

bevacizumab:**Avastin®; Mvasi®; Zirabev™**

(Intravitreal)

Date of Origin: 10/18/2018**Last Review Date: 06/26/2024****Effective Date: 07/01/2024****Dates Reviewed: 10/2018, 11/2019, 2/2020, 11/2020, 05/2021, 05/2022, 06/2022, 06/2024****Developed By:** Medical Necessity Criteria Committee**I. Length of Authorization**

Coverage is provided for 6 months and may be renewed.

II. Dosing Limits**A. Quantity Limit (max daily dose) [Pharmacy Benefit]:**

N/A

B. Max Units (per dose and over time) [Medical Benefit]:

- Ocular indications: 5 billable units per 28 days per eye
- AMD, Avastin is given as a fixed dose of 1.25mg

III. Initial Approval Criteria CWQI HCS-0271

Coverage is provided in the following conditions:

- **Intravitreal administration of the eye needed**, when **ALL** of the following are met:
 - Age 18 years or older
 - Eye conditions appropriate for bevacizumab treatment, as indicated by **1 or more** of the following:
 - Diabetic macular edema
 - Diabetic retinopathy
 - Macular edema following retinal vein occlusion
 - Neovascular age-related “wet” macular degeneration (AMD)
 - Neurovascular glaucoma
 - No concurrent ocular or periocular infection

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Member continues to meet criteria
- Disease response for specific diagnosis
- Absence of unacceptable toxicity from the drug

V. Dosage/Administration

Indication	Dose
Ophthalmic Indications	1.25 mg in each eye every 4 weeks

VI. Billing Code/Availability Information

J Code:

- J9035 - Injection, bevacizumab, 10 mg: 1 billable unit = 10mg
- 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
- J7999 - Compounded drug, not otherwise classified (*Medicare- Intravitreal ONLY*)

NDC:

- Avastin single use vial, 100mg/4mL solution for injection: 50242-0060-xx
- Avastin single use vial, 400mg/16 mL solution for injection: 50242-0061-xx

VII. Annual Review History

Review Date	Revisions	Effective Date
06/2018	New criteria	07/01/2018
05/2022	Annual Review: No content change	06/01/2022
06/2022	Added bevacizumab biosimilars into policy	06/23/2022
06/2024	Annual Review: No changes	07/01/2024

VIII. References

1. Avastin [package insert]. South San Francisco, CA; Genentech; June 2018. Accessed July 2018.
2. Michaelides M, et al. A prospective randomized trial of intravitreal bevacizumab or laser therapy in the management of diabetic macular Oedema (BOLT study) 12-month data: report 2. *Ophthalmology* 2010;117(6):1078-1086.e2. DOI: 10.1016/j.ophtha.2010.03.045.
3. Virgili G, Parravano M, Menchini F, Brunetti M. Antiangiogenic therapy with anti-vascular endothelial growth factor modalities for diabetic macular Oedema. *Cochrane Database of Systematic Reviews* 2012, (verified by Cochrane 2013 Nov), Issue 12. Art. No.: CD007419. DOI: 10.1002/14651858.CD007419.pub3
4. Ford JA, Elders A, Shyangdan D, Royle P, Waugh N. The relative clinical effectiveness of ranibizumab and bevacizumab in diabetic macular edema: an indirect comparison in a systematic review. *British Medical Journal* 2012;345: e5182.

5. Epstein DL, Algere PV, von Wendt G, Seregard S, Kvanta A. Benefit from Bevacizumab for macular edema in central retinal vein occlusion: twelve-month results of a prospective, randomized study. *Ophthalmology* 2012;119(12):2587-91. DOI: 10.1016/j.ophtha.2012.06.037.
6. Epstein DL, Algere PV, von Wendt G, Seregard S, Kvanta A. Bevacizumab for macular edema in central retinal vein occlusion: a prospective, randomized, double-masked clinical study. *Ophthalmology* 2012;119(6):1184-9. DOI: 10.1016/j.ophtha.2012.01.022.
7. The CATT Research Group. Ranibizumab and Bevacizumab for neovascular age-related macular degeneration. *New England Journal of Medicine* 2011;364(20):1897-908. DOI: 10.1056/NEJMoa1102673.
8. Atul Kumar and Raghav Ravani. Using intravitreal bevacizumab (Avstin0 – Indian Scenario. *Indian J Ophthalmol* 2017. Retrieved November 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549403/>

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E09.31	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.32	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema left eye
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema unspecified eye
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema left eye
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema unspecified eye
E09.33	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema left eye

ICD-10	ICD-10 Description
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema unspecified eye
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema left eye
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema unspecified eye
E09.34	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema left eye
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema unspecified eye
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema left eye
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema unspecified eye
E09.35	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema left eye
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema unspecified eye
H35.30	Unspecified macular degeneration
H35.31	Nonexudative age-related macular degeneration
H35.32	Exudative age-related macular degeneration

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

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 Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s): L35053
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L35053&bc=gAAAAAAAAAAAAAA==	

NCD/LCD Document (s): A52701
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52701&bc=gAAAAAAAAAAAAAA==

Jurisdiction(s): 6,K	NCD/LCD Document (s): A52450
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52450&bc=gAAAAAAAAAAAAAA==	

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 Corporation (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corporation (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Cahaba Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
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	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC