

PHARMACY POLICY STATEMENT

Indiana Medicaid

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|-------------------------|---|
| DRUG NAME | Bevacizumab (Alymsys, Avastin, Mvasi, Zirabev) |
| BILLING CODE | See below |
| BENEFIT TYPE | Medical |
| SITE OF SERVICE ALLOWED | Office/Outpatient |
| STATUS | Prior Authorization Required |

Bevacizumab was initially approved by the FDA in 2004 as Avastin. Since then, the FDA approved Mvasi (2017), Zirabev (2019), Alymsys (2022), and Vegzelma (2022) as biosimilars to Avastin. Bevacizumab is approved for use in the treatment of metastatic colorectal cancer.

All oncology treatments, including bevacizumab, must be submitted to Eviti Connect for review via the [NantHealth Eviti Connect portal](#). For additional information and details, please refer to the CareSource policy statement "Oncology Treatment Regimen Review."

Approval of Avastin, Alymsys, or Vegzelma requires trial of Mvasi and Zirabev.

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 **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 |
| 10/5/2023 | Added trial of Mvasi and Zirabev. Added link to Eviti Connect portal. |
| 1/9/2025 | Removed billing code J7999 (not covered). |

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: 04/01/2024

Revised date: 10/5/2023