ICD-10 Description
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.42	Personal history of malignant neoplasm of other parts of uterus
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

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	**NCD/LCA/LCD Document (s)**	**Contractor**
6, K	A52370	Wellpoint Federal

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	Wellpoint Federal
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	Wellpoint Federal
15	KY, OH	CGS Administrators, LLC