



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

Bevacizumab

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

This policy informs prescribers of preferred products and provides an exception process for non-preferred products through prior authorization.

This program applies to the bevacizumab products specified in this policy when used for an indication that is FDA-approved for the preferred product. Coverage for a non-preferred product is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members requesting treatment with the non-preferred product.

Table. Bevacizumab Products

Medication	Generic Name
Preferred Products:	
Alymsys	bevacizumab-maly
Mvasi	bevacizumab-awwb
Vegzelma	bevacizumab-adcd
Zirabev	bevacizumab-bvzr
Targeted Products:	
Avastin	bevacizumab

POLICY

EXCEPTION CRITERIA

Coverage for a non-preferred product is provided when the following criteria is met:

- The member has had a documented intolerable adverse event with all the preferred products, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

Prior approval is required. [Submit a prior approval/treatment request now.](#)

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- J9035 - Injection, bevacizumab (Avastin), 10 mg
- C9142 – Injection, bevacizumab-maly, biosimilar, (Alymsys), 10mg (deleted 12/31/2022)
- Q5126 – Injection, bevacizumab-maly, biosimilar, (Alymsys), 10mg
- C9399 – Unclassified drugs or biologics
- J9999 – Not otherwise classified, antineoplastic drugs
- Q5107 – Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10mg
- Q5118 – Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10mg

REFERENCES

- Alymsys [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; April 2022.
- Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; January 2021.
- Mvasi [package insert]. Thousand Oaks, CA: Amgen, Inc.; November 2021.
- Vegzelma [package insert]. Incheon, Republic of Korea: Celltrion Healthcare; September 2022.
- Zirabev [package insert]. New York, NY: Pfizer, Inc.; May 2021.

POLICY HISTORY

Policy #: 05.04.24

Original Effective Date: April 1, 2021

Reviewed: October 2022

Revised: October 2022

Current Effective Date: January 1, 2023