

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Avastin (bevacizumab)
BILLING CODE	J7999, J3490 and J3590
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
STATUS	Prior Authorization Required

Bevacizumab was initially approved by the FDA in 2004 as Avastin®. Avastin® (bevacizumab) is a drug used in the treatment of wet age-related macular degeneration, diabetic eye disease and other problems of the retina. Avastin® (bevacizumab) is injected into the eye and helps to slow down disease related vision loss. The use of Avastin® to treat eye disease is considered “off-label”, which is allowed by the FDA when doctors are well informed regarding the drug and there are studies that support its efficacy as a treatment option. There is no cure for macular degeneration, treatment is aimed at slowing down the progression of the disease and preventing vision loss.

The off-label use of Avastin® (bevacizumab) for intravitreal use is considered safe and efficacious by the ophthalmologic community as reported by the American Academy of Ophthalmology (AAO). While Avastin® (bevacizumab) has not been FDA approved for ophthalmic indications, compelling evidence has been published of its widespread clinical use for the following conditions:

- Choroidal neovascularization (CNV) in age-related macular degeneration (AMD)
- Proliferative diabetic retinopathy
- Neovascular glaucoma
- Diabetic macular edema
- Retinal and iris neovascularization
- Macular edema following branch and central retinal vein occlusions

CareSource does not require a Prior Authorization for the use of Avastin® (bevacizumab) in Ophthalmology and is considered medically reasonable and necessary only when furnished by a qualified Ophthalmologist. Reimbursement under this policy is dependent on, but not limited to meeting the following:

- Billing codes **J7999**, **J3490** and **J3590** will be reimbursed as follows, when billed with NDC 50242-0061-01 or 50242-0060-01:
 1. For units 1 to 1.25, reimbursement is up to \$70.00 per eye, per calendar month.
 2. For units 2 to 2.50, reimbursement is up to \$140.00 for both eyes, per calendar month.

It is the responsibility of the submitting provider to submit accurate documentation of services performed. Providers are expected to use the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in a policy does not imply any right to reimbursement or guarantee claims payment.

DATE	ACTION/DESCRIPTION
12/13/2022	New policy for Avastin® (bevacizumab) use in ophthalmology billing guidance

References:

1. Alysmsys. Package insert. Amneal Pharmaceuticals LLC; 2022.
2. Avastin. Package insert. Genentech; 2004.
3. Mvasi. Package insert. Amgen Inc; 2017.
4. Zirabev. Package insert. Pfizer Inc; 2019.
5. What is Avastin <https://www.aao.org/eye-health/drugs/avastin>
6. "Off-Label" and Investigational Use Of Marketed Drugs, Biologics, and Medical Devices - Information Sheet. (2018, July 12). Retrieved October 29, 2018, from <https://www.fda.gov/regulatoryinformation/guidances/ucm126486.htm>
7. Avastin Prescribing Information https://www.gene.com/download/pdf/avastin_prescribing.pdf
8. CMS Billing and Coding: Bevacizumab and biosimilars [https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52370&keyword=&areald=all&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=J9035&hcpcsEndCode=J9035&sortBy=title&bc=1#:~:text=Bevacizumab%20should%20be%20reported%20with,MVASI\)%2C%2010%20mg](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52370&keyword=&areald=all&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=J9035&hcpcsEndCode=J9035&sortBy=title&bc=1#:~:text=Bevacizumab%20should%20be%20reported%20with,MVASI)%2C%2010%20mg).
9. CMS Intraocular Bevacizumab Billing and Coding Guidelines <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53008&ver=35&>

Effective date: 01/01/2023

Revised date: 12/13/2022