Avastin *(bevacizumab)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Bevacizumab is a vascular endothelial growth factor inhibitor indicated for the treatment of multiple cancers including: metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment; metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen; unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment; recurrent glioblastoma in adult; metastatic renal cell carcinoma in combination with interferon alfa, and more.
Exclusion Criteria	None.
Other Criteria	Criteria will be applied consistent with LCD L37205: Chemotherapy Drugs and their Adjuncts. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37205&ver=15
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	Up to one year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J9035	Avastin (bevacizumab)	**Billing unit: 10 mg** 100mg/4 mL, 400 mg/16 mL SDV

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025