

## bevacizumab

### Commercial Medical Benefit Drug Policy

For oncology-related indications, medical necessity criteria can be found here: [Blue Shield Oncology-Related Medication Policies](#).

For PPO, Direct Contract HMO, and when applicable, ASO, and Shared Advantage: Please access Evolent's [CarePro Provider Portal](#) to submit your request.

bevacizumab (Avastin)  
bevacizumab-adcd (Vegzelma)  
bevacizumab-awwb (Mvasi)  
bevacizumab-bvzr (Zirabev)  
bevacizumab-maly (Alymsys)  
bevacizumab-nwgd (Jobevne)

### Place of Service

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

### **Drug Details**

**USP Category:** ANTINEOPLASTICS

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

**HCPCS:**

C9399, J3490, J3590, J9999: bevacizumab-nwgd (jobevne):

J9035: Injection, bevacizumab, 10 mg

Q5107: Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg

Q5118: Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg

Q5126: Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg

Q5129: Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg

**How Supplied:**

100 mg/4 mL (single-use vial)

400 mg/16 mL (single-use vial)

### **Condition(s) listed in policy (see coverage criteria for details)**

- Cystoid Macular Degeneration
- Diabetic Macular Edema or Diabetic Retinopathy
- Glaucoma Associated with Vascular Disorders
- Macular Edema Secondary to Retinal Vein Occlusion
- Neovascular (Wet) Age-Related Macular Degeneration
- Retinal Edema (if Macular)
- Retinal Neovascularization NOS (Choroidal, Subretinal)
- Rubeosis Iridis

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Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

### **Special Instructions and Pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

**The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.**

#### **Cystoid Macular Degeneration**

##### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

##### **ICD-10:**

H35.351-H35.353, H35.359

#### **Diabetic Macular Edema or Diabetic Retinopathy**

##### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

##### **ICD-10:**

(X= 0-9) E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

#### **Glaucoma Associated with Vascular Disorders**

##### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

##### **ICD-10:**

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

#### **Macular Edema Secondary to Retinal Vein Occlusion**

##### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

##### **ICD-10:**

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

### **Neovascular (Wet) Age-Related Macular Degeneration**

1. Exudative senile macular degeneration

#### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

#### **ICD-10:**

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

### **Retinal Edema (if Macular)**

#### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

#### **ICD-10:**

H35.81

### **Retinal Neovascularization NOS (Choroidal, Subretinal)**

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

#### **Covered Doses:**

Up to 2.5 mg given as an intravitreal injection per affected eye every 4 weeks

#### **ICD-10:**

PRIMARY CODE: H35.051-H35.053, H35.059, AND SECONDARY CODE: 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 given as an intravitreal injection per affected eye every 4 weeks

#### **ICD-10:**

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

### **References**

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2. Alymsys (bevacizumab-maly) Prescribing Information. Amneal Pharmaceuticals LLC, Bridgewater, NJ: 4/2022.
3. American Academy of Ophthalmology. Age-related Macular Degeneration Preferred Practice Pattern. Available at: <https://www.aao.org/Assets/12aabf44-f548-429f-84a5-ace87e6620c9/637841637085900000/age-related-macular-degeneration-ppp-2022-update-pdf>. Updated March 2022. Accessed 1/2025.
4. American Academy of Ophthalmology. Diabetic Retinopathy Preferred Practice Pattern. Available at: <https://www.aao.org/Assets/86de7989-719e-4a4a-8da6-f74b6b89e376/637841637094670000/diabetic-retinopathy-ppp-2022-update-pdf>. Updated March 2022. Accessed 1/2025.
5. Avastin (bevacizumab) Prescribing Information. Genentech; South San Francisco, CA. 9/2022.
6. Bakri SJ, Wolfe JD, Regillo CD, et al. Evidence-Based Guidelines for Management of Diabetic Macular Edema. *Journal of VitreoRetinal Diseases* (2019); 3(3): 1-8.
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8. Mvasi (bevacizumab-awwb) Prescribing Information. Amgen, Thousand Oaks, CA: 2/2023.
9. Jobevne (bevacizumab-nwgd) Prescribing Information. Biocon Biologics Inc., Cambridge, MA: 4/2025.
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16. National Comprehensive Cancer Network. Kidney cancer (Version 3.2025). Available at <http://www.nccn.org>.
17. National Comprehensive Cancer Network. Malignant Peritoneal Mesothelioma (Version 2.2025). Available at <http://www.nccn.org>.
18. National Comprehensive Cancer Network. Malignant Pleural Mesothelioma (Version 2.2025). Available at <http://www.nccn.org>.
19. National Comprehensive Cancer Network. Non-Small Cell Lung Cancer (Version 3.2025). Available at <http://www.nccn.org>.
20. National Comprehensive Cancer Network. Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer (Version 3.2024). Available at <http://www.nccn.org>.
21. National Comprehensive Cancer Network. Pediatric Central Nervous System Cancers (version 2.2025). Available at <http://www.nccn.org>.
22. National Comprehensive Cancer Network. Rectal Cancer (Version 5.2024). Available at <http://www.nccn.org>.
23. National Comprehensive Cancer Network. Small Bowel Adenocarcinoma (Version 2.2025). Available at: <http://www.nccn.org>.

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24. National Comprehensive Cancer Network. Soft Tissue Sarcoma (Version 4.2024). Available at <http://www.nccn.org>.
25. National Comprehensive Cancer Network. Uterine Neoplasms (Version 1.2025). Available at <http://www.nccn.org>.
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27. National Comprehensive Cancer Network. Vulvar Cancer (Version 4.2024). Available at: <http://www.nccn.org>.
28. Vegzelma (bevacizumab-adcd) Prescribing Information. Celltrion USA Inc., Jersey City, NJ: 2/2023.
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### **Review History**

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- For oncology-related indications, medical necessity criteria can be found here: [Blue Shield Oncology-Related Medication Policies](#).
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*Blue Shield of California Medication Policy to Determine Medical Necessity*

*Reviewed by P&T Committee*

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