

# Bevacizumab (Biosimilar) - Metastatic (Stage IVB), Persistent, or Recurrent Carcinoma of the Cervix

(This form must be completed before the first dose is dispensed.)

## 1. Patient Profile

\* Surname: .....

\* Given Name: .....

\* OHIN: ..... \* Chart Number: .....

\* Postal Code: .....

\* Height (cm): ..... \* Weight (kg): .....

\* BSA (m<sup>2</sup>): ..... \* Gender:  Male  Female  Other

\* Date of Birth: .....  
Day    Month    Year

\* Site: .....

\* Attending Physician (MRP- Most Responsible Physician): .....

Requested Prior Approval  Yes \* Patient on Clinical Trial  Yes  No

Other (specify): .....

Specify Arm:  
 Standard of care arm  Experimental arm  
 Blinded / Unknown

## Prior Approval Request

\* Select the appropriate prior approval scenario:

1-Unknown primary (submit pathology report and clinic note)  2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)

3-Regimen modification - schedule (complete questions a and b)  4-Regimen modification - drug substitutions (complete questions a and c)

5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)  6-Maintenance therapy delay (submit clinic note)

7-Prior systemic therapy clinical trials (complete question g)  8-Modification due to supply interruption/drug shortage

Other (specify)

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**All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.**

a. Co-morbidities / toxicity / justification:

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b. Intended regimen  
schedule: .....

c. Intended regimen: .....

d. Drug(s) to be held: .....

e. Rationale for  
holding drug(s): .....

f. Intention to  Yes  
introduce drug at a  
later date?

g. Prior clinical trial  
identifier (e.g., NCT  
ID, trial name) and  
treatment  
description (e.g.,  
arm,  
drug/regimen): .....

h. Anticipated date of  
first treatment:      .....  
Day      Month      Year

i. Additional comments:

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## 2. Eligibility Criteria

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The patient must meet the following criteria:

- Bevacizumab will be used in combination with chemotherapy<sup>1,2,3,4</sup> for the treatment of patients  Yes with metastatic (Stage IVB), persistent, or recurrent carcinoma of the cervix of all histologic subtypes (except small cell)<sup>5</sup>; and
- the patient has an Eastern Cooperative Performance Status (ECOG) of  $\leq 1$

### 3. Baseline Information

- a. Disease status  metastatic (Stage IVB)  persistent  
 recurrent
- b. Histology  squamous cell carcinoma  
 adenosquamous carcinoma  
 adenocarcinoma  
 other (except small cell)
- Other (specify): \_\_\_\_\_
- c. Disease site  locally recurrent  
 distant metastasis
- d. The patient has received prior treatment with chemoradiation (with curative intent)  Yes  No
- e. ECOG PS at the time of enrolment  0  1
- f. Bevacizumab will be used with the following chemotherapy regimen  paclitaxel-carboplatin (not funded by NDFP)  
 paclitaxel-cisplatin (not funded by NDFP)  
 paclitaxel-topotecan (not funded by NDFP)
- g. Date of first bevacizumab treatment \_\_\_\_\_  
Day      Month      Year

### 4. Funded Dose

- Bevacizumab 15mg/kg IV every 21 days.

### 5. Notes

1. Single agent bevacizumab is not funded.
2. Bevacizumab is only funded in the first line setting. Funding will continue until disease progression. Continued use of bevacizumab in patients whose disease has progressed while on a first line regimen will not be funded.
3. In situations where a treatment break has been taken, bevacizumab is only funded if the continuation of the same first line regimen is considered clinically appropriate.
4. In situations where chemotherapy needs to be started first, the later addition of bevacizumab will be funded provided that funding criteria are met at the time of treatment initiation and the patient's disease has not yet progressed while on chemotherapy.
5. Bevacizumab funding is intended for patients who are not candidates for other curative treatments (e.g., radiation, surgery).

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## 6. FAQs

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- i. ***My patient is currently receiving bevacizumab through private means. Can my patient be transitioned over to receive funding through the New Drug Funding Program?***

Provided the funding criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage of bevacizumab doses through the New Drug Funding Program. Sites may be asked to submit CT scan results demonstrating stable disease and written confirmation that the same bevacizumab-containing regimen is being used.

- ii. ***Can I start my patient with chemotherapy first and add the bevacizumab at a later date?***

CCO will fund the addition of bevacizumab at a later date provided that funding criteria are met at the time of treatment initiation and the patient's disease has not progressed on chemotherapy. If disease progression has occurred, the treatment will be considered second line and the patient will not be eligible for bevacizumab coverage.

- iii. ***My patient's first line regimen needs to be switched to another regimen. Will bevacizumab be funded?***

Bevacizumab is only funded if the continuation of the same first line regimen is considered clinically appropriate. An exception is if the switch is due to toxicity but not disease progression (e.g., a patient on bevacizumab-paclitaxel-cisplatin experiences cisplatin-related toxicity [e.g., renal toxicity, ototoxicity] and the clinician wishes to switch the patient to bevacizumab-paclitaxel-carboplatin).

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## 7. Supporting Documents

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None for this policy.

**In the absence of collecting supporting documentation:**

- CCO reserves the right to perform an audit of patient eligibility.
- In the event of an audit, CCO may request the following:
- CT scans of the abdomen, pelvis and/or chest demonstrating no evidence of disease progression (based on RECIST criteria) after every 3<sup>rd</sup> cycle (e.g., after the completion of cycle 3, 6, 9, etc.).

Signature of Attending Physician (MRP-Most Responsible Physician): .....

.....  
Day      Month      Year