COMMON GROUND
HEALTHCARE COOPERATIVE

PHARMACY POLICY STATEMENT
Common Ground Healthcare Cooperative (CGHC)

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

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

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

The following table lists the status of the bevacizumab products. Approval of non-preferred products requires intolerance to all preferred products.

Preferred Products	Non-Preferred Products
• Mvasi – Q5107 • Zirabev – Q5118	• Avastin – J9035

The off-label use of Avastin® (bevacizumab) for intravitreal use is considered safe and efficacious by the ophthalmologic community as reported by the American Academy of Ophthalmology (AOO). While Avastin® (bevacizumab) has not been FDA approved for ophthalmic indications, compelling evidence has been published of its widespread clinical use for the following conditions:
• Choroidal neovascularization (CNV) in age-related macular degeneration (AMD)
• Proliferative diabetic retinopathy
• Neovascular glaucoma
• Diabetic macular edema
• Retinal and iris neovascularization
• Macular edema following branch and central retinal vein occlusions

Common Ground Healthcare Cooperative (CGHC) requires a Prior Authorization for the use of Avastin® (bevacizumab) in Ophthalmology. It is considered medically reasonable and necessary only when furnished by a qualified Ophthalmologist. Providers should use C9257 when billing claims for Avastin®.

It is the responsibility of the submitting provider to submit accurate documentation of services performed. Providers are expected to use the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in a policy does not imply any right to reimbursement or guarantee claims payment.

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For additional information, please reference the Avastin for use in Ophthalmology Billing Guideline.

DATE	ACTION/DESCRIPTION
05/04/2022	New policy for bevacizumab products created outlining preferred/non-preferred biosimilar products
11/16/2022	Avastin (bevacizumab) use in ophthalmology billing guidance added
10/04/2024	Ophthalmology billing guidance updated.

References:

1. Alymsys. Package insert. Amneal Pharmaceuticals LLC; 2022.
2. Avastin. Package insert. Genentech; 2004.
3. Mvasi. Package insert. Amgen Inc; 2017.
4. Zirabev. Package insert. Pfizer Inc; 2019.

Effective date: 12/01/2024
Revised date: 11/16/2022

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