

POLICY: Biosimilars – Avastin, Alimta and Vegzelma

- Avastin® (bevacizumab for intravenous injection – Genentech, Inc.)
- Alimta® (bevacizumab-maly – Amneal Pharmaceuticals)
- Vegzelma™ (bevacizumab-adcd intravenous infusion – Celltrion)

EFFECTIVE DATE: 1/1/2021

LAST REVISION DATE: 06/03/2022, select revision 12/28/2022

COVERAGE CRITERIA FOR: UCare Medicare Plans Only (UCare Medicare, UCare Medicare with M Health Fairview and North Memorial, EssentiaCare, Group Plans, MSHO, Connect + Medicare, UCare Your Choice)

OVERVIEW

Bevacizumab is a recombinant humanized monoclonal antibody that binds to and inhibits the biologic activity of human vascular endothelial growth factor (VEGF), a key mediator of angiogenesis.¹ Bevacizumab is indicated for the following uses:

- **Cervical cancer** (persistent, recurrent, or metastatic), in combination with paclitaxel and cisplatin OR paclitaxel and topotecan.
 - **Colorectal cancer (CRC)**, metastatic:
 - In combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.
 - In combination with fluoropyrimidine-irinotecan-based or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab-containing regimen.
- Limitation of use: Bevacizumab is not indicated for adjuvant treatment of colon cancer.
- **Glioblastoma**, treatment of recurrent disease in adults.
 - **Hepatocellular carcinoma (HCC)**, in combination with Tecentriq (atezolizumab intravenous infusion) is indicated for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy.
 - **Non-small cell lung cancer (NSCLC)**, non-squamous, in combination with carboplatin and paclitaxel for first-line treatment of unresectable, locally advanced, recurrent or metastatic disease.
 - **Ovarian (epithelial), fallopian tube, or primary peritoneal cancer:**
 - Recurrent disease that is platinum-resistant in combination with paclitaxel, Doxil® (doxorubicin liposome intravenous infusion; i.e., pegylated liposomal doxorubicin), or topotecan for the treatment of patients who received no more than two prior chemotherapy regimens.
 - Recurrent disease that is platinum-sensitive in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by bevacizumab as a single agent.
 - In combination with carboplatin and paclitaxel, followed by bevacizumab as a single agent, in patients with stage III or IV disease following initial surgical resection.
 - **Renal cell carcinoma (RCC)**, metastatic, in combination with interferon alfa.

Dosing Information

The National Comprehensive Cancer Network (NCCN) malignant pleural mesothelioma guidelines (version 1.2022 – December 22, 2021) recommend intravenous bevacizumab 15 mg per kg on Day 1 given every 3 weeks for 6 cycles in combination with Alimta with cisplatin or carboplatin.² This combination

therapy may be followed by maintenance bevacizumab 15 mg per kg given every 3 weeks until disease progression. For small bowel adenocarcinoma guidelines (version 2.2021 – September 10, 2021) recommend bevacizumab dose of either 5 mg/kg or 7.5 mg/kg IV on Day 1, when given in combination with chemotherapy.³ The dose is repeated once every 2 or 3 weeks.

POLICY STATEMENT

Prior authorization is recommended for medical benefit coverage of bevacizumab in patients with conditions other than ophthalmic. The intent of this policy is to provide recommendations for uses other than ophthalmic conditions. Approval is recommended for those who meet the Criteria and Dosing for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. All approvals are provided for the duration noted below.

This policy incorporates Medicare coverage guidance as set forth in National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), as well as in companion policy articles and other guidance applicable to the relevant service areas. These documents are cited in the References section of this policy. In some cases, this guidance includes specific lists of HCPCS and ICD-10 codes to help inform the coverage determination process. The Articles that include specific lists for billing and coding purposes will be included in the Reference section of this policy. However, to the extent that this policy cites such lists of HCPCS and ICD-10 codes, they should be used for reference purposes only. The presence of a specific HCPCS or ICD-10 code in a chart or companion article to an LCD is not by itself sufficient to approve coverage. Similarly, the absence of such a code does not necessarily mean that the applicable condition or diagnosis is excluded from coverage.

Note: Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Avastin or Alymsys is recommended for requests meeting both the biosimilar step therapy requirements and indication requirements. **Note: Ophthalmic indications do not require a prior authorization.** See ICD-10 codes not requiring authorization below.

Preferred Biosimilar Step Therapy Requirements (New Starts Only)

Criteria. *The patient must meet the following criteria (A or B):*

- A) For patients new to Avastin, Alymsys or Vegzelma therapy only, must have a trial of Mvasi or Zirabev prior to approval of Avastin, Alymsys or Vegzelma. New starts to therapy defined as no use of Avastin, Alymsys or Vegzelma within the past 365 days for Medicare patients.
- B) Patient has a contraindication or other clinical reason why a preferred biosimilar cannot be tried before Avastin, Alymsys or Vegzelma.

Note: Preferred biosimilar step only required for indications FDA-Approved for both Avastin, Alymsys or Vegzelma and the preferred biosimilar(s).

FDA-Approved Indications

1. Cervical Cancer.

Criteria. Approve for 1 year if the patient has recurrent or metastatic cervical cancer.

Dosing. Approve the following dose:

- A) Each bevacizumab dose is 15 mg per kg intravenous infusion; AND
- B) Bevacizumab is administered not more frequently than once every 3 weeks.^{1,3}

2. Colon or Rectal Cancer.

Criteria. Approve for 1 year if the patient meets the following criteria (A and B):

- A) The patient has recurrent, advanced or metastatic colon or rectal cancer [Stage IV]; AND
- B) The medication is used in combination with a chemotherapy regimen.

Note: Examples of chemotherapy are 5-fluorouracil with leucovorin, and may include one or both of oxaliplatin, irinotecan; capecitabine with or without oxaliplatin; irinotecan with or without oxaliplatin).

Dosing. Approve one of the following dosing regimens (A, B, or C):

- A) Bevacizumab dose of 5 mg per kg administered intravenously not more frequently than once every 2 weeks; OR
- B) Bevacizumab dose of 10 mg per kg administered intravenously not more frequently than once every 2 weeks; OR
- C) Bevacizumab dose of 7.5 mg per kg administered intravenously not more frequently than once every 3 weeks

3. Central Nervous System Tumors

Criteria. Approve for 1 year if the patient meets the following criteria (A and B):

- A) Patient has tried at least one previous therapy; AND

Note: Examples are temozolomide capsules or injection, etoposide, carmustine, radiotherapy.

- B) Patient has ONE of the following (i, ii, iii, iv or v):
 - i. Anaplastic gliomas; OR
 - ii. Glioblastoma; OR
 - iii. Intracranial and spinal ependymoma (excluding subependymoma) in patients ≥ 18 years of age; OR
 - iv. Meningiomas; OR
 - v. Symptoms due to one of the following (a, b, or c):
 - 1. Radiation necrosis; OR
 - 2. Poorly controlled vasogenic edema; OR
 - 3. Mass effect.

Dosing. Approve the following dose:

- A) Each bevacizumab dose is 10 mg per kg intravenous infusion; AND
- B) Bevacizumab is administered not more frequently than once every 2 weeks.¹

4. Hepatocellular Carcinoma (HCC).

Criteria. Approve for 1 year if the patient meets the following criteria (A and B):

- A) The medication is used in combination with Tecentriq (atezolizumab intravenous infusion); AND
- B) The patient has not received prior systemic therapy.

Dosing. Approve the following dose:

- A) Each bevacizumab dose is 15 mg per kg intravenous infusion; AND
- B) Bevacizumab is administered not more frequently than once every 3 weeks.

5. **Non-Small Cell Lung Cancer (NSCLC).**

Criteria. Approve for 1 year if the patient has recurrent, advanced or metastatic non-squamous NSCLC (adenocarcinoma, large cell, or NSCLC not otherwise specified) and meets ONE of the following criteria (A, B, C or D):

A) The NSCLC tumor is positive for epidermal growth factor receptor (*EGFR*) exon 19 deletion or L858R mutations and bevacizumab is used in combination with erlotinib; OR

B) The tumor is positive for one of the following mutations and bevacizumab is used in combination with other systemic therapies (i, ii, iii, iv, v or vi):

Note: Examples of chemotherapy include carboplatin plus paclitaxel or Alimta (pemetrexed intravenous infusion); cisplatin plus Alimta; and Tecentriq (atezolizumab intravenous infusion) plus carboplatin and paclitaxel.

- i. Epidermal growth factor receptor (*EGFR*) exon 20 mutation; OR
- ii. *KRAS G12C* mutation; OR
- iii. *BRAF V600E*; OR
- iv. *NTRK1/2/3* gene fusion; OR
- v. *MET* exon 14 skipping mutation; OR
- vi. *RET* rearrangement positive; OR

C) Patient has previously received targeted drug therapy for an actionable mutation; OR

Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (*EGFR*) mutation, anaplastic lymphoma kinase (*ALK*) fusions, *RET* rearrangement positive, *MET* exon 14 skipping, *NTRK* gene fusion positive, *BRAF V600E* mutation positive, and ROS proto-oncogene 1 [*ROS1*] rearrangement positive.

D) The NSCLC tumor is negative or unknown for actionable mutations and the patient meets ONE of the following criteria (i or ii):

Note: Examples of actionable mutations include sensitizing epidermal growth factor receptor (*EGFR*) mutation, anaplastic lymphoma kinase (*ALK*) fusions, *RET* rearrangement positive, *MET* exon 14 skipping, *NTRK* gene fusion positive, *BRAF V600E* mutation positive, and ROS proto-oncogene 1 [*ROS1*] rearrangement positive.

- i. Bevacizumab is used as initial therapy in combination with other systemic therapies; OR

Note: Examples of systemic therapies are cisplatin, carboplatin, Tecentriq (atezolizumab intravenous infusion), Alimta (pemetrexed intravenous infusion), paclitaxel.

- ii. Bevacizumab is used as subsequent therapy.

Note: Bevacizumab can be used either as a single agent or in combination with other agents.

Dosing. Approve the following dose:

- A) Each bevacizumab dose is 15 mg per kg intravenous infusion; AND
- B) Bevacizumab is administered not more frequently than once every 3 weeks.¹

6. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.

Criteria. Approve for 1 year.

Dosing. Approve one of the following doses (A or B):

- A) Each bevacizumab dose of 15 mg per kg intravenous infusion not more frequently than once every 3 weeks; OR
- B) Each bevacizumab dose of 10 mg per kg intravenous infusion not more frequently than once every 2 weeks.

7. Renal Cell Cancer (RCC).

Criteria. Approve for 1 year if the patient has advanced (e.g., relapsed, metastatic, or Stage IV) renal cell cancer.

Dosing. Approve the following dose:

- A) Each bevacizumab dose of 10 mg per kg intravenous infusion; AND
- B) Bevacizumab administered not more frequently than once every 2 weeks.¹

Other Uses with Supportive Evidence

8. Endometrial Carcinoma.

Criteria. Approve for 1 year if the patient has recurrent, advanced, or metastatic disease.

Dosing. Approve if the dosing meets following (A and B):

- A) Each dose is up to 15 mg/kg intravenous infusion; AND
- B) Bevacizumab is administered not more frequently than once every 2 weeks.

Limited dosing is available. Single doses up to 15 mg/kg administered once every 2 or 3 weeks are recommended in the product labeling for approved uses.¹

9. Neovascular or Vascular Ophthalmic Conditions. Note: Examples of neovascular or vascular ophthalmic conditions include diabetic macular edema (includes patients with diabetic retinopathy and diabetic macular edema), macular edema following retinal vein occlusion, myopic choroidal neovascularization, neovascular (wet) age-related macular degeneration, other neovascular diseases of the eye (e.g., neovascular glaucoma, retinopathy of prematurity, sickle cell neovascularization, choroidal neovascular conditions).

Criteria. Approve for 3 years.

10. Mesothelioma.

Criteria. Approve for 1 year if the patient meets the following criteria (A and B):

- A) The patient has one of the following (i, ii, iii, or iv):
- i. Malignant pleural mesothelioma; OR
 - ii. Malignant peritoneal mesothelioma; OR
 - iii. Pericardial mesothelioma; OR
 - iv. Tunica vaginalis testis mesothelioma; AND
- B) One of the following applies (i, ii or iii):
- i. Bevacizumab will be used in combination with a chemotherapy regimen
Note: Examples of chemotherapy are Alimta [pemetrexed injection], cisplatin, carboplatin;
OR
 - ii. Bevacizumab will be used in combination with Tecentriq (atezolizumab intravenous infusion);
OR
 - iii. Bevacizumab is being used as a single agent for maintenance therapy after the patient has received combination chemotherapy regimen.
Note: Examples of chemotherapy are Alimta [pemetrexed injection], cisplatin, carboplatin).

Dosing. Approve the following dose:

- A) Each bevacizumab dose of 15 mg per kg intravenous infusion; AND
B) Bevacizumab is administered not more frequently than once every 3 weeks.

10. Small Bowel Adenocarcinoma.

Criteria. Approve for 1 year if the medication is used in combination with chemotherapy. Note: Examples of chemotherapy are fluorouracil, leucovorin, and oxaliplatin (FOLFOX), capecitabine and oxaliplatin (CapeOX), fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFOXIRI).

Dosing. Approve the following (A and B):

- A) Each dose is up to 7.5 mg/kg intravenous infusion; AND
B) Bevacizumab is administered not more frequently than once every 2 weeks.

13. Soft Tissue Sarcoma.

Criteria. Approve for 1 year if the patient has angiosarcoma or solitary fibrous tumor.

Dosing. Approve the following (A and B):

- A) Each dose is up to 15 mg/kg intravenous infusion; AND
B) Bevacizumab is administered not more frequently than once every 2 weeks.

Limited dosing is available. Single doses up to 15 mg/kg administered once every 2 or 3 weeks are recommended in the product labeling for approved uses.¹

11. Vulvar Cancer (Squamous Cell Carcinoma).

Criteria. Approve for 1 year if bevacizumab is used in combination with a chemotherapy regimen. Note: Examples of chemotherapy regimen are cisplatin and paclitaxel, carboplatin and paclitaxel.

Dosing. Approve the following dosing:

- A) Each dose is up to 15 mg/kg intravenous infusion; AND

B) Bevacizumab is administered not more frequently than once every 2 weeks.

Limited dosing is available. Single doses up to 15 mg/kg administered once every 2 or 3 weeks are recommended in the product labeling for approved uses.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Bevacizumab has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

ICD-10 CODES NOT REQUIRING AUTHORIZATION

Avastin will require an authorization for any submitted ICD-10 code except for the following.

ICD-10 CODE	DESCRIPTION
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye

ICD-10 CODE	DESCRIPTION
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye

ICD-10 CODE	DESCRIPTION
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye

ICD-10 CODE	DESCRIPTION
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral

ICD-10 CODE	DESCRIPTION
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye

ICD-10 CODE	DESCRIPTION
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye

ICD-10 CODE	DESCRIPTION
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
H21.1X1	Other vascular disorders of iris and ciliary body, right eye

ICD-10 CODE	DESCRIPTION
H21.1X2	Other vascular disorders of iris and ciliary body, left eye
H21.1X3	Other vascular disorders of iris and ciliary body, bilateral
H21.1X9	Other vascular disorders of iris and ciliary body, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization

ICD-10 CODE	DESCRIPTION
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.359	Cystoid macular degeneration, unspecified eye
H35.81	Retinal edema
H40.89	Other specified glaucoma
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral eye

REFERENCES

1. Avastin® intravenous infusion [prescribing information]. South San Francisco, CA: Genentech, Inc. May 2020.
2. The NCCN Cervical Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – October 26, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 8, 2022.
3. The NCCN Colon Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – February 25, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 9, 2022.
4. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on February 28, 2022. Search term: bevacizumab.
5. The NCCN Rectal Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – February 25, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 9, 2022.
6. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 2.2021 – September 8, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on February 28, 2022.
7. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – December 7, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 9, 2022.

8. The NCCN Ovarian Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – January 18, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org> Accessed on March 8, 2022.
9. Escudier B, Pluzanska A, Koralewski P, et al; AVOREN Trial investigators. Bevacizumab plus interferon alfa-2a for treatment of metastatic renal cell carcinoma: a randomised, double-blind phase III trial. *Lancet*. 2007;370:2103-2111.
10. Rini BI, Halabi S, Rosenberg JE, et al. Phase III trial of bevacizumab plus interferon alfa versus interferon alfa monotherapy in patients with metastatic renal cell carcinoma: final results of CALGB 90206. *J Clin Oncol*. 2010;28:2137-2143.
11. The NCCN Kidney Cancer Clinical Practice Guidelines in Oncology (version 4.2022 – December 21, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
12. The NCCN Malignant Pleural Mesothelioma Clinical Practice Guidelines in Oncology (version 1.2022 – December 22, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
13. The NCCN Small Bowel Adenocarcinoma Clinical Practice Guidelines in Oncology (version 2.2021 – September 10, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
14. The NCCN Vulvar Cancer Clinical Practice Guidelines in Oncology (version 1.2022 – October 7, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
15. The NCCN Uterine Neoplasms Clinical Practice Guidelines in Oncology (version 1.2022 – November 4, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
16. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 3.2021 – January 26, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
17. The NCCN Hepatobiliary Cancers Clinical Practice Guidelines in Oncology (version 5.2021 – September 21, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
18. The NCCN Malignant Peritoneal Mesothelioma Clinical Practice Guidelines in Oncology (version 1.2022 – December 22, 2021). © National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 8, 2022.
19. Centers for Medicare and Medicaid Services, National Government Services, Local Coverage Article: Billing and Coding: Bevacizumab and biosimilars – Related to LCD L33394 (A52370) [original date 10/01/2015; revision effective date 10/01/2021]. Accessed on March 18, 2022.
20. Centers for Medicare and Medicaid Services, National Government Services, Inc, Local Coverage Determination (LCD): Drugs and Biologicals, Coverage of, for Label and Off-Label Uses (L33394) [original date 10/01/2015; revision effective date 11/7/2019]. Accessed on March 18, 2022.

HISTORY

Type of Revision	Summary of Changes	Date
Policy created	New Medicare Advantage Medical Policy	11/14/18
Policy revision	Reviewed and revised original policy created 11/14/2018 in accordance with Local Coverage Article A52370	10/9/2019
Policy revision	Reviewed and revised original policy created 11/14/2018 in accordance with Local Coverage Article A52370	11/6/2019
Policy revision	Completion of 2019 monthly monitoring process in accordance with Local Coverage Determination L33394, Local Coverage Article A52370	11/29/2019
Policy revision	Non-clinical update to policy to add the statement “This policy incorporates Medicare coverage guidance as set forth in National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), as well as in companion policy articles and other guidance applicable to the relevant service areas. These documents are cited in the References section of this policy. In some cases, this guidance includes specific lists of HCPCS and ICD-10 codes to help inform the coverage determination process. The Articles that include specific lists for billing and coding purposes will be included in the Reference section of this policy. However, to the extent that this policy cites such lists of HCPCS and ICD-10 codes, they should be used for reference purposes only. The presence of a specific HCPCS or ICD-10 code in a chart or companion article to an LCD is not by itself sufficient to approve coverage. Similarly, the absence of such a code does <u>not</u> necessarily mean that the applicable condition or diagnosis is excluded from coverage.”	1/30/2020

Policy revision	<ul style="list-style-type: none"> • Non-Small Cell Lung Cancer. Added new criteria for bevacizumab use in EGFR mutation-positive NSCLC in combination with erlotinib in first-line setting. • Vulvar Cancer. Changed dosing wording to state “not more frequently than once every 2 weeks.” 	4/2/2020
Policy revision	<ul style="list-style-type: none"> • Added following note: <u>Note:</u> Conditions for coverage outlined in this Medicare Advantage Medical Policy may be less restrictive than those found in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. Examples of situations where this clinical policy may be less restrictive include, but are not limited to, coverage of additional indications supported by CMS-approved compendia and the exclusion from this policy of additional coverage criteria requirements outlined in applicable National Coverage Determinations, Local Coverage Determinations and/or Local Coverage Articles. • Added new FDA-approval indication for hepatocellular carcinoma. For Dosing, added “not more frequently” for interval durations in all conditions. 	07/01/2020
Policy revision	<ul style="list-style-type: none"> • Central Nervous System Tumors: Moved the subtypes of tumors from indication to criteria. Changed patient has tried “one other therapy” to “one previous therapy”. Added carmustine and etoposide to existing examples in Note. For Intracranial and spinal ependymoma subtype, deleted reference to “adults” and instead added “in patients ≥ 18 years of age”. • Non-Small Cell Lung Cancer: Changed “targetable” mutations to “actionable” mutations. For bevacizumab use in combination with erlotinib, deleted criteria requiring “as first-line therapy”. Modified criteria requiring use of at least one targeted therapy (if positive for actionable mutation), to state “patient has previously received targeted drug therapy for an actionable mutations”. Moved actionable mutations to list as examples in a new Note and added new actionable mutations <i>RET</i> rearrangement positive, <i>MET</i> exon 14 skipping, <i>NTRK</i> gene fusion positive, <i>BRAF V600E</i> mutation positive to the list. Deleted criteria referring to NSCLC tumor that is <i>BRAF V600E</i> mutation-positive and bevacizumab use as either first-line or subsequent therapy. This is not needed due to the modified criteria regarding targeted drug therapy for actionable mutation. For criteria referring to negative or unknown actionable mutations, moved examples to new Note and updated the list of actionable mutations as above. Previous criteria referring to bevacizumab use specifically in combination with “platinum therapies” was deleted and instead criteria was modified to say “with other systemic therapies”. A new Note has been added with examples of systemic therapies. For the other criteria referring to bevacizumab use as subsequent therapy, the criteria referring to “and is used as a single agent or in combination with other agents” was moved to a new Note. • Soft Tissue Sarcoma: Moved the subtypes angiosarcoma and solitary fibrous tumor from indication to criteria. Deleted reference to hemangiopericytoma since it is no longer in guidelines. 	03/31/2021
Policy revision	<ul style="list-style-type: none"> • Neovascular or Vascular Ophthalmic Conditions – updated to specify that only Avastin is covered for this indication 	12/15/2021
Policy revision	<p>Central Nervous System Tumors: Added “Symptoms due to radiation necrosis, poorly controlled vasogenic edema, or mass effect” as additional options for approval.</p> <p>Colon or Rectal Cancer: Added “recurrent” as additional descriptor in “Patient has recurrent, advanced, or metastatic colon or rectal cancer.” Removed requirement that bevacizumab is not used for adjuvant treatment of colon cancer.</p>	03/18/2022

	<p>Non-Small Cell Lung Cancer (NSCLC): Added “recurrent” as additional descriptor in “Patient has recurrent, advanced, or metastatic non-squamous cell NSCLC. Added “exon 19 deletion or L858R” as additional descriptor to “NSCLC tumor is positive for epidermal growth factor receptor (EGFR) exon 19 deletion or L858R mutations.” Added tumor is positive for one of the following mutations: EGFR exon 20 mutation, KRAS G12C mutation, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, and RET rearrangement; and bevacizumab is used in combination other systemic therapies. Added Note with list of examples of systemic therapies.</p> <p>Breast Cancer: Removed breast cancer from Other Uses with Supportive Evidence due to National Comprehensive Cancer Network withdrawing its recommendations for bevacizumab for the treatment of breast cancer.</p> <p>Endometrial Cancer: Removed requirement that the patient has progressed on prior chemotherapy and added requirement that the patient has recurrent, advanced, or metastatic disease.</p> <p>Mesothelioma: Removed Malignant Pleural from the condition of approval. Added malignant peritoneal mesothelioma, pericardial mesothelioma, and tunica vaginalis testis mesothelioma as additional options for approval. Added “bevacizumab will be used in combination with Tecentriq” as an additional option for approval.</p>	
UCare Custom revision	Added the new biosimilar bevacizumab product, Alymsys, as a non-preferred biosimilar product requiring step through at least one preferred biosimilar agent for new starts only.	06/03/2022
Selected Revision	Product: Added Vegzelma to the list of bevacizumab products.	12/28/2022