



Subject: Avastin (Bevacizumab) Supplemental Policy

Effective Date: 3/26

Description:

Intravitreal bevacizumab (Avastin) is a medication given through an intravitreal injection, to treat retinal diseases such as age-related macular degeneration (AMD), diabetic macular edema, and retinal vein occlusion. It works by blocking VEGF-A, a protein that triggers neovascularization in the retina. By inhibiting this VEGF-A activity, Avastin reduces unwanted blood vessel growth and decreases fluid buildup in the macula, helping to protect and stabilize vision.

Applicability:

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

Definitions:

Age-Related Macular Degeneration (AMD) is a disease that damages the central vision area as people get older.

Diabetic Macular Edema is swelling in the retina caused by diabetes-related leaking blood vessels.

Intravitreal Injection is a procedure where medicine is injected into the gel-like center of the eye.

Macular Edema is swelling in the central part of the retina needed for detailed vision.

Neovascularization is the growth of abnormal, fragile blood vessels in the eye.

Proliferative Diabetic Retinopathy is an advanced stage of diabetic eye disease characterized by abnormal blood vessel growth in the retina.

Retinal Vein Occlusion is a blockage of a vein in the retina that causes swelling and vision problems.

Policy:

In addition to indications listed in MCG A-0491, OSU Health Plan (OSUHP) considers Intravitreal bevacizumab (Avastin) treatment medically necessary for the following retinal disorder:

- Diabetic macular edema;

OSUHP considers continuation of Avastin therapy medically necessary for an indication outlined in this policy when the member has demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

Procedure:

OSU will utilize this policy alongside MCG criteria and will authorize Avastin (bevacizumab) for the indication listed above.

Prior Authorization:

Prior Authorization is required.

Exclusions:

OSUHP considers all other indications as not medically necessary.

Codes:

CPT and HCPCS codes covered when selection criteria are met:

CPT/HCPCS Code	Description
67028	Intravitreal injection of a pharmacologic agent (separate procedure)
C9257	Injection, bevacizumab, 0.25 mg [intraocular dose]
J9035	Injection, bevacizumab, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg

References:

Aetna. (2025, December 19). Vascular Endothelial Growth Factor Inhibitors for Ocular Indications.

Retrieved from https://www.aetna.com/cpb/medical/data/700_799/0701.html

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Solà I, Virgili G. Anti-vascular endothelial growth factor for proliferative diabetic retinopathy. *Cochrane Database Syst Rev*. 2023 Mar 20;3(3):CD008721. doi: 10.1002/14651858.CD008721.pub3. PMID: 36939655; PMCID: PMC10026605.

Shakarchi FI, Shakarchi AF, Al-Bayati SA. Timing of neovascular regression in eyes with high-risk proliferative diabetic retinopathy without macular edema treated initially with intravitreal bevacizumab. *Clin Ophthalmol*. 2018 Dec 19;13:27-31. doi: 10.2147/OPHTH.S182420. PMID: 30587917; PMCID: PMC6304070.