



INLAND EMPIRE HEALTH PLAN

**UM Subcommittee Approved Authorization Guidelines**  
***Bevacizumab (Avastin) for Non-Small Cell Lung Cancer***

**Policy:**

On May 22, 2008, the IEHP Utilization Management Subcommittee discussed the use of Bevacizumab (Avastin) for the treatment of non-small cell lung cancer. Based on this review, the IEHP UM Subcommittee adopted the use of Bevacizumab (Avastin) for the treatment of non-small cell lung cancer as a covered benefit according to the newly effective MMCD policy, as noted below.

**Medi-Cal Managed Care Division (MMCD):**

The Medi-Cal Managed Care Division (MMCD) medical policy section recently updated the policy on Bevacizumab (Avastin). Beginning with the effective date of June 1, 2008, Bevacizumab (Avastin) (HCPCS code J9035) is covered for breast cancer (ICD-9 range 174.0-174.9. After October 1, 2015 ICD-10 range C50.019-C50.919).

**Medical Services General Medicine (Bulletin 407):**

Bevacizumab (Avastin), in combination with paclitaxel, is indicated for Members who have not received chemotherapy for metastatic HER2 negative breast cancer. Bevacizumab (Avastin) is not indicated for patients with breast cancer that has progressed following anthracycline and taxane chemotherapy administered for metastatic disease (Bulletin 407, Medical Services-General Medicine, 5/08, pages 5).

**Blue Cross/Blue Shield, CIGNA, and Aetna:**

Major U.S. private payers namely Blue Cross/Blue Shield, CIGNA and Aetna have also established coverage policies for labeled use of Bevacizumab.

**Background:**

Bevacizumab (Avastin) is a biologic agent designed to block activation of vascular endothelial growth factor that contributes to tumor growth. Avastin is an intravenously administered solution provided on an outpatient basis on an every 3-week basis for a total of 7 cycles.

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