Reference number(s)
2509-A

STANDARD MEDICARE PART B MANAGEMENT

AVASTIN (bevacizumab)
MVASI (bevacizumab-awwb)
ZIRABEV (bevacizumab-bvzr)
Ocular & Other

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Avastin/Mvasi/Zirabev does not have FDA-approved non-oncology indications. For oncology indications, please see the Avastin/Mvasi/Zirabev - Oncology MedB policy.

B. Compendial Uses
1. Diabetic macular edema
2. Neovascular (Wet) age-related macular degeneration
3. Branch retinal vein occlusion with macular edema
4. Central retinal vein occlusion with macular edema
5. Proliferative diabetic retinopathy
6. Choroidal neovascularization
7. Neovascular glaucoma
8. Retinopathy of prematurity
9. Choroidal retinal neovascularization secondary to pathologic myopia
10. Epistaxis due to hereditary hemorrhagic telangiectasia syndrome

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. **Diabetic macular edema**
Authorization of 12 months may be granted for the treatment of diabetic macular edema

B. Neovascular (Wet) age-related macular degeneration

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Authorization of 12 months may be granted for the treatment of neovascular (wet) age-related macular degeneration including polypoidal choroidopathy.

C. Macular edema following retinal vein occlusion
Authorization of 12 months may be granted for the treatment of macular edema following retinal vein occlusion.

D. **Proliferative diabetic retinopathy**
Authorization of 12 months may be granted for the treatment of proliferative diabetic retinopathy.

E. Choroidal neovascularization
Authorization of 12 months may be granted for the treatment of choroidal neovascularization.

F. **Neovascular glaucoma with panretinal photocoagulation**
Authorization of 12 months may be granted in conjunction to panretinal photocoagulation for the treatment of neovascular glaucoma.

G. **Retinopathy of prematurity**
Authorization of 12 months may be granted for the treatment of retinopathy of prematurity.

H. **Choroidal retinal neovascularization secondary to pathologic myopia**
Authorization of 12 months may be granted for the treatment of choroidal retinal neovascularization secondary to pathologic myopia.

I. **Epistaxis due to hereditary hemorrhagic telangiectasia syndrome**
Authorization of 12 months may be granted for the treatment of epistaxis due to hereditary hemorrhagic telangiectasia syndrome.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent

Authorization for 12 months may be granted when all of the following criteria are met:
A. The member is currently receiving therapy with Avastin, Mvasi, or Zirabev.
B. Avastin, Mvasi, or Zirabev is being used to treat an indication enumerated in Section II.
C. The medication has been effective for treating the diagnosis or condition.

IV. REFERENCES

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9. Michaelides M, Kaines A, Hamilton RD, et al. A prospective randomized trial of intravitreal bevacizumab or laser therapy in the management of diabetic macular edema (BOLT Study) 12-month data: report 2. *Ophthalmology.* 2010;117:1078-1086.
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14. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp.
15. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp.