**bevacizumab**

**Medicare Part B Drug Policy**

- Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category).
- Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 50, describes national policy regarding Medicare guidelines for coverage of drugs and biologicals.
- Blue Shield of California (BSC) follows Medicare statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and policy articles for determining coverage for Part B drug requests when applicable.
- BSC Medicare Part B Drug Policies will be used when coverage criteria are not fully established or there is an absence of any applicable Medicare statutes, regulations, NCDs or LCDs.

**Drug Details**

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

- Ampullary Adenocarcinoma
- Appendiceal Adenocarcinoma or Colorectal Cancer
- Brain Cancer
- Cervical Cancer
- Cystoid Macular Degeneration
- Diabetic Macular Edema or Diabetic Retinopathy
- Endometrial Cancer
- Fallopian Tube Cancer, Ovarian Cancer, or Primary Peritoneal Cancer
- Glaucoma Associated with Vascular Disorders
- Hepatocellular Carcinoma
- Macular Edema Secondary to Retinal Vein Occlusion
- Mesothelioma: Peritoneal
- Mesothelioma: Pleural
- Neovascular (Wet) Age-Related Macular Degeneration
- Non-Small Cell Lung Cancer
- Renal Cell Carcinoma

- Retinal Edema (if Macular)
- Retinal Neovascularization NOS (Choroidal, Subretinal)
- Rubeosis Iridis
- Small Bowel Adenocarcinoma
- Soft Tissue Sarcoma
- Vaginal Cancer
- Vulvar Cancer

Any request for a condition not listed in policy must meet the definition of a medically accepted indication. Section 1861(t)(2)(B) of the Act defines "medically-accepted indication," as any use of a prescription drug or biological product which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included (or approved for inclusion) in one or more of the CMS approved compendia.

**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.

**For members enrolled in our Blue Shield Select (PPO) and Blue Shield Medicare (PPO) plans:**
Avastin, Alymsys, and Vegzelma require step therapy. Step therapy requires you to try other drugs first before a drug can be covered. The BSC preferred step drugs are Mvasi and Zirabev. Both of these drugs will need to be tried for members newly initiating Avastin, Alymsys, and Vegzelma therapy.

**Coverage Criteria**
**The following condition(s) require Prior Authorization/Preservice:**

**Ampullary Adenocarcinoma**
**Meets medical necessity if all the following are met:**
1. Intestinal type
2. Used in combination with a fluorouracil or capecitabine based regimen
3. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C24.1

**Appendiceal Adenocarcinoma or Colorectal Cancer**
**Meets medical necessity if all the following are met:**
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
b. Advanced or metastatic disease with prior treatment of a fluoropyrimidine, oxaliplatin, and irinotecan, and being used in combination with Lonsurf (trifluridine/tipiracil)

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

**Covered Doses:**
10 mg/kg IV given intravenously 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**
**Meets medical necessity if all the following are met:**

1. ONE of the following (a or b):
   a. Diagnosis of ONE of the following brain cancer types:
      i. Glioblastoma multiforme (also called WHO grade IV glioma/astrocytoma)
      ii. Anaplastic gliomas (also called WHO grade III glioma/astrocytoma)
      iii. Ependymomas
      iv. Meningiomas
      v. Pediatric medulloblastoma
   b. Short-course single agent therapy for management of symptoms driven by radiation necrosis, poorly controlled vasogenic edema, or mass effect
2. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
10 mg/kg given intravenously every 2 weeks or 15 mg/kg given intravenously 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, C79.31, C83.30, C83.39, C83.80, C83.89, C85.89, C85.99, D32.0, D32.1, D32.9, D42.0, D42.1, D42.9, D43.0-D43.2, D43.4, D43.9, G93.6, I67.89, I67.9, Y84.2, Z85.848

**Cervical Cancer**
**Meets medical necessity if all the following are met:**

1. Persistent, recurrent, or metastatic disease
2. ONE of the following (a or b):
   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)
   b. Being used as a single agent for second-line or subsequent therapy
3. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C53.0, C53.1, C53.8, C53.9

**Cystoid Macular Degeneration**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**ICD-10:**
H35.359

**Diabetic Macular Edema or Diabetic Retinopathy**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**Endometrial Cancer**
**Meets medical necessity if all the following are met:**
1. Advanced , recurrent, or metastatic disease
2. ONE of the following (a or b):
   a. Used as a single agent and patient has received prior treatment with systemic chemotherapy
   b. Used in combination with carboplatin and paclitaxel
3. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, Z85.42

**Fallopian Tube Cancer, Ovarian Cancer, or Primary Peritoneal Cancer**
**Meets medical necessity if all the following are met:**
1. ONE of the following (a, b, or c):
   a. Ovarian cancer
   b. Fallopian tube cancer
   c. Primary peritoneal cancer
2. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev.

**Covered Doses:**
10 mg/kg given intravenously every 2 weeks OR 15 mg/kg given intravenously every 3 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, C56.3, Z85.43

**Glaucoma Associated with Vascular Disorders**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**Hepatocellular Carcinoma**
**Meets medical necessity if all the following are met:**
1. Being used in combination with Tecentriq
2. ONE of the following (a or b):
   a. Disease is unresectable or metastatic and being used as first-line treatment
   b. Being used as adjuvant therapy and high risk of recurrence
3. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C22.0, C22.8, C22.9

**Macular Edema Secondary to Retinal Vein Occlusion**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**Mesothelioma: Peritoneal**
**Meets medical necessity if all the following are met:**
1. ONE of the following (a or b):
   a. First-line therapy and ONE of the following:
      i. Used in combination with pemetrexed and cisplatin
      ii. Used in combination with pemetrexed and carboplatin
      iii. Used as a single agent for maintenance
   b. Subsequent therapy and ONE of the following:
      i. Used in combination with Tecentriq
      ii. Used in combination with pemetrexed and cisplatin
      iii. Used in combination with pemetrexed and carboplatin
      iv. Used as a single agent for maintenance
2. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev.

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Initial authorization:
- 6 cycles when used in combination with pemetrexed, cisplatin/carboplatin
- Yearly when used with Tecentriq

Reauthorization: Yearly as single agent maintenance if initially used with pemetrexed, cisplatin/carboplatin and there is no disease progression

**ICD-10:**
C45.1, C45.2, C45.7, C45.9

**Mesothelioma: Pleural**
**Meets medical necessity if all the following are met:**

1. One of the following:
    a. First-line therapy and one of the following:
        a. Used in combination with pemetrexed and cisplatin
        b. Used in combination with pemetrexed and carboplatin
        c. Used as a single agent for maintenance
    b. Subsequent therapy and all of the following:
        a. Received immunotherapy as first line therapy
        b. One of the following:
            1. Used in combination with pemetrexed and cisplatin
            2. Used in combination with pemetrexed and carboplatin
2. **For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma):** Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev.

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Initial Authorization: 6 cycles (6 doses) in combination with pemetrexed, cisplatin/carboplatin
Reauthorization: Yearly as single agent maintenance if initially used with pemetrexed, cisplatin/carboplatin and there is no disease progression

**ICD-10:**
C45.0, C45.2, C45.7, C45.9

**Neovascular (Wet) Age-Related Macular Degeneration**
**Meets medical necessity if all the following are met:**

1. Exudative senile macular degeneration

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**Non-Small Cell Lung Cancer**
**Meets medical necessity if all the following are met:**

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

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, Z85.118

**Renal Cell Carcinoma**
**Meets medical necessity if all the following are met:**
1. ONE of the following (a or b):
   a. Diagnosis is non-clear cell, advanced (relapsed, locally advanced, Stage IV, unresectable, or evidence of metastases) renal cell carcinoma,
   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
2. For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma): Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev.

**Covered Doses:**
10 mg/kg given intravenously 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)**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
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:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**Rubeosis Iridis**
**Meets medical necessity if all the following are met:**

**Covered Doses:**
2.5 mg given as an intravitreal injection per affected eye every 4 weeks

**Coverage Period:**
Yearly

**ICD-10:**
H21.1X9

**Small Bowel Adenocarcinoma**
**Meets medical necessity if all the following are met:**
1. Being used for advanced (unresectable or recurrent) or metastatic disease
2. Used in combination with a fluropyrimidine-based (fluorouracil or capecitabine) regimen
3. **For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma):** Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
5 mg/kg given intravenously every 2 weeks or 7.5 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, Z85.068

**Soft Tissue Sarcoma**
**Meets medical necessity if all the following are met:**
1. ONE of the following (a or b):
   a. Angiosarcoma and used as a single agent
   b. Solitary fibrous tumor or hemangiopericytoma and given in combination with temozolomide
2. **For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma):** Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
Angiosarcoma: 15 mg/kg given intravenously every 3 weeks
Solitary fibrous tumor or hemangiopericytoma: 5 mg/kg given intravenously on days 8 and 22, and repeated at 28-day intervals

**Coverage Period:**
Yearly

**ICD-10:**
C22.3, C48.0-C48.2, C48.8, C49.0, C49.10-C49.12, C49.20-C49.22, C49.3-C49.6, C49.8, C49.9, Z85.831

**Vaginal Cancer**
**Meets medical necessity if all the following are met:**
1. Recurrent or metastatic disease
2. ONE of the following (a, b, c, or d):
   a. Being used in combination with pembrolizumab, paclitaxel, and [cisplatin or carboplatin] for PD-L1 positive tumors (combined positive score [CPS] ≥1)
   b. Being used in combination with paclitaxel, and cisplatin or carboplatin
   c. Being used in combination with paclitaxel and topotecan
   d. Being used as a single agent as second-line or subsequent therapy
3. **For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma):** Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C52

**Vulvar Cancer**
**Meets medical necessity if all the following are met:**
1. Locally advanced unresectable, recurrent, or metastatic disease
2. Used in combination with cisplatin and paclitaxel
3. **For PPO request for non-preferred products (Avastin, Alymsys, Vegzelma):** Intolerable side effect with the preferred bevacizumab products, Mvasi and Zirabev, that is not expected with the non-preferred products, or contraindication to Mvasi and Zirabev

**Covered Doses:**
15 mg/kg given intravenously every 3 weeks

**Coverage Period:**
Yearly

**ICD-10:**
C51.0, C51.1, C51.2, C51.8, C51.9

## Additional Information

**Summary of Evidence**
The contents of this policy were created after examining the following resources:
1. The prescribing information for Alymys, Avastin, Mvasi, Vegzelma, Zirabev

2. CMS approved compendium in accordance with the accepted compendia ratings listed:
   a. Micromedex DrugDex - Class I, Class IIa, of Class IIb
   b. American Hospital Formulary Service-Drug Information (AHFS-DI) - supportive narrative text
   c. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium - Category 1 or 2A
   d. Lexi-Drugs – "Use: Off-Label" and rated as "Evidence Level A" (cancer indications only)
   e. Clinical Pharmacology - supportive narrative text (cancer indications only)
3. Noridian Healthcare Solutions Medicare: Drugs, Biologics and Injections
4. NCCN Guideline: Ampullary adenocarcinoma
5. NCCN Guideline: Central nervous system cancers
6. NCCN Guideline: Cervical cancer
7. NCCN Guideline: Colon cancer
8. NCCN Guideline: Hepatocellular carcinoma
9. NCCN Guideline: Kidney cancer
10. NCCN Guideline: Mesothelioma: peritoneal
11. NCCN Guideline: Mesothelioma: pleural
12. NCCN Guideline: Non-small cell lung cancer
13. NCCN Guideline: Ovarian cancer/Fallopian tube cancer/Primary peritoneal cancer
14. NCCN Guideline: Pediatric central nervous system cancers
15. NCCN Guideline: Rectal cancer
16. NCCN Guideline: Small bowel adenocarcinoma
17. NCCN Guideline: Soft tissue sarcoma
18. NCCN Guideline: Uterine neoplasms
19. NCCN Guideline: Vaginal cancer
20. NCCN Guideline: Vulvar cancer
21. American Academy of Ophthalmology: Diabetic retinopathy preferred practice pattern
22. American Academy of Ophthalmology: Age-related degeneration preferred practice pattern
23. American Society of Retina Specialists: Evidence-based guidelines for management of macular edema

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Alymys, Avastin, Mvasi, Vegzelma, Zirabev are covered in addition to the following:

- Ampullary adenocarcinoma
- Appendiceal adenocarcinoma or colorectal cancer
- Brain cancer
- Cervical cancer
- Endometrial cancer
- Cystoid macular degeneration
- Diabetic macular edema or diabetic retinopathy
- Fallopian tube, ovarian, or primary peritoneal cancer
- Hepatocellular carcinoma
- Glaucoma associated with vascular disorders
- Macular edema secondary to retinal vein occlusion

- Mesothelioma: peritoneal
- Mesothelioma: pleural
- Wet age-related macular degeneration
- Non-small cell lung cancer (NSCLC)
- Renal cell carcinoma
- Retinal edema (if macular)
- Retinal neovascularization
- Rubeosis iridis
- Small bowel adenocarcinoma
- Soft tissue sarcoma
- Vulvar cancer, squamous cell carcinoma

Explanation of Rationale:

- Support for FDA-approved indications can be found in the manufacturer's prescribing information.
- Support for using biosimilars as step requirement is found in Noridian Health Care Solutions and supported by the FDA. Noridian will accept a biosimilar drug on the same criteria as the drug to which it is a biosimilar unless an article is published to the contrary. Per the FDA, a biosimilar is highly similar to and has no clinically meaningful difference from an existing FDA approved biologic reference drug.
- Support for using biosimilars in oncology can be found in The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) via the footnote on the reference product (an FDA-approved biosimilar is an appropriate substitute) and in the NCCN Drugs & Biologics Compendium® by the notation that a biosimilar agent may be an appropriate substitute for the reference product.
- Support for the listed indications is found in the National Comprehensive Cancer Network's (NCCN) Drugs and Biologics Compendium:
  - Ampullary adenocarcinoma
  - Appendiceal adenocarcinoma or colorectal cancer
  - Brain cancer
  - Cervical cancer
  - Endometrial cancer
  - Fallopian tube, ovarian cancer, or primary peritoneal cancer
  - Mesothelioma: peritoneal
  - Mesothelioma: pleural
  - NSCLC
  - Renal cell carcinoma
  - Small bowel adenocarcinoma
- Support for using bevacizumab for cystoid macular degeneration (CME) is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab for CME associated with retinal vein occlusions, age-related macular degeneration, and diabetic macular edema.
- Support for using bevacizumab for diabetic macular edema (DME) or diabetic retinopathy is found in published treatment guidelines. The American Society of Retina Specialists (ASRS) supports the use of bevacizumab for the treatment of non-proliferative diabetic retinopathy

(NPDR) or proliferative diabetic retinopathy (PDR) without DME. The American Academy of Ophthalmology (AAO) supports the use of bevacizumab for the treatment of center-involved diabetic macular edema with vision loss.

- Support for using bevacizumab for glaucoma associated vascular disorders is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab as an adjunct therapy for neovascular angle closure glaucoma.
- Support for using bevacizumab for hepatocellular carcinoma is found in the National Comprehensive Cancer Network's (NCCN) guideline for hepatocellular carcinoma. The NCCN Guideline for hepatocellular carcinoma supports the use of bevacizumab for hepatocellular carcinoma as adjuvant therapy in combination with atezolizumab following resection or ablation for those whose initial clinical presentation is operable by performance status or comorbidity and meet resection criteria and are at high risk of recurrence (defined as size > 5cm, >3 tumors, macrovascular invasion or micro vessel invasion on histology or grade 3/4 histology).
- Support for using bevacizumab for macular edema secondary to retinal vein occlusion is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab for central or branch retinal vein occlusion with macular edema.
- Support for using bevacizumab for soft tissue sarcoma is found in the National Comprehensive Cancer Network's (NCCN) guideline for soft tissue sarcoma. The NCCN guideline for soft tissue sarcoma supports the use of bevacizumab in the following treatment setting
    - Single agent therapy for angiosarcoma
    - Preferred therapy in combination with temozolomide for the treatment of solitary fibrous tumor
- Support for using bevacizumab for neovascular (wet) age-related macular degeneration (nAMD) is found in published treatment guidelines. The American Academy of Ophthalmology (AAO) supports the use of Bevacizumab as first line treatment for nAMD. Support for using bevacizumab for retinal edema (if macular) is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab for the treatment of macular edema associated with branch retinal vein occlusion, central retinal vein occlusion, and diabetes mellitus.
- Support for using bevacizumab for retinal neovascularization is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab for the treatment of choroidal retinal neovascularization in the setting of age-related macular degeneration, angioid streaks, and secondary to pathologic myopia.
- Support for using bevacizumab for rubeosis iridis is found in DrugDex compendium. DrugDex compendium supports the use of bevacizumab for the treatment of rubeosis iridis associated with central vein occlusion with macular edema.
- Support for using bevacizumab for vulvar cancer is found in the National Comprehensive Cancer Network's (NCCN) guideline for vulvar cancer. The NCCN guideline vulvar cancer supports the use of bevacizumab as First-line therapy for advanced or recurrent/metastatic disease (or second-line or subsequent therapy as clinically appropriate if not used previously) in combination with cisplatin and paclitaxel or carboplatin and paclitaxel (both preferred regimens)
    - consider as additional treatment following primary therapy with concurrent chemoradiation for locally advanced unresectable disease or initially unresectable nodes regardless of T stage that is clinically positive for residual tumor at the primary site and/or nodes

- consider as additional treatment following primary therapy with concurrent chemoradiation for locally advanced disease or initially unresectable nodes regardless of T stage with positive margins for invasive disease following resection
- as primary treatment for metastatic disease beyond the pelvis (Stage IVB)
- for confirmed isolated inguinofemoral/pelvic lymph node recurrence if prior external beam radiation therapy (EBRT)
- for confirmed nodal or distant recurrence with multiple pelvic nodes, distant metastasis, or prior pelvic EBRT

**References**


1. CMS Benefit Policy Manual. Chapter 15; § 50 Drugs and Biologicals
2. Medicare Coverage Database. Available at https://www.cms.gov/Medicare-Coverage-Database/search.aspx
3. Social Security Act (Title XVIII) Standard References, Sections: 1862(a)(1)(A) Medically Reasonable & Necessary; 1862(a)(1)(D) Investigational or Experimental; 1833(e) Incomplete Claim; 1861(t) (1) Drugs and Biologicals
4. AHFS. Available by subscription at http://www.lexi.com
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**Review History**

Date of Last Annual Review: 2Q2024
Changes from previous policy version:

- New Part B policy

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