



MVP Health Care Medicaid Medical Policy

Avastin (bevacizumab)- Medicaid

Type of Policy: Medical

Prior Approval Date: 02/01/2025

Approval Date: 04/01/2026

Effective Date: 06/01/2026

Related Policies: Experimental or Investigational Procedures Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label use of FDA Approved Drugs, and Clinical Trials Policy.

Codes covered under the medical benefit

J9035 Injection, bevacizumab, 10 mg

Administration Codes

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

96415 Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure). Use 96415 in conjunction with 96413.

67028 Intravitreal injection of a pharmacologic agent (separate procedure)

Overview

Avastin (bevacizumab) is a vascular endothelial growth factor (VEG-F) directed monoclonal antibody. It is indicated for the treatment of cervical cancer, colorectal cancer, glioblastoma multiforme, non-small cell lung cancer (NSCLC), ovarian cancer and renal cell cancer. Avastin (bevacizumab) also has compendia supported off label indications for ophthalmic use in the treatment of diabetic macular edema, diabetic retinopathy and macular degeneration.

Indications/Criteria

- On label use of Avastin is covered under the member's medical benefit and is subject to retro-review.
- Avastin when used for a cancer diagnosis is subject to prior authorization per the MVP Cancer Guidance Program.
- Off label use is subject to prior authorization and must meet MVP's clinical coverage criteria for Experimental or Investigational Procedures Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label use of FDA Approved Drugs, and Clinical Trials Policy.

References

1. Avastin [prescribing information]. San Francisco, CA; Genentech, INC. September 2022