

Bevacizumab (Avastin®)
Bevacizumab-adcd (Vegzelma®)
Bevacizumab-awwb (Mvasi®)
Bevacizumab-bvzr (Zirabev®)
Bevacizumab-maly (Alymsys®)

Place of Service
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

HCPCS

Avastin: **J9035** per 10 mg
Mvasi: **Q5107** per 10 mg
Zirabev: **Q5118** per 10 mg
Alymsys: **Q5126** per 10 mg
Vegzelma: **Q5129** per 10 mg

Condition(s) listed in policy (see criteria for details)

- [Ampullary adenocarcinoma](#)
- [Appendiceal adenocarcinoma](#)
- [Brain cancer](#)
- [Breast cancer](#)
- [Cervical cancer](#)
- [Colorectal cancer](#)
- [Cystoid macular degeneration](#)
- [Diabetic macular edema or diabetic retinopathy](#)
- [Endometrial cancer](#)
- [Fallopian tube cancer](#)
- [Hepatocellular carcinoma](#)
- [Glaucoma associated with vascular disorders](#)
- [Macular edema secondary to retinal vein occlusion](#)
- [Mesothelioma: peritoneal](#)
- [Mesothelioma: pleural](#)
- [Neovascular \(wet\) age-related macular degeneration](#)
- [Non-small cell lung cancer](#)
- [Ovarian cancer](#)
- [Primary peritoneal cancer](#)
- [Renal cell carcinoma](#)
- [Retinal edema \(if macular\)](#)
- [Retinal neovascularization](#)
- [Rubeosis iridis](#)
- [Small bowel adenocarcinoma](#)
- [Soft tissue sarcoma](#)
- [Vulvar cancer, squamous cell carcinoma](#)

AHFS therapeutic class: Antineoplastic agents

Mechanism of action: Recombinant humanized monoclonal antibody against the vascular endothelial growth factor (VEGF)

(I) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for bevacizumab must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Ampullary adenocarcinoma

1. Intestinal type, **AND**
2. Used in combination with a fluorouracil or capecitabine based regimen, **AND**
3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg IV every 21 days

Coverage Period

Yearly

ICD-10:

C24.1

Appendiceal adenocarcinoma or Colorectal cancer

1. One of the following:
 - a. Advanced, unresectable, medically inoperable, metastatic or synchronous metastatic or metachronous metastatic disease, and used in combination with irinotecan, oxaliplatin, or a fluorouracil-based regimen, **or**
 - b. Advanced or metastatic disease with prior treatment of a fluoropyrimidine, oxaliplatin, and irinotecan, and being used in combination with Lonsurf (trifluridine/tipiracil)

AND

2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 10 mg/kg IV infusion every 2 weeks

Coverage Period

Yearly

ICD-10:

C17.0-C17.2, C17.8, C17.9, C18.0-C18.9, C19, C20, C21.8, C78.00-C78.02, C78.6, C78.7, Z85.038

Brain cancer

1. Either of the following:
 - a. Diagnosis of one of the following brain cancer types:
 - i. Glioblastoma multiforme (also called WHO grade IV glioma/astrocytoma), OR

- ii. Anaplastic gliomas (also called WHO grade III glioma/astrocytoma), **OR**
- iii. Ependymomas, **OR**
- iv. Meningiomas

OR

- b. Short-course single agent therapy for management of symptoms driven by radiation necrosis, poorly controlled vasogenic edema, or mass effect

AND

- 2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 10 mg/kg IV every 2 weeks or up to 15 mg/kg IV every 3 weeks

Coverage Period

Brain cancer: Yearly

Short-course symptom management: 6 months

ICD-10:

C70.0, C70.1, C70.9, C71.0-C71.9, C72.9, D32.0, D32.1, D32.9, D42.0, D42.1, D42.9, D43.0-D43.2, D43.4, Z85.841, Z85.848

Cervical cancer

- 1. Persistent, recurrent, or metastatic disease, **AND**
- 2. One of the following:
 - a. Being used in combination with an NCCN supported regimen (e.g., paclitaxel and either cisplatin or carboplatin, and in combination with pembrolizumab if PDL-1 positive; paclitaxel and topotecan), **OR**
 - b. Being used as a single agent for second-line or subsequent therapy

AND

- 3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg every 3 weeks

Coverage Period

Yearly

ICD-10:

C53.0, C53.1, C53.8, C53.9, C79.89, C79.9, Z80.49

Cystoid macular degeneration

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H35.351-H35.353, H35.359

Diabetic macular edema or diabetic retinopathy

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

(X= 0-9)

E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Endometrial cancer

1. Advanced, recurrent or metastatic disease, **AND**
2. One of the following:
 - a. Used as a single agent and Patient has received prior treatment with systemic chemotherapy, OR
 - b. Used in combination with paclitaxel for adjuvant treatment, OR
 - c. Used in combination with carboplatin and paclitaxel

AND

3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Almysys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg IV infusion every 3 weeks

Coverage Period

Yearly

ICD-10:

C54.0-C54.3, C54.8, C54.9, C55, Z80.49

Fallopian tube cancer, Ovarian cancer, OR Primary peritoneal cancer

1. One of the following:
 - a. Ovarian cancer
 - b. Fallopian tube cancer
 - c. Primary peritoneal cancer

AND

2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg every 3 weeks, OR

Up to 10 mg/kg every 2 weeks

Coverage Period

Yearly

ICD-10:

C48.1, C48.2, C48.8, C56.1, C56.2, C56.9, C57.00-C57.02, C57.10-C57.12, C57.20-C57.22, C57.3, C57.4, C57.7-C57.9, Z85.43

Glaucoma associated with vascular disorders (e.g, neovascular glaucoma)

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H40.50X0 - H40.50X4 H40.51X0 - H40.51X4 H40.52X0 - H40.52X4 H40.53X0 - H40.53X4

Hepatocellular carcinoma

1. Patient has not received prior systemic drug therapy, **AND**
2. Being used in combination with Tecentriq, **AND**
3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg every 3 weeks

Coverage Period

Yearly

ICD-10:

C22.0, C22.8, C22.9

Macular edema secondary to retinal vein occlusion

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H34.8110-8112, H34.8120-8122, H34.8130- 8132, H34.8190-8192, H34.8310-8312, H34.8320-8322, H34.8330-8332, H34.8390-8392

Mesothelioma: peritoneal

1. Either of the following:

a. First-line therapy and all of the following:

i. Unresectable disease, AND

ii. One of the following:

1. Used in combination with pemetrexed and cisplatin, OR
2. Used in combination with pemetrexed and carboplatin, OR
3. Used as a single agent for maintenance

OR

b. Subsequent therapy and the following:

i. One of the following:

1. Used in combination with Tecentriq, OR
2. Used in combination with pemetrexed and cisplatin, OR
3. Used in combination with pemetrexed and carboplatin, OR
4. Used as a single agent for maintenance

AND

2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg IV every 3 weeks

Coverage Period

Yearly

ICD-10:

C45.1

Mesothelioma: pleural

1. Meets either of the following:

a. First-line therapy and all of the following:

i. Patient has unresectable, stage IIIB, sarcomatoid, metastatic or medically inoperable disease, **AND**

ii. One of the following:

1. Used in combination with pemetrexed and cisplatin, OR
2. Used in combination with pemetrexed and carboplatin, OR
3. Used as a single agent for maintenance

OR

b. Subsequent therapy and all of the following:

i. Received immunotherapy as first line therapy, **AND**

ii. Either of the following:

1. Used in combination with pemetrexed and cisplatin, OR
2. Used in combination with pemetrexed and carboplatin

AND

2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg IV every 3 weeks

Coverage Period

Initial Authorization:

6 cycles

Reauthorization:

Yearly as maintenance if initially used with chemotherapy

Dosing: 15 mg/kg every 3 weeks until disease progression

ICD-10:

C38.4, C45.0, C45.1

Neovascular (wet) age-related macular degeneration

1. Exudative senile macular degeneration

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H35.3210-3213 H35.3220-3223 H35.3230-3233 H35.3290-3293

Non-small cell lung cancer

1. Unresectable, locally advanced, recurrent, or metastatic disease, **AND**
2. Non-squamous histology, **AND**
3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg every 3 weeks

Coverage Period

Yearly

ICD-10:

C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

Renal cell carcinoma

1. Either of the following:
 - a. Diagnosis is non-clear cell, advanced (relapsed, locally advanced, Stage IV, unresectable, or evidence of metastases) renal cell carcinoma,
OR
 - b. Diagnosis is clear cell, advanced (relapsed, locally advanced, Stage IV, unresectable, or evidence of metastases) renal cell carcinoma, **AND** being used as first line treatment in combination with interferon,

AND

2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 10 mg/kg every 2 weeks

Coverage Period

Yearly

ICD-10:

C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, Z85.528

Retinal edema (if macular)

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H35.81

Retinal neovascularization NOS (choroidal, subretinal)

1. Retinal neovascularization **AND**
2. At least one of the following secondary ICD 10 code describing cause of retinal neovascularization:
 - a. Histoplasma capsulatum infection OR
 - b. Histoplasma duboisii infection OR
 - c. Histoplasmosis retinitis- unspecified OR
 - d. Progressive high (degenerative) myopia

Covered Doses

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H35.051-H35.053, H35.059, **AND**

Secondary code of:

B39.4, B39.5,
B39.9, H44.20-
H44.23,
H44.2A1-H44.2A3,
H44.2A9, H44.2B1-
H44.2B3, H44.2B9,
H44.2C1-H44.2C3,
H44.2C9, H44.2D1-
H44.2D3, H44.2D9,
H44.2E1-H44.2E3, H44.2E9

Rubeosis iridis**Covered Doses**

Up to 2.5 mg per injection no sooner than every 4 weeks

Coverage Period

Yearly

ICD-10:

H21.1X1-H21.1X3, H21.1X9

Small bowel adenocarcinoma

1. Being used for advanced (unresectable or recurrent) or metastatic disease, **AND**
2. Used in combination with a fluopyrimidine-based (fluorouracil or capecitabine) regimen, **AND**
3. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 5 mg/kg IV every 2 weeks, or

Up to 7.5 mg/kg IV every 3 weeks

Coverage period

Yearly

ICD-10:

C17.0, C17.1, C17.2, C17.3, C17.8, C17.9

Soft tissue sarcoma

1. Given in combination with temozolomide, **AND**
2. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 5 mg/kg IV on days 8 and 22, repeated at 28-day intervals

Coverage Period

Yearly

ICD-10:

C48.0, C49.0, C49.3-C49.5, C49.8, C49.9, Z85.831

Vulvar cancer, squamous cell carcinoma

1. Locally advanced unresectable, recurrent, or metastatic disease, **AND**
2. Histology of squamous cell carcinoma, **AND**
3. Used in combination with cisplatin and paclitaxel, **AND**
4. For request for non-preferred product (Avastin): Intolerable side effect with the preferred bevacizumab products, Alymsys, Mvasi, Vegzelma, and Zirabev, that is not expected with Avastin, or contraindication to all preferred products

Covered Doses

Up to 15 mg/kg every 3 weeks

Coverage Period

Yearly

ICD-10:

C51.0-C51.2, C51.8, C51.9

(3) The following condition(s) DO NOT require Prior Authorization/Preservice.

All requests for bevacizumab must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Doctor Manual and User Guide for more information

(5) Additional InformationHow supplied:

Avastin/Mvasi/Zirabev/Allymsys/Vegzelma:

- 100 mg/4 mL (single-use vial)
- 400 mg/16 mL (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Allymsys® (bevacizumab-maly) [Prescribing information], Bridgewater, NJ: Amneal Pharmaceuticals LLC; 4/2022.
- American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA. American Academy of Ophthalmology; 2017. Available at: www.aao.org/ppp.
- Avastin® (bevacizumab) [Prescribing information], South San Francisco, CA: Genentech; 2020.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Mvasi® (bevacizumab-awwb) [Prescribing information], Thousand Oaks, CA: Amgen; 4/2021.
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Bevacizumab (2023). Available by subscription at: www.nccn.org.
- National comprehensive cancer network. Ampullary Adenocarcinoma (Version 2.2022). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Central Nervous System Cancers (Version 1.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Cervical Cancer (version 1.2023). Available at <http://www.nccn.org>.

- National Comprehensive Cancer Network. Colon Cancer (Version 3.2022). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Hepatobiliary Cancers (Version 1.2022). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Kidney cancer (Version 4.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Malignant Peritoneal Mesothelioma (Version 1.2022). Available at <http://www.nccn.org>.
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- National Comprehensive Cancer Network. Non-small cell lung cancer (Version 3.2023). Available at <http://www.nccn.org>.
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- National Comprehensive Cancer Network. Pediatric Central Nervous System Cancers (version 2.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Rectal Cancer (Version 4.2022). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Small Bowel Adenocarcinoma (Version 1.2023). Available at: <http://www.nccn.org>.
- National Comprehensive Cancer Network. Soft Tissue Sarcoma (Version 1.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Uterine Neoplasms (Version 1.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Vulvar cancer (Version 1.2023). Available at: <http://www.nccn.org>.
- Zirabev® (bevacizumab-bvzr) [Prescribing information]. New York, NY: Pfizer Inc; 5/2021.

(7) Policy Update

Date of last revision: 2Q2023

Date of next review: 4Q2023

Changes from previous policy version:

- Added new bevacizumab biosimilar, Vegzelma (bevacizumab-adcd). Vegzelma is a preferred bevacizumab product for all non-ophthalmic indications.
Rationale: Selection of preferred drugs is supported by similar safety and efficacy and are guideline supported agents.
- Section (2): Cervical cancer – Expanded coverage to include single use for second line or subsequent therapy
Rationale: NCCN category 2A support

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*