

bevacizumab

Medical Benefit Drug Policy

For oncology-related indications, coverage will be made based on medical necessity. Medical necessity determinations are made based on U.S. Food and Drug Administration (FDA) labeling, peer-reviewed medical literature, Medi-Cal coverage guidelines, and Centers for Medicare & Medicaid Services (CMS) approved compendia support (i.e., Clinical Pharmacology, National Comprehensive Cancer Network® (NCCN), American Hospital Formulary Service Drug Information, Thomson Micromedex DrugDex®, and Lexicomp®).

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

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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Cystoid Macular Degeneration

Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

H35.351-H35.353, H35.359

Diabetic Macular Edema or Diabetic Retinopathy

Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

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

Glaucoma Associated with Vascular Disorders

Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly

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

Meets medical necessity if all the following are met:

Covered Doses:

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

Neovascular (Wet) Age-Related Macular Degeneration

Meets medical necessity if all the following are met:

1. Exudative senile macular degeneration

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

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

Retinal Edema (if Macular)

Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

H35.81

Retinal Neovascularization NOS (Choroidal, Subretinal)

Meets medical necessity if all the following are met:

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

Coverage Period:

Yearly

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

Meets medical necessity if all the following are met:

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

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

References

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3. American Academy of Ophthalmology. Age-related Macular Degeneration Preferred Practice Pattern. Available at: <https://www.aao.org/Assets/12aabf44-f548-429f-84a5->

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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.
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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>.
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23. National Comprehensive Cancer Network. Small Bowel Adenocarcinoma (Version 2.2025). Available at: <http://www.nccn.org>.
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Review History

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- For oncology-related indications, coverage will be made based on medical necessity

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*