



**Bevacizumab (Avastin®) Eye**

**Revision: 3**

**Policy Number: M-0006**

**Last Update: 6/4/2014**

Payment will not be made for any use of these drugs outside of the criteria without prior authorization. The member may not be billed unless the member explicitly agrees in writing to be responsible for the charges in accordance with the contract/provider manual. Prior authorization will only be given if the provider demonstrates the intended use meets Medicare coverage guidelines.

**Coverage Guidelines:**

**Off Label:**

1. Neovascular (wet) age-related macular degeneration
2. Diabetic macular edema
3. Central retinal vein occlusion
4. Venous tributary (branch) occlusion
5. Histoplasmosis retinitis
6. Proliferative diabetic retinopathy
7. Severe nonproliferative diabetic retinopathy
8. Retinal neovascularization
9. Cystoid macular degeneration
10. Angloid streaks of choroid
11. Glaucoma associated with vascular disorders

**Coding Information:**

**HCPCS Code(s)**

J9035	INJECTION, BEVACIZUMAB, 10 MG
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**ICD-9 Code(s)**

115.02	INFECTION BY HISTOPLASMA CAPSULATUM-RETINITIS
115.12	INFECTION BY HISTOPLASMA DUBOISII-RETINITIS
115.92	OCULAR HISTOPLASMOSIS
362.02	PROLIFERATIVE DIABETIC RETINOPATHY



362.06	SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY
362.07	DIABETIC MACULAR EDEMA
362.16	RETINAL NEOVASCULARIZATION NOS
362.35	CENTRAL RETINAL VEIN OCCLUSION
362.36	VENOUS TRIBUTARY (BRANCH) OCCLUSION OF RETINA
364.42	RUBEOSIS IRIDIS
362.52	EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
362.53	CYSTOID MACULAR DEGENERATION OF RETINA
362.83	MACULAR EDEMA
363.43	ANGIOID STREAKS OF CHOROID
365.63	GLAUCOMA ASSOCIATED WITH VASCULAR DISORDERS OF EYE

**Background:**

Bevacizumab is a recombinant human monoclonal IgG1 antibody that reduces angiogenesis in neoplastic and other cells.

**Definitions:**

HCPCS Code—Healthcare Common Procedure Coding System - A system of letter and number codes assigned to procedures, medications, supplies and equipment used for pricing and billing.

ICD-9 Code—International Classification of Disease, 9<sup>th</sup> edition. A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a 6-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both US and internationally.



**FDA Black Box Warning:**

**WARNING: GASTROINTESTINAL PERFORATIONS, SURGERY AND WOUND HEALING COMPLICATIONS, and HEMORRHAGE.**

**Gastrointestinal Perforations**

**The incidence of gastrointestinal perforation, some fatal, in Avastin-treated patients ranges from 0.3 to 2.4%. Discontinue Avastin in patients with gastrointestinal perforation.**

**Surgery and Wound Healing Complications**

**The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in Avastin-treated patients. Discontinue Avastin in patients with wound dehiscence. The appropriate interval between termination of Avastin and subsequent elective surgery required to reduce the risks of impaired wound healing/wound dehiscence has not been determined. Discontinue at least 28 days prior to elective surgery. Do not initiate Avastin for at least 28 days after surgery and until the surgical wound is fully healed.**

**Hemorrhage**

**Severe or fatal hemorrhage, including hemoptysis, gastrointestinal bleeding, central nervous system (CNS) hemorrhage, epistaxis, and vaginal bleeding occurred up to five-fold more frequently in patients receiving Avastin. Do not administer Avastin to patients with serious hemorrhage or recent hemoptysis.**

**References:**

1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; May 2012. Available at: <http://www.gene.com/gene/products/information/pdf/avastin-prescribing.pdf>. Accessed May 16, 2012.
2. The NCCN Drugs & Biologics Compendium™ © 2010 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed May 16, 2012.
3. Local Coverage Determination (LCD) for Drugs and Biologicals: Antiangiogenic Therapy for Ophthalmic Conditions (L30555) (Revision 3). Available at: <http://www.cms.gov/medicare-coverage-database/details/lcd->



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4. Local Coverage Determination (LCD): Drugs and Biologics (Non-chemotherapy) (L32013). Available at: <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32013&Contrlid=268&ver=27&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Alabama&CptHcpcsCode=j0178&bc=gAAAABAAAAAAAA%3d%3d&>. Accessed June 4, 2014.
5. Micromedex® 2.0- Avastin. Available at: [http://www.thomsonhc.com/micromedex2/librarian/ND\\_T/evidencexpert/ND\\_PR/evidencexpert/CS/9EF641/ND\\_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/4538DA/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_P/evidencexpert/PFActionId/evidencexpert.DisplayDrugpointDocument?docId=928020&contentSetId=100&title=Bevacizumab&servicesTitle=Bevacizumab&topicId=dosingAndIndicationsSection&subtopicId=nonfdaSection](http://www.thomsonhc.com/micromedex2/librarian/ND_T/evidencexpert/ND_PR/evidencexpert/CS/9EF641/ND_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/4538DA/ND_PG/evidencexpert/ND_B/evidencexpert/ND_P/evidencexpert/PFActionId/evidencexpert.DisplayDrugpointDocument?docId=928020&contentSetId=100&title=Bevacizumab&servicesTitle=Bevacizumab&topicId=dosingAndIndicationsSection&subtopicId=nonfdaSection). Accessed May 23, 2012.

**Document History:**

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External Review: 6/17/2014

For the Archived Policy, please go

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