

MEDICAL REVIEW GUIDELINE

Bevacizumab Preferred Product Policy



Bevacizumab (Avastin, Mvasi, Zirabev, Vegzelma, Alymsys)

Effective Date: 4/1/2024

Latest Update 1/1/2025

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Coverage Policy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures, medications and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This policy applies to all bevacizumab intravenous products including, but not limited to the following*:

HCPCS Code	Description	Maximum Dosage per Administration
J9035	Injection, bevacizumab, 10 mg	15 mg/kg
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	15 mg/kg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	15 mg/kg
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	15 mg/kg
Q5129	Injection, bevacizumab-adcd, biosimilar, (Vegzelma), 10 mg	15 mg/kg

*Any U.S. FDA-approved and launched bevacizumab biosimilar product not listed by name in this policy will be considered non-preferred until reviewed by Community

Preferred Product Criteria

Zirabev and Mvasi are the preferred bevacizumab products. Community will provide coverage for the preferred products for members meeting the Diagnosis-Specific Criteria in the policy.

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Avastin, Vegzelma, Alymsys and all other bevacizumab biosimilar products are non-preferred, and subject to both Preferred Product Criteria and Diagnosis-Specific Criteria. Treatment with a non-preferred bevacizumab product is medically necessary for the indications specified in this policy when ALL of the following criteria are met:

1. Patient meets one of the following:
 - a) Both of the following:
 - History of a trial of preferred bevacizumab products resulting in minimal clinical response; AND
 - Physician attests that in his or her clinical opinion, the clinical response would be superior with a non-preferred bevacizumab product than a preferred product
 - b) Or, both of the following:
 - Patient has a history of intolerance, contraindication, or adverse event to preferred bevacizumab products; AND
 - Physician attests that in his or her clinical opinion the same intolerance, contraindication, or adverse event would not be expected to occur with non-preferred products; AND
2. Patient has not had a loss of a favorable response after established maintenance therapy with preferred bevacizumab product; AND
3. Patient meets the bevacizumab diagnosis-specific criteria for the requested indication.

Diagnosis-Specific Criteria

The term bevacizumab in the Diagnosis-Specific Criteria refers to Avastin and all bevacizumab biosimilar products. Community utilizes InterQual clinical criteria to determine medical necessity of bevacizumab requests. Bevacizumab is medically necessary when the InterQual diagnosis-specific criteria for the below requested indications are met:

- Cervical Cancer
- CNS – Brain Cancer, Glioblastoma
- Colon Cancer
- Hepatocellular Carcinoma
- Non-Small Cell Lung Cancer
- Ovarian Cancer
- Rectal Cancer
- Ampullary Adenocarcinoma
- Appendiceal Adenocarcinoma
- CNS – Brain Cancer, Astrocytoma or Oligodendroglioma
- CNS – Brain Cancer (Glioma, Medulloblastoma or Metastatic Spine Tumors)
- CNS – Brain Cancer, Meningioma
- CNS – Brain Metastases, Limited or Extensive
- CNS – Intracranial and Spinal Ependymoma, Excluding Subependymoma
- CNS – Primary CNS Lymphoma
- Diffuse High-Grade Glioma, Pediatric
- Endometrial Cancer (Serous Carcinoma, Clear Cell Carcinoma, Undifferentiated/Dedifferentiated Carcinoma and Carcinosarcoma)
- Mesothelioma, Peritoneal
- Mesothelioma, Pleural
- Renal Cell Cancer
- Small Bowel Adenocarcinoma
- Soft Tissue Sarcoma

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- Vulvar Cancer



Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive.

HCPSC Code	Description
J9035	Injection, bevacizumab, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (alysys), 10 mg

Diagnosis Code	Description
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung

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C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum

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Policy Revision History

Status	Effective Date	Description
Baseline	4/01/2024	Initial version of Bevacizumab Preferred Product Policy
Revision 1	1/1/2025	Revised Preferred Product

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Baseline	4/01/2024	Initial version of Bevacizumab Preferred Product Policy