Medical Policy:

MVASI® (bevacizumab-awwb) and ZIRABEV® (bevacizumab-bvcr)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.124	June 23, 2023	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Mvasi & Zirabev are recombinant humanized monoclonal IgG1 antibody that binds to vascular endothelial growth factor (VEGF) and inhibits the proliferation of endothelial cells and the formation of new blood vessels.

Length of Authorization

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.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

Oncology indications:

NSCLC, Cervical Cancer, MPM:

- 170 billable units per 21 days

All other indications:

- 120 billable units per 14 days

Guideline

I. INITIAL APPROVAL CRITERIA

Mvasi and Zirabev are the preferred agents for Commercial, Medicaid, and Medicare members.

Coverage is provided in the following conditions *(in addition to use supported by the National Comprehensive Cancer Network [NCCN] Clinical Practice Guidelines [NCCN Guidelines®] and/or NCCN Drugs & Biologics Compendium [NCCN Compendium®] with a recommendation of category level 1 or 2A)*:

1. Medication must be prescribed by, or in consultation with an oncologist; **AND**
2. Patient does not have 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**
4. Patient must be 18 years of age or older.

1. **Breast cancer** [2]
   - A. Patient must have recurrent or metastatic disease; **AND**
   - B. Must be used in combination with paclitaxel; **AND**
   - C. Patient must be human epidermal growth factor receptor 2 (HER2)-negative;

2. **Central nervous system (CNS) cancer** [1]
   - A. Patient has tried at least one previous therapy; **AND**

   Note: Examples are temozolomide capsules or injection, etoposide, carmustine, radiotherapy.
   - B. Patient has **ONE** of the following (I, ii, iii, iv, v, vi, vii ,viii or ix):
     - *i.* Anaplastic gliomas; **OR**
     - *ii.* Recurrent Glioblastoma/ Gliosarcoma; **OR**
     - *iii.* Intracranial and spinal ependymoma (excluding subependymoma) in patient ≥ 18 years of age; **OR**
     - *iv.* Meningiomas; **OR**
     - *v.* Brain or Spine metastases; **OR**
     - *vi.* Primary CNS lymphoma **OR**
     - *vii.* Medulloblastoma; **OR**
     - *viii.* Supratentorial Astrocytoma/Oligodendroglioma (Infiltrative, WHO Grade II); **OR**
     - *ix.* Symptoms due to one of the following (1, 2 **or** 3):
       - *1.* Radiation necrosis; **OR**
       - *2.* Poorly controlled vasogenic edema; **OR**
       - *3.* Mass effect

3. **Cervical Cancer**[1]
   - A. Patient's disease must be persistent, recurrent, or metastatic; **OR**
   - B. Used in combination with paclitaxel **AND** either cisplatin/carboplatin, or topotecan **OR**
   - C. Used in combination with pembrolizumab, paclitaxel, **AND** cisplatin or carboplatin;

4. **Colorectal Cancer (CRC)** [1]
   - A. Patient's disease is metastatic, unresectable, or advanced; **AND**
   - B. Medication is not used as adjuvant treatment **AND**
   - C. Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen as first-line or subsequent therapy for metastatic, unresectable (or medically inoperable), or advanced disease; **OR**

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D. Used in combination with a fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin based regimen (not used first line) as second-line therapy for metastatic disease that has progressed on a first-line bevacizumab-containing regimen; **OR**
E. Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease after progression on all available regimens

5. **Endometrial Carcinoma** [2]
   A. Used as a single agent therapy for disease that has progressed on prior cytotoxic therapy; **OR**
   B. Used in combination with carboplatin and paclitaxel for advanced or recurrent disease; **OR**
   C. Used in combination with paclitaxel and carboplatin as adjuvant therapy; **AND**
      i. Patient has advanced and recurrent stage III-IV endometroid adenocarcinoma

6. **Malignant Pleural Mesothelioma** [2]
   A. Patient has unresectable or metastatic disease; **AND**
   B. One of the following applies (a, b, **or** c):
      i. Bevacizumab will be used in combination with a chemotherapy regimen; **OR**
      Note: Examples of chemotherapy are Alimta (pemetrexed intravenous infusion), cisplatin, carboplatin.
      ii. Bevacizumab is being used as a single agent for maintenance therapy after the patient has received combination chemotherapy regimen
      Note: Examples of chemotherapy are Alimta (pemetrexed intravenous infusion), cisplatin, carboplatin.

7. **Non-squamous non-small cell lung cancer (NSCLC)** [1]
   A. Patient's disease must be unresectable, locally advanced, or metastatic; **AND**
   B. Used as first-line therapy in combination with carboplatin and paclitaxel; **OR**
   C. The Patient meets **ONE** of the following criteria (a, b, c, **or** d):
      i. The tumor is positive for epidermal growth factor receptor (*EGFR*) exon 19 deletion or L858R mutations and bevacizumab is used in combination with erlotinib; **OR**
      ii. The tumor is positive for one of the following mutations and bevacizumab is used in combination with other systemic therapies (i, ii, iii, iv, v, **or** vi):
      Note: Examples include carboplatin plus paclitaxel or Alimta (pemetrexed intravenous infusion); cisplatin plus Alimta; and Tecentriq (atezolizumab intravenous infusion) plus carboplatin and paclitaxel.
         1. Epidermal growth factor receptor (*EGFR*) exon 20 mutation; **OR**
         2. *KRAS G12C* mutation; **OR**
         3. *BRAF V600E*; **OR**
         4. *NTRK1/2/3* gene fusion; **OR**
         5. *MET* exon 14 skipping mutation; **OR**
         6. *RET* rearrangement positive; **OR**
      iii. Patient has previously received targeted drug therapy for an actionable mutation; **OR**
      Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (EGFR) mutation, anaplastic lymphoma kinase (ALK) fusions, RET rearrangement positive, MET exon 14 skipping, NTRK gene fusion positive, BRAF V600E mutation positive, and ROS proto-oncogene 1 (ROS1) rearrangement positive.
      iv. The NSCLC tumor is negative or unknown for actionable mutations and the patient meets **ONE** of the following criteria (i **or** ii):
      Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (EGFR) mutation, anaplastic lymphoma kinase (ALK) fusions, RET rearrangement positive, MET exon 14 skipping, NTRK gene fusion positive, BRAF V600E mutation positive, and ROS proto-oncogene 1 (ROS1) rearrangement positive.

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1. Bevacizumab is used as <u>initial therapy</u> in combination with other systemic therapies; **OR**
   <u>Note</u>: Examples of systemic therapies are cisplatin, carboplatin, Tecentriq (atezolizumab intravenous infusion), Alimta (pemetrexed intravenous infusion), paclitaxel.
2. Bevacizumab is used as <u>subsequent therapy</u>
   <u>Note</u>: Bevacizumab can be used either as a single agent or in combination with other agents.

8. **Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.**
   A. Patient has Stage II-IV ovarian cancer after primary surgery; **AND**
      i. Medication is used in combination with carboplatin and paclitaxel followed by Avastin as a single agent; **OR**
   B. Patient has persistent or recurrent disease; **AND** (i **or ii**)
      i. If patient is platinum sensitive, medication is used in combination with carboplatin **AND** either gemcitabine, paclitaxel or PEGylated liposomal doxorubicin; **OR**
      ii. If patient is platinum resistant, medication is used in combination with one of the following: oral cyclophosphamide, PEGylated liposomal doxorubicin, paclitaxel, or topotecan; **OR**
   C. Medication is used as single agent maintenance therapy if used previously as part of combination therapy in patients with a partial or complete remission following primary therapy or therapy for platinum-sensitive recurrence; **OR**
   D. Medication is used as neoadjuvant therapy in combination with paclitaxel and carboplatin; **AND**
      i. Patient has bulky stage III or IV disease or is a poor surgical candidate; **OR**
   E. Medication is used as adjuvant therapy in combination with paclitaxel and carboplatin; **AND**
      i. Patient has stage II-IV disease; **OR**
      ii. Patient has stage I-IV carcinosarcoma histologic disease

9. **<u>Renal cell carcinoma (RCC)</u>** [1]
   A. Patient has metastatic or relapsed disease; **AND**
      i. Must be used as a single agent for predominantly non-clear cell histology**; OR**
      ii. Must be used in combination with interferon alfa; **OR**
      iii. Used in combination with everolimus; **OR**
      iv. Used in combination with erlotinib in patients with advanced papillary disease including hereditary leiomyomatosis disease and renal cell carcinoma (HLRCC)-associated RCC

10. **<u>Soft tissue Sarcoma</u>** [2]
    A. Used as a single agent for Angiosarcoma; **OR**
    B. Used in combination with temozolomide for Solitary Fibrous Tumor or Hemangiopericytoma

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[1] FDA-labeled indication(s); [2] Compendia recommended indication(s) [23] FDA-labeled Avastin only indication(s)

Genomic Aberration Targeted Therapies (*not all inclusive*) §
Sensitizing EGFR mutation-positive tumors – Erlotinib – Afatinib – Gefitinib – Osimertinib
ALK rearrangement-positive tumors – Crizotinib

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– Ceritinib – Brigatinib – Alectinib
ROS1 rearrangement-positive tumors – Crizotinib – Ceritinib
BRAF V600E-mutation positive tumors – Dabrafenib/Trametinib
PD-L1 expression-positive tumors (>50%) – Pembrolizumab

II. RENEWAL CRITERIA

Coverage can be renewed based upon the following criteria:

1. Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include gastrointestinal perforation, surgical/wound healing complications, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, severe infusion reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

CNS Cancers – symptom management (short-course therapy):

May NOT be renewed

Dosing/Administration

Indication	Dose
Metastatic Colorectal Cancer	5 mg/kg every 2 weeks in combination with bolus-IFL 10 mg/kg every 2 weeks in combination with FOLFOX4 5 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy in patients who have progressed on a first-line bevacizumab product-containing regimen
Cervical Cancer	15mg/kg every three weeks until disease progression or unacceptable toxicity
NSCLC	15 mg/kg every 3 weeks until disease progression or unacceptable toxicity.
CNS Cancers	– For disease treatment: 10 mg/kg every 2 weeks until disease progression or unacceptable toxicity. – For symptom management: 5-10 mg/kg every 2 weeks up to 12 weeks duration
Recurrent Glioblastoma	10 mg/kg every 2 weeks
Metastatic Renal Cell Carcinoma	10 mg/kg every 2 weeks in combination with interferon-alfa until disease progression or unacceptable toxicity.
Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	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.
MPM	15 mg/kg every 3 weeks in combination with chemotherapy for up to 6 cycles followed by single agent use, at the same dose/frequency, until disease progression or unacceptable toxicity.
All Other Oncology Indications	5-10 mg/kg every 2 weeks **OR** 7.5-15 mg/kg every 3 weeks

Applicable Procedure Codes

Code	Description
J9035	Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg

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Q5107	Injection, bevacizumab-awwb, biosimiliar, (Mvasi) 10 mg
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg, effective 10/01/2019

Applicable NDCs

Code	Description
55513-0206-01	Mvasi single-use vial, 100 mg/4ml solution for injection
55513-0207-01	Mvasi single-use vial, 400 mg/16 mL solution for injection
00069-0315-01	ZIRABEV (bevacizumab-bvzr) injection single dose vial 100 mg/4 mL (25 mg/mL)
00069-0342-01	ZIRABEV (bevacizumab-bvzr) injection single dose vial 400 mg/16 mL (25 mg/mL)

ICD-10 Diagnoses

Code	Description
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
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
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
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

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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
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
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
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast

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C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
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

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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
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
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma lymph nodes of head, face, and neck
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites

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C83.80	Other non-follicular lymphoma unspecified site
C83.81	Other non-follicular lymphoma lymph nodes of head, face, and neck
C83.89	Other non-follicular lymphoma extranodal and solid organ sites
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
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
Z80.49	Family history of malignant neoplasm of other genital organs
Z85.528	Personal history of other malignant neoplasm of kidney
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

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	06/23/2023	• Cervical Cancer: added "Used in combination with pembrolizumab, paclitaxel, AND cisplatin or carboplatin" • Updated Ovarian cancer to "Ovarian, Fallopian Tube, or Primary Peritoneal Cancer" • Updated one cervical cancer dosage (there were two cervical cancer indications) to Ovarian, Fallopian Tube, or Primary Peritoneal Cancer - 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.
EmblemHealth & ConnectiCare	06/02/2023	Annual Review: Dosing limits: removed: "oncology indications: 170 billable units per 21 days 120 billable units per 14 days", replaced with: "• NSCLC, Cervical Cancer, MPM: o 170 billable units per 21 days • All other indications: o 120 billable units per 14 days" Renal Cell Carcinoma- Initial Criteria: Removed "Used in combination with everolimus or erlotinib in patients with papillary or hereditary leiomyomatosis disease" replaced with "Used in combination with everolimus; OR Used in combination with erlotinib in patients with advanced papillary disease including hereditary leiomyomatosis disease and renal cell carcinoma (HLRCC)-associated RCC" for clarity. Endometrial Carcinoma: Initial Criteria: added "Used in combination with

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		paclitaxel and carboplatin as adjuvant therapy; AND o Patient has advanced and recurrent stage III-IV endometroid adenocarcinoma" Breast Cancer: Removed Initial criteria: "Patient has a high tumor burden or rapidly progressive disease; **AND** Disease is hormone receptor-negative; **OR** Disease is hormone receptor-positive and refractory to endocrine therapy; **OR** Patient has symptomatic visceral disease or visceral crisis" CNS Cancers: added Initial criteria " Gliosarcoma" removed "Leptomeningeal metastases" Malignant Pleural Mesothelioma: removed: "Bevacizumab will be used in combination with Tecentriq (atezolizumab intravenous infusion); OR" removed: AIDS-Related Kaposi Sarcoma: Initial ccriteria "1. Patient has relapsed or refractory disease; AND 2.Patient has advanced cutaneous, oral, visceral or nodal disease; AND 3.Used as subsequent therapy in combination with antiretroviral therapy (ART) after failure to two lines of systemic therapy" and related codes added code: J9035
EmblemHealth & ConnectiCare	9/14/2022	-Combined Recurrent Glioblastoma indication with CNS Cancer -Updated RCC: Added Must be used as a single agent for predominantly non-clear cell histology**;** Used in combination with everolimus or erlotinib in patients with papillary or hereditary leiomyomatosis disease -Updated colorectal cancer: added criteria: Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease after progression on all available regimens -Added Ovarian Cancer criteria -Added NSCLC criteria: The tumor is positive for epidermal growth factor receptor (EGFR) exon 19 deletion or L858R mutations and bevacizumab is used in combination with erlotinib; OR The tumor is positive for EGFR exon 20 mutation; KRAS G12C mutation; BRAF V600E; NTRK1/2/3 gene fusion; MET exon 14 skipping mutation; RET rearrangement positive; Patient has previously received targeted drug therapy for an actionable mutation; OR tumor is negative or unknown for actionable mutations -Added must be prescribed by or in consultation with an oncologist to initial criteria -For Malignant Pleural Mesothelioma – added examples of chemotherapy regimens - CNS cancer: Added Patient has tried at least one previous therapy; Removal of criteria from CNS Cancer: Used as a single agent OR in combination with one of the following: irinotecan, carmustine, lomustine, or temozolomide in patients with recurrent Glioblastomas or Anaplastic Gliomas ; Used as single agent therapy for patients with progressive disease who do not have subependymomas in patients with a diagnosis of recurrent Intracranial and Spinal Ependymoma; Used for treatment of unresectable recurrent or progressive disease when radiation therapy is not an option in patients with a diagnosis of Meningiomas. -Removal of Renewal exclusions: Metastatic carcinoma of the colon or rectum (additional renewal opportunity): • Patient's disease has progressed on a first-line bevacizumab-containing regimen; AND o Used in combination with an irinotecan and/or oxaliplatin-based regimen (if not used first line) Malignant Pleural Mesothelioma – maintenance therapy: • Must be used as a single agent Non-squamous non-small cell lung cancer – continuation maintenance therapy: • Mvasi must have been included in patient's 1st line chemotherapy

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EmblemHealth & ConnectiCare	09/12/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	1/1/2021	Clarification: • NCCN-supported use (with 1 or 2A recommendation) will be covered Renewal criteria updated: Removed: "Patient continues to meet criteria identified above"
EmblemHealth & ConnectiCare	11/2/2020	Effective 01/01/2021 Member must fail trial of Mvasi AND Zirabev, prior to using Avastin (Medicare members are subject to this step therapy).
EmblemHealth & ConnectiCare	03/31/2020	Added under Initial Criteria: Effective Date: 07/01/2020, Mvasi and Zirabev are the preferred agents for Commercial and Medicaid members. Member must fail trial of Mvasi AND Zirabev, prior to using Avastin (Only Commercial and Medicaid members are subject to this step therapy). Added under criteria: Patient must be 18 years of age or older
EmblemHealth & ConnectiCare	10/24/2019	-Under length of authorization, added recurrent glioblastoma, for coverage 12 weeks and may NOT be renewed. -Under non-squamous non-small cell lung cancer, removed disease must be recurrent in the criteria, updated used as first-line therapy in combination with carboplatin and paclitaxel. -Added Recurrent Glioblastoma – and used as treatment in adult patients -Under Metastatic Colorectal Cancer, updated dosing to package insert -Added under dosing for Recurrent Glioblastoma 10mg/kg every 2 weeks -Added under dosing for Persistent, Recurrent or Metastatic Cervical Cancer 15mg/kg every three weeks in combination with paclitaxel and cisplatin, or in combination with paclitaxel and topotecan
EmblemHealth & ConnectiCare	09/23/2019	Added Zirabev Q5118, effective 10/01/2019.

References

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