

**POLICY:** Oncology (Injectable) – Bevacizumab Products Utilization Management Medical Policy

- Avastin<sup>®</sup> (bevacizumab for intravenous injection – Genentech, Inc.)
- Jobevne<sup>™</sup> (bevacizumab-nwgd intravenous infusion – Biocon)
- Vegzelma<sup>™</sup> (bevacizumab-adcd intravenous infusion – Celltrion)
- Zirabev<sup>™</sup> (bevacizumab-bvzr intravenous infusion – Pfizer)

**EFFECTIVE DATE:** 1/1/2021

**LAST REVISION DATE:** 02/26/2025; selected revision 08/20/2025, 12/3/2025 and 03/17/2026

**COVERAGE CRITERIA FOR:** UCare Medical Assistance and Exchange Plans Only (PMAP, Connect, MSC+, MnCare, all Individual and Family Plans)

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## 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.<sup>1</sup> Bevacizumab is indicated for the following uses:

- **Cervical cancer** in combination with paclitaxel and cisplatin OR paclitaxel and topotecan for persistent, recurrent, or metastatic disease.
  - **Colorectal cancer**, 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**, for treatment of recurrent disease in adults.
  - **Hepatocellular carcinoma**, in combination with Tecentriq<sup>®</sup> (atezolizumab intravenous infusion) for the treatment of unresectable or metastatic disease in patients who have not received prior systemic therapy.
  - **Non-small cell lung cancer (NSCLC)**, for non-squamous disease, 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<sup>®</sup> (doxorubicin liposome intravenous infusion), or topotecan, in 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, for stage III or IV disease in patients following initial surgical resection.
  - **Renal cell carcinoma**, metastatic, in combination with interferon alfa.
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### **POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of bevacizumab 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. Requests for doses outside of the established dosing document in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with bevacizumab as well as the monitoring required for adverse events and long-term efficacy, approval requires bevacizumab to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Avastin, Jobevne, Vegzelma and Zirabev is recommended for requests meeting both the preferred product step therapy requirements and indication requirements. **Note:** **Ophthalmic indications do not require a prior authorization.** See ICD-10 codes not requiring authorization below.

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**Preferred Product(s):** Alymsys and Mvasi

**Non-Preferred Products(s):** Avastin, Jobevne, Vegzelma and Zirabev

### **Step Therapy Requirements:**

**Authorization for a non-preferred biologic product or biosimilar will be granted if the patient has had *any one of the listed issues below (A, B, C, or D) with all preferred product(s). Chart notes documenting the issue must be provided at time of request:***

- A. Allergic reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- B. Adverse reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- C. Therapeutic success while taking a non-preferred biologic product or biosimilar and therapeutic failure during an adequate trial of all preferred biologic products or biosimilars which allowed sufficient time for a positive treatment outcome documented by medical chart notes OR
- D. The patient has a diagnosis not included in the FDA-approved indications of all preferred products, but is included in the FDA-approved indications of the non-preferred product

Please note:

- Factors such as patient or prescriber preference or healthcare facility's or pharmacy's inability or unwillingness to order or stock the preferred product(s) will not be considered
- Common side effects to all products and infusion-related reactions are not considered documented allergic reactions to a preferred product as they would be expected with the innovator and biosimilar products
- Continuation of therapy overrides are not available to bypass required trial(s) of preferred biosimilar or biologic reference product
- Generally, an adequate trial of a drug is considered to be three months or longer in order to allow time for efficacy to be established

### FDA-Approved Indications

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**1. Central Nervous System Tumors.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

Note: For pediatric patients see Pediatric Central Nervous System Tumors.

**A)** Patient is  $\geq$  18 years of age; AND

**B)** Patient has tried at least one previous therapy; AND

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

**C)** Patient has ONE of the following (i, ii, iii, iv, v, vi, vii, viii, or ix):

**i.** Anaplastic gliomas; OR

**ii.** Astrocytoma; OR

**iii.** Glioblastoma; OR

**iv.** Intracranial and spinal ependymoma (excluding subependymoma); OR

**v.** Meningiomas; OR

**vi.** Oligodendroglioma; OR

**vii.** Medulloblastoma; OR

**viii.** Neurofibromatosis type 2 vestibular schwannomas; OR

**ix.** Symptoms due to ONE of the following (a, b, or c):

**a)** Radiation necrosis; OR

**b)** Brain edema; OR

**c)** Mass effect; AND

**D)** The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

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**2. Cervical Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

**A)** Patient is  $\geq$  18 years of age; AND

**B)** Patient meets ONE of the following (i or ii):

- i. Patient has recurrent or metastatic cervical cancer; OR
  - ii. Patient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix; AND
- C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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**3. Colon, Rectal, or Appendiceal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has recurrent, advanced or metastatic colon, rectal, or appendiceal cancer; AND
- C) The medication is used in combination with a chemotherapy regimen; AND  
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.
- D) The medication is prescribed by or in consultation with an oncologist.

**Dosing:** Approve ONE of the following dosing regimens (A, B, or C):

- A) 5 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
- B) 10 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
- C) 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

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**4. Hepatocellular Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient meets ONE of the following (i or ii):
  - i) The medication is used as subsequent therapy; OR
  - ii) Patient meets BOTH of the following (a and b):
    - a) The medication is used for first-line therapy; AND
    - b) According to the prescriber, the patient has ONE of the following [(1) or (2)]:
      - 1. Liver-confined, unresectable disease and is deemed ineligible for transplant; OR
      - 2. Extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy; AND
- C) The medication is used in combination with Tecentriq (atezolizumab intravenous infusion); AND
- D) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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- 5. Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has recurrent, advanced, or metastatic disease; AND
  - C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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- 6. Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.** Approve for 1 year if the patient meets BOTH of the following (A and B):
- A) Patient is  $\geq 18$  years of age; AND
  - B) The medication is prescribed by or in consultation with an oncologist.

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

- A) Up to 15 mg/kg administered intravenously not more frequently than once every 3 weeks;  
OR
- B) 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

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- 7. Renal Cell Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has relapsed, metastatic, or stage IV renal cell cancer; AND
  - C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

### Other Uses with Supportive Evidence

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- 8. Ampullary Adenocarcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has intestinal type disease; AND
  - C) The medication is used in combination with chemotherapy; AND  
Note: Examples of chemotherapy include FOLFOX (leucovorin, fluorouracil, oxaliplatin), FOLFIRI (leucovorin, fluorouracil, irinotecan), FOLFIRINOX (leucovorin, fluorouracil, oxaliplatin, irinotecan), and CapeOX (capecitabine, oxaliplatin).
  - D) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

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- 9. Endometrial Carcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
- A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has recurrent, advanced, or metastatic disease; AND
  - C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve up to 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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- 10. Mesothelioma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has ONE of the following (i, ii, iii, or iv):
    - i. Pleural mesothelioma; OR
    - ii. Peritoneal mesothelioma; OR
    - iii. Pericardial mesothelioma; OR
    - iv. Tunica vaginalis testis mesothelioma; AND
  - C) Patient meets ONE of the following (i or ii):
    - i. Bevacizumab will be used in combination with a chemotherapy regimen; OR  
Note: Examples of chemotherapy are pemetrexed, cisplatin, carboplatin.
    - ii. Bevacizumab will be used in combination with Tecentriq (atezolizumab intravenous infusion); AND
  - D) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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- 11. Neovascular or Vascular Ophthalmic Conditions.** Approve for 3 years.
- 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).

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- 12. Pediatric Central Nervous System Tumors.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
- A) Patient is  $< 18$  years of age; AND

- B)** Patient has ONE of the following (i or ii):
- i.** Pediatric-type diffuse high-grade glioma; OR  
Note: Examples include diffuse hemispheric glioma, diffuse pediatric-type high-grade glioma, infant-type hemispheric glioma, and diffuse midline glioma.
  - ii.** Pediatric medulloblastoma; AND
- C)** Patient has recurrent or progressive disease; AND
- D)** The medication is prescribed by or in consultation with an oncologist.
- Dosing.** Approve 10 mg/kg administered intravenously not more frequently than once every 2 weeks.

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**13. Small Bowel Adenocarcinoma.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has advanced or metastatic disease; AND
- C)** The medication is used in combination with chemotherapy; AND  
Note: Examples of chemotherapy are fluorouracil, leucovorin, and oxaliplatin (FOLFOX), capecitabine and oxaliplatin (CapeOX), fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFIRINOX).
- D)** The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve ONE of the following dosing regimens (A or B):

- A)** 5 mg/kg administered intravenously not more frequently than once every 2 weeks; OR
- B)** 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks.

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**14. Soft Tissue Sarcoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has ONE of the following (i or ii):
- i.** Angiosarcoma; OR
  - ii.** Solitary fibrous tumor; AND
- C)** The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve up to 15 mg/kg administered intravenously not more frequently than once every 2 weeks.

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**15. Vaginal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A)** Patient is  $\geq 18$  years of age; AND
- B)** Patient has advanced, recurrent, or metastatic disease; AND
- C)** The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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**16. Vulvar Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):

- A) Patient is  $\geq 18$  years of age; AND
- B) Patient has advanced, recurrent, or metastatic disease; AND
- C) The medication is prescribed by or in consultation with an oncologist.

**Dosing.** Approve 15 mg/kg administered intravenously not more frequently than once every 3 weeks.

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**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of bevacizumab products is not recommended in the following situations:

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

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**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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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.A	Type 2 diabetes mellitus without complications in remission
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
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
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

ICD-10 CODE	DESCRIPTION
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.359	Cystoid macular degeneration, unspecified eye
H35.81	Retinal edema
H40.841	Neovascular secondary angle closure glaucoma, right eye
H40.842	Neovascular secondary angle closure glaucoma, left eye
H40.843	Neovascular secondary angle closure glaucoma, bilateral
H40.849	Neovascular secondary angle closure glaucoma, unspecified eye
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

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## History

Type of Revision	Summary of Changes	Review Date
Annual Revision	<p><b>Central Nervous System Tumors:</b> A requirement was added that the patient is ≥ 18 years of age. A Note was added for pediatric patients to refer to the Pediatric Central Nervous System Tumors criteria. Astrocytoma and oligodendroglioma were added as additional options for approval.</p> <p><b>Cervical Cancer:</b> A requirement was added that the patient is ≥ 18 years of age. The option of approval was added that the patient has persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix.</p> <p><b>Colon, Rectal, or Appendiceal Cancer:</b> Appendiceal was added to the condition of approval. A requirement was added that the patient is ≥ 18 years of age. Appendiceal was added to the requirement that the patient has recurrent, advanced, or metastatic disease.</p> <p><b>Hepatocellular Carcinoma:</b> A requirement was added that the patient is ≥ 18 years of age. A requirement was added that the patient has Child-Pugh Class A disease. Criteria were added that the patient has unresectable or metastatic hepatocellular carcinoma and according to the prescriber, the patient is not a surgical candidate as options for approval.</p> <p><b>Non-Small Cell Lung Cancer (NSCLC):</b> A requirement was added that the patient is ≥ 18 years of age. A requirement was added that the patient does NOT have a history of recent hemoptysis. Adenocarcinoma, large cell or NSCLC not otherwise specified were moved to a Note. For NSCLC that is negative for actionable mutations, continuation maintenance therapy was added as an option of approval. In combination with other systemic therapies was added to the subsequent therapy option for approval. To the epidermal growth factor receptor exon 19 deletion or exon 21 L858R mutations option for approval, exon 21 descriptor was added. As first-line or continuation maintenance therapy was added to the in combination with erlotinib option of approval. The</p>	03/22/2023

	<p>medication is used as subsequent therapy following prior targeted therapy was added as an option of approval. The medication is used for first-line treatment was added as an option of approval. ERBB2 was added as an option of approval for first-line therapy. Requirements for first-line or subsequent therapy (based on genetic markers) were added. Separately, requirements for subsequent therapy (based on genetic markers) were added.</p> <p><b>Ovarian, Fallopian Tube, or Primary Peritoneal Cancer:</b> A requirement was added that the patient is <math>\geq 18</math> years of age. The descriptor “up to” was added to the recommended dose.</p> <p><b>Renal Cell Carcinoma:</b> A requirement was added that the patient is <math>\geq 18</math> years of age. The descriptor of “advanced” was removed from requirement that the patient has relapsed, metastatic, or stage IV disease.</p> <p><b>Ampullary Adenocarcinoma:</b> This was added as a new condition of approval.</p> <p><b>Endometrial Carcinoma:</b> A requirement was added that the patient is <math>\geq 18</math> years of age. The frequency of dosing was changed from once every 2 weeks to once every 3 weeks.</p> <p><b>Mesothelioma:</b> A requirement was added that the patient is <math>\geq 18</math> years of age. Bevacizumab was removed if used as a single agent for maintenance therapy as an option of approval.</p> <p><b>Pediatric central Nervous System Tumors:</b> This was added new condition of approval.</p> <p><b>Small Bowel Adenocarcinoma:</b> A requirement was added that the patient is <math>\geq 18</math> years of age. A requirement was added that the patient has advanced or metastatic disease.</p> <p><b>Soft Tissue Sarcoma:</b> A requirement was added that the patient is <math>\geq 18</math> years of age.</p> <p><b>Vulvar Cancer:</b> Squamous cell carcinoma was removed from the condition of approval. A requirement was added that the patient is <math>\geq 18</math> years of age. A requirement was added that the patient has advanced, recurrent, or metastatic disease. The descriptor “up to” was removed from the recommended dosing regimen. The frequency of dosing was changed from once every 2 weeks to once every 3 weeks.</p>	
Annual Revision	<p><b>Hepatocellular Carcinoma:</b> Remove requirement that the patient has unresectable or metastatic hepatocellular carcinoma or according to the prescriber, the patient is not a surgical candidate. Added “or B” to requirement that the patient has Child-Pugh Class A or B disease. Added requirement that the patient has unresectable disease and is not a transplant candidate; OR has liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; OR has metastatic disease or extensive liver tumor burden.</p> <p><b>Non-Small Cell Lung Cancer:</b> Added <i>KRAS G12C</i> is not considered an actionable mutation (the tumor may be <i>KRAS G12C</i> mutation positive) to requirement that the patient is negative or unknown for actionable mutations. Removed <i>KRAS G12C</i> mutation from requirement that the tumor is positive for one of the following mutations for first-line use.</p> <p><b>Mesothelioma:</b> Removed “malignant” from malignant pleural mesothelioma and malignant peritoneal mesothelioma.</p> <p><b>Pediatric Central Nervous System Tumors:</b> Added pediatric medulloblastoma as an option for approval. Removed requirement that the medication is used for palliation.</p>	03/20/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024
UCare Revision	UCare adding Alymsys as a preferred product due to Zirabev drug shortage. Alymsys will no longer require review.	10/9/2024
Annual Revision	<p><b>Central Nervous System Tumors:</b> Medulloblastoma and neurofibromatosis type 2 vestibular schwannomas added as new options for approval. Removed poorly control vasogenic from brain edema option for approval.</p> <p><b>Hepatocellular Carcinoma:</b> Changed approval duration from 1 year to duration noted. Patient has Child-Pugh Class A or B disease and patient has not received prior systemic therapy were removed as requirements. Added new option for approval for 1 year (total), if patient has undergone resection or ablation therapy, patient is at high-risk of recurrence, and medication is used as adjuvant therapy. Added option for approval for 1 year if the medication is used for first-line therapy and the patient has liver-confined, unresectable disease and is deemed ineligible for transplant or the patient has extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy.</p>	02/26/2025

	<p>Removed liver-confined disease, inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease as an option for approval.</p> <p><b>Non-Small Cell Lung Cancer:</b> Added <i>NRG1</i> and removed <i>KRAS G12C</i> is not considered an actionable mutation from the Note with examples of actionable mutations. Added <i>NRG1</i> as an option of approval for first-line use. Removed <i>RET</i> rearrangement as an option for approval for first-line or subsequent therapy. Added <i>RET</i> rearrangement as an option for approval for subsequent therapy and added additional targeted drug therapies to the Note.</p> <p><b>Vaginal Cancer:</b> Added new condition of approval.</p> <p><b>Vulvar Cancer:</b> Removed bevacizumab is used in combination with a chemotherapy regimen as a requirement.</p>	
UCare Update	Updated step therapy criteria to require clinical need for non-preferred product over the preferred products including chart note documentation to support the need for a non-preferred product.	05/08/2025
Selected Revision	Jobevne (bevacizumab-nwgd) was added to the policy; the same criteria apply as the other bevacizumab products.	08/20/2025
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/15/2025
UCare Revision	Added ICD 10 codes H40.841, H40.842 and H40.843 to the section ICD-10 CODES NOT REQUIRING AUTHORIZATION per LCD Billing and Coding: Bevacizumab and biosimilars –L33394 (A52370) – Revision History Date 10/1/2025.	10/2/2025
UCare Revision	Added ICD 10 codes E11.A and H40.849 to the section ICD-10 CODES NOT REQUIRING AUTHORIZATION per LCD Billing and Coding: Bevacizumab and biosimilars –L33394 (A52370) – Revision History Date 10/1/2025.	10/2/2025
UCare Update	Updated preferred products to remove Zirabev effective 1/1/26.	12/3/2025
Selected Revision	<p><b>Hepatocellular Carcinoma:</b> The duration of approval was changed to 1 year. The option of approval along with the associated notes to approve for 1 year (total) was removed. The option of approval that the medication is used as subsequent therapy was added.</p> <p><b>Non-Small Cell Lung Cancer:</b> The requirement that the patient does not have a history of recent hemoptysis was removed. The requirement that the patient has recurrent, advanced, or metastatic non-squamous non-small cell lung cancer (NSCLC) was modified to the patient has recurrent, advanced, or metastatic disease. The requirement that the patient meets one of the following was removed: the tumor is negative or unknown for actionable mutations; the tumor is positive for (EGFR) exon 19 deletion or exon 21 L858R mutations; the medication is used as first-line; the medication is used as first-line or subsequent therapy; and the medication is used as subsequent therapy.</p> <p><b>Small Bowel Adenocarcinoma:</b> Added 5 mg/kg administered intravenously not more frequently than every 2 weeks to the approval dosing regimens. The dosing was modified to 7.5 mg/kg administered intravenously not more frequently than once every 3 weeks. Previously, approved up to 7.5 mg/kg administered intravenously not more frequently than once every 2 weeks.</p> <p><b>Soft Tissue Sarcoma:</b> The requirement that the patient has angiosarcoma or solitary fibrous tumor was modified to the patient has ONE of the following: Angiosarcoma or Solitary fibrous tumor.</p>	03/17/2026