Medicaid Coverage Polices for Avastin (bevacizumab) solution for Injection

Avastin (bevacizumab) solution for Injection	
Indication	• In combination with intravenous flurouracil-based chemotherapy for the first or second-line treatment of patients with metastatic colorectal cancer (mCRC) • In combination with carboplatin and paclitaxel for first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer (NSCLC) • Treatment of recurrent glioblastoma (GBM) in adults • In combination with interferon alfa, for the treatment of metastatic renal cell carcinoma (mRCC) • In combination with paclitaxel and cisplatin or paclitaxel and topotecan, for the treatment of patients with persistent, recurrent, or metastatic cervical cancer • In combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for the treatment of patients with state III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection • In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan, for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens. • In combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by Avastin as a single agent, for the treatment of patients with platinum sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer
ICD10 Diagnosis Codes	C18.0, C18.1, C18-2-C18.9, C19, C20, C21.8 C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.3-C34.32, C34.80-C34.82, C34.90-C34.92 C64.1-C64.2, C64.9, C65.1, C65.2, C65.9 C71.0-C71.9 C53.0-C53.1, C53.8-C53.9 C56.1-C56.2, C56.9, C57.00-C57.02, C48.1-C48.2, C48.8
Availability NDC	Single dose vial 100 mg/4 mL NDC 50242-0060-01 Single dose vial 400 mg/16 mL NDC 50242-0061-01
HCSPCS Code	J9035
Prior Authorization Status	Requires a prior authorization Criteria: • Enrollee has failed treatment with **two** Bevacizumab biosimilar agents for at least **6 months** due to documented intolerable /significant adverse reactions (**not expected and attributed to the active ingredient described in the prescribing information [i.e. known adverse reactions for both brand and biosimilar product])** (listed below are FDA approved biosimilar products, new market entrants apply) o Zirabev (bevacizumab –bvzr) (Q5118) o Mvasi (bevazcizumab – awwb) (Q5107)