UM Subcommittee Approved Authorization Guidelines

Bevacizumab (Avastin) for Non-Small Cell Lung Cancer

Policy:
On May 22, 2008, the IEHP Utilization Management Subcommittee discussed the use of Bevacizumab (Avastin) for the treatment of non-small cell lung cancer. Based on this review, the IEHP UM Subcommittee adopted the use of Bevacizumab (Avastin) for the treatment of non-small cell lung cancer as a covered benefit according to the newly effective MMCD policy, as noted below.

Medi-Cal Managed Care Division (MMCD):
The Medi-Cal Managed Care Division (MMCD) medical policy section recently updated the policy on Bevacizumab (Avastin). Beginning with the effective date of June 1, 2008, Bevacizumab (Avastin) (HCPCS code J9035) is covered for breast cancer (ICD-9 range 174.0-174.9. After October 1, 2015 ICD-10 range C50.019-C50.919).

Medical Services General Medicine (Bulletin 407):
Bevacizumab (Avastin), in combination with paclitaxel, is indicated for Members who have not received chemotherapy for metastatic HER2 negative breast cancer. Bevacizumab (Avastin) is not indicated for patients with breast cancer that has progressed following anthracycline and taxane chemotherapy administered for metastatic disease (Bulletin 407, Medical Services-General Medicine, 5/08, pages 5).

Blue Cross/Blue Shield, CIGNA, and Aetna:
Major U.S. private payers namely Blue Cross/Blue Shield, CIGNA and Aetna have also established coverage policies for labeled use of Bevacizumab.

Background:
Bevacizumab (Avastin) is a biologic agent designed to block activation of vascular endothelial growth factor that contributes to tumor growth. Avastin is an intravenously administered solution provided on an outpatient basis on an every 3-week basis for a total of 7 cycles.
Bibliography:

Disclaimer

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP’s determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions 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). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.