09-J0000-66

Original Effective Date: 11/15/06

Reviewed: 10/14/22

Revised: 01/01/23

Subject: Bevacizumab (Avastin), bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), and bevacizumab-maly (Alymsys), and bevacizumab-adcd (Vegzelma) Injection

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Bevacizumab (Avastin) is a humanized monoclonal antibody that inhibits the binding of vascular endothelial growth factor (VEGF) to its receptors, VEGFR-1 and VEGFR-2. This action neutralizes the bio logical activity of VEGF ultimately inhibiting the formation of new tumor vessels. Alone, bevacizumab is not directly cytotoxic; as such it is commonly used in combination with traditional cytotoxic treatment modalities including chemotherapy, radiation therapy, and hormonal therapy in the treatment of cancer.

Bevacizumab was initially approved by the US Food and Drug Administration (FDA) as a first-line treatment option for metastatic colorectal cancer in combination with 5-flourouracil (5-FU). The initial approval in colorectal cancer was expanded to include second-line therapy. Bevacizumab, in combination with carboplatin and paclitaxel, was also FDA-approved for first-line treatment of locally advanced, recurrent, or metastatic non-squamous, non-small cell lung cancer (NSCLC). Bevacizumab has also been approved in combination with paclitaxel for use in persons who had not previously received chemotherapy for metastatic HER2-negative breast cancer; however, in 2011, the FDA removed approval for the breast cancer indication after review of clinical data indicated that the drug did not prolong overall survival in breast cancer patients or provide sufficient benefit in slowing disease progression to outweigh the significant risk. Bevacizumab has also been approved for the treatment of glioblastoma in persons with disease that has progressed on prior therapy, metastatic renal cell carcinoma in combination with interferon-alfa, cervical cancer, ovarian cancer, fallopian tube cancer, or

primary peritoneal cancer in combination with chemotherapy, and hepatocellular carcinoma in combination with atezolizumab.

Current National Comprehensive Cancer Network (NCCN) guidelines support the use of bevacizumab in a variety of cancers including ampullary cancer, cervical cancer, CNS cancer, colorectal cancer, hepatocellular carcinoma, kidney cancer, mesothelioma, non-small cell lung cancer, ovarian cancer, small bowel adenocarcinoma, soft tissue sarcoma, uterine, and vulvar cancer. Bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), bevacizumab-maly (Alymsys), and bevacizumab-adcd (Vegzelma) are FDA-approved biosimilars of bevacizumab.

POSITION STATEMENT:

NOTE: For ophthalmic indications, please refer to MCG # 09-J1000-78, Vascular Endothelial Growth Factor Inhibitors of Ocular Neovascularization.

I. Initiation of bevacizumab (Avastin®), bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), bevacizumab-maly (Alymsys), or bevacizumab-adcd (Vegzelma) **meets the definition of medical necessity** when ALL of the following are met:

1. When used to treat an indication listed in Table 1 and **ALL** of the indication-specific criteria are met
2. When the dose does not exceed either of the following:
    a. 10 mg/kg every 2 weeks
    b. 15 mg/kg every 3 weeks
3. For Avastin, Alymsys, or Vegzelma requests only, the member has an inadequate response, contraindication, or intolerance to bevacizumab-awwb (Mvasi) OR bevacizumab-bvzr (Zirabev)†

Table 1

Indications and Specific Criteria	
Indication	**Criteria**
Ampullary Cancer	**BOTH** of the following: 1. Member has unresectable, advanced, or metastatic intestinal type disease 2. When used as a component of **ONE** of the following regimens: a. FOLFOX (fluorouracil, leucovorin, oxaliplatin) b. CapeOX (capecitabine and oxaliplatin) c. FOLFOXIRI (fluorouracil, leucovorin, oxaliplatin, irinotecan) d. Capecitabine e. Fluorouracil f. FOLFIRI (fluorouracil, leucovorin, irinotecan)
Cervical Cancer	**BOTH** of the following: 1. Member's disease is persistent, recurrent, or metastatic 2. **ONE** of the following:

	a. When used as first line or subsequent therapy if not previously used in combination with paclitaxel and **ONE** of the following: i. cisplatin ii. carboplatin iii. topotecan b. When used in combination with chemotherapy and pembrolizumab
CNS Cancer	When used for treatment of **ONE** of the following 1. Recurrent or progressive disease as a single agent for **ONE** of the following: 1. Anaplastic glioma 2. Glioblastoma 3. Intracranial and/or spinal ependymoma (excludes subependymoma 4. Meningiomas 5. Pediatric high-grade glioma 6. WHO Grade 3 or 4 IDH-mutant Astrocytoma 7. WHO Grade 3 Oligodendroglioma (IDH-mutant, 1p19q codeleted) 2. Recurrent disease in combination with carmustine, lomustine, or temozolomide for **ONE** of the following: 1. Anaplastic glioma 2. Glioblastoma 3. WHO Grade 3 or 4 IDH-mutant Astrocytoma 4. WHO Grade 3 Oligodendroglioma (IDH-mutant, 1p19q codeleted) 3. For symptoms of radiation necrosis, poorly controlled vasogenic edema or mass effect as a single agent for **ONE** of the following: 1. Anaplastic glioma 2. Brain metastases 3. Glioblastoma 4. IDH-mutant Astrocytoma 5. Intracranial and/or spinal ependymoma (excludes subependymoma) 6. Medulloblastoma 7. Meningiomas 8. Metastatic spine tumors 9. Oligodendroglioma (IDH-mutant, 1p19q codeleted) 10. Primary CNS lymphoma 11. WHO grade 1 glioma
Colon and Rectal Cancer (also includes anal adenocarcinoma and appendiceal adenocarcinoma)	**BOTH** of the following: 1. Member has **ONE** of the following: a. Metastatic disease b. Unresectable disease c. Advanced disease d. Medically inoperable disease

	2. **ONE** of the following: a. When used as a component of one of the following regimens: i. FOLFOX (fluorouracil, leucovorin, oxaliplatin) ii. FOLFIRI (fluorouracil, leucovorin, irinotecan) iii. CapeOX (capecitabine and oxaliplatin) iv. FOLFIRINOX (fluorouracil, leucovorin, irinotecan, oxaliplatin) v. Irinotecan vi. Irinotecan and oxaliplatin vii. Capecitabine viii. 5-FU/LV (fluorouracil and leucovorin) b. When used as third-line or greater therapy in combination with trifluridine/tipiracil (Lonsurf) if disease progression on fluoropyrimidine-,oxaliplatin-, and irinotecan-based therapy
Hepatocellular carcinoma	When **ALL** of the following are met: 1. When used as first line systemic treatment in combination with atezolizumab 2. Member has Child-Pugh Class A disease 3. **ONE** of the following: a. Unresectable disease and is not a candidate for transplant b. Metastatic disease c. Inoperable due to performance status or comorbidities and has local disease d. Extensive tumor burden
Kidney Cancer	**BOTH** of the following: 1. Member has relapsed or stage IV disease 2. **ANY** of the following: a. When used in combination with interferon alfa-2b b. When used as a single agent or in combination with everolimus (Afinitor) in persons with non-clear cell histology c. When used in combination with erlotinib (Tarceva) in persons with advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell carcinoma (HLRCC)
Mesothelioma (includes malignant pleural mesothelioma, malignant peritoneal mesothelioma, pericardial mesothelioma, and tunica vaginalis testis mesothelioma)	**ONE** of the following: 1. When used in combination with pemetrexed and cisplatin or carboplatin on day 1 every 3 weeks for 6 cycles followed by single-agent maintenance therapy 2. When used in combination with atezolizumab as subsequent therapy

Non-small cell lung cancer (NSCLC)	**ALL** of the following: 1. Member's NSCLC histology is non-squamous cell 2. Member's disease is advanced, recurrent, or metastatic 3. **ONE** of the following: a. Used in combination with pemetrexed and cisplatin b. Used in combination with pemetrexed and carboplatin c. Used in combination with paclitaxel and carboplatin d. Used in combination with paclitaxel, carboplatin, and atezolizumab e. Used in combination with nab-paclitaxel and carboplatin when member has a documented hypersensitivity to conventional paclitaxel or docetaxel f. Used in combination with atezolizumab for maintenance therapy if previously used as part of first-line atezolizumab/carboplatin/paclitaxel/bevacizumab g. Used in combination with pemetrexed for maintenance therapy if previously used with a first-line pemetrexed/platinum chemotherapy regimen h. Used in combination with erlotinib i. Single agent maintenance therapy
Ovarian Cancer [includes epithelial, fallopian tube, primary peritoneal, and less common ovarian histologies (carcinosarcoma or malignant mixed Mullerian tumors, clear cell carcinoma, mucinous carcinoma, serous carcinoma, endometrioid carcinoma, borderline epithelial tumors with invasive implants, malignant sex cord-stromal tumors)]	**ONE** of the following: 1. For treatment of recurrent or persistent disease as a single agent or in combination with **ONE** of the following: a. cyclophosphamide b. paclitaxel and carboplatin c. gemcitabine and carboplatin d. liposomal doxorubicin and carboplatin e. liposomal doxorubicin f. niraparib g. paclitaxel h. topotecan 2. When used in combination with paclitaxel and carboplatin 3. When used as single agent maintenance therapy 4. When used in combination with olaparib for maintenance therapy after complete or partial remission with primary treatment containing bevacizumab
Radiation necrosis of the brain	**BOTH** of the following: 1. Member is symptomatic 2. Member's disease is refractory to corticosteroids
Small Bowel Adenocarcinoma	**BOTH** of the following: 1. Member has advanced or metastatic disease 2. When used as a component of **ONE** of the following regimens: a. FOLFOX (fluorouracil, leucovorin, oxaliplatin) b. FOLFIRI (fluorouracil, leucovorin, irinotecan) c. CapeOX (capecitabine and oxaliplatin)

	d. FOLFIRINOX (fluorouracil, leucovorin, irinotecan, oxaliplatin) e. Capecitabine f. 5-FU/LV (fluorouracil and leucovorin)
Soft-tissue sarcoma (STS)	**ONE** of the following: 1. Used as a single agent for angiosarcoma 2. Used in combination with temozolomide (Temodar) for treatment of solitary fibrous tumor/hemangiopericytoma
Uterine Neoplasm	When used for **ONE** of the following: 1. Used as a single agent in members who have progressed on prior cytotoxic chemotherapy 2. Used in combination with carboplatin and paclitaxel for advanced or recurrent disease
Vulvar cancer	**BOTH** of the following: 1. Member has advanced, unresectable, recurrent or metastatic disease 2. Will be used in combination with cisplatin and paclitaxel
Other FDA-approved or NCCN supported diagnosis (not previously listed above)	When **ONE** of the following are met: 1. Member is diagnosed with a condition that is consistent with an indication listed in the product's FDA-approved prescribing information (or package insert) **AND** member meets any additional requirements listed in the "Indications and Usage" section of the FDA-approved prescribing information (or package insert) 2. Indication **AND** usage is recognized in NCCN Drugs and Biologics Compendium as a Category 1 or 2A recommendation
CNS, central nervous system	

Approval Duration: 180 days

II. Continuation of bevacizumab (Avastin®), bevacizumab-awwb (Mvasi), bevacizumab-bvzr (Zirabev), bevacizumab-maly (Alymsys), or bevacizumab-adcd (Vegzelma) **meets the definition of medical necessity** for the indications in Table 1 above when **ALL** of the following criteria are met:

a. The member has been previously approved by Florida Blue or another healthplan in the past 2 years, **OR** the member has previously met all indication-specific criteria

b. The dose does not exceed **EITHER** of the following:

1. 10 mg/kg every 2 weeks

2. 15 mg/kg every 3 weeks

Approval duration: 1 year

† Step therapy does not apply for bevacizumab (Avastin), bevacizumab-maly (Alymsys), or Vegzelma if a prior health plan paid for the medication - documentation of a paid claim within the past 90 days must be submitted

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved: the FDA-approved indications and dosing for bevacizumab are identified in Table 2. Bevacizumab should be administered as an intravenous (IV) infusion. The first infusion should be administered over 90 minutes. If the first infusion is tolerated, the second infusion can be administered over 60 minutes; subsequent infusions can be administered over 30 minutes if the second infusion over 60 minutes is tolerated. See prescribing information for biosimilar products bevacizumab-awwb and bevacizumab-bvzr.

Table 2

FDA-approved indications and dosing for bevacizumab	
Indication	Dosage Regimen†
Metastatic Colorectal Cancer	5 mg/kg every 2 weeks with bolus irinotecan/5-FU/leucovorin
	10 mg/kg every 2 weeks with 5-FU/leucovorin/oxaliplatin
	5 mg/kg every 2 weeks or 7.5 mg every 3 weeks with fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin based chemotherapy after progression on first line bevacizumab containing regimen
Non-squamous NSCLC	15 mg/kg every 3 weeks with carboplatin/paclitaxel
Recurrent Glioblastoma	10 mg/kg every 2 weeks
Metastatic RCC	10 mg/kg every 2 weeks with interferon alfa
Persistent, recurrent, or metastatic carcinoma of the cervix	15 mg/kg IV every 3 weeks with paclitaxel/cisplatin or paclitaxel/topotecan
Stage III or IV epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection	15 mg/kg IV every 3 weeks with carboplatin or paclitaxel for up to 6 cycles, followed by 15 mg/kg every 3 weeks as a single agent, for a total of up to 22 cycles
Platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer	10 mg/kg IV every 2 weeks with paclitaxel, pegylated liposomal doxorubicin or weekly topotecan
	15 mg/kg IV every 3 weeks with topotecan given every 3 weeks
Platinum-sensitive recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer	15 mg/kg IV every 3 weeks with carboplatin/paclitaxel for 6 to 8 cycles followed by 15 mg/kg every 3 weeks as a single agent
	15 mg/kg IV every 3 weeks with carboplatin/gemcitabine for 6 to 10 cycles followed by 15 mg/kg every 3 weeks as a single agent
Hepatocellular carcinoma	15 mg/kg IV every 3 weeks with atezolizumab given every 3 weeks
†Bevacizumab should be administered as an intravenous (IV) infusion; do not administer as an IV bolus or push.	

NSCLC, non-small cell lung cancer; RCC, renal cell carcinoma.

Dose modifications: there are no recommended dose reductions for bevacizumab. Bevacizumab should be discontinued in the following clinical situations:

- Gastrointestinal perforations (gastrointestinal perforations, fistula formation in the gastrointestinal tract, intra-abdominal abscess), fistula formation involving an internal organ
- Wound dehiscence and wound healing complications requiring medical intervention, necrotizing fasciitis
- Serious hemorrhage (i.e., requiring medical intervention)
- Severe arterial thromboembolic events
- Life-threatening (Grade 4) venous thromboembolic events, including pulmonary embolism
- Hypertensive crisis or hypertensive encephalopathy
- Posterior Reversible Encephalopathy syndrome (PRES)
- Nephrotic syndrome
- Congestive Heart Failure

Bevacizumab should be temporarily suspended in the following clinical situations:

- At least 4 weeks prior to elective surgery
- Severe hypertension not controlled with medical management
- Moderate to severe proteinuria pending further evaluation
- Severe infusion reactions

Drug Availability: Bevacizumab, bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly are all supplied as a 100 mg/4 mL single-use vial and a 400 mg/16 mL single use vial.

PRECAUTIONS:

- Gastrointestinal Perforation or fistula: Discontinue bevacizumab if perforation or fistula formation occurs.
- Surgery and Wound Healing Complications: Discontinue in persons with wound dehiscence. Discontinue at least 28 days prior to elective surgery. Do not initiate bevacizumab for at least 28 days after surgery and until the surgical wound is fully healed.
- Hemorrhage: Severe or fatal hemorrhage, hemoptysis, gastrointestinal bleeding, CNS hemorrhage, and vaginal bleeding are increased in bevacizumab- treated individuals. Do not administer bevacizumab to individuals with serious hemorrhage or recent hemoptysis. Discontinue for Grade 3-4 hemorrhage.
- Arterial Thromboembolic Events (ATE) (e.g., myocardial infarction, cerebral infarction): Discontinue bevacizumab for severe ATE.
- Venous Thromboembolic Events: Discontinue bevacizumab for life-threatening events.

- Hypertension: Monitor blood pressure and treat hypertension. Temporarily suspend bevacizumab if not medically controlled. Discontinue bevacizumab for hypertensive crisis or hypertensive encephalopathy.
- Posterior Reversible Encephalopathy Syndrome (PRES): Discontinue bevacizumab.
- Renal injury and Proteinuria: Monitor urine protein. Discontinue for nephrotic syndrome. Temporarily suspend bevacizumab for moderate proteinuria.
- Infusion Reactions: Stop for severe infusion reactions.
- Embryo-fetal toxicity: Advise females of potential risk to a fetus and the need for use of effective contraception.
- Ovarian Failure: Inform females of reproductive potential of the risk of ovarian failure with bevacizumab.
- Congestive Heart Failure (CHF): discontinue if CHF occurs.

BILLING/CODING INFORMATION:

The following codes may be used to describe:

HCPCS Coding:

J9035	Injection, bevacizumab, 10mg
J9999	Unclassified biologics [for Vegzelma only]
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar (Zirabev), 10 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg

ICD-10 Diagnosis Codes That Support Medical Necessity:

C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0 – C18.9	Malignant neoplasm of colon
C19 – C20	Malignant neoplasm of rectosigmoid junction and rectum
C21.0 – C21.8	Malignant neoplasm of anus and anal canal
C22.0	Liver cell carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C24.1	Malignant neoplasm of ampulla of Vater
C33 – C34.92	Malignant neoplasm of trachea, bronchus and lung
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system

C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0 – C49.9	Malignant neoplasm of connective and soft tissue
C51.0 – C51.9	Malignant neoplasm of vulva
C53.0 – C53.9	Malignant neoplasm of endocervix, exocervix, overlapping sites of cervix uteri, unspecified cervix uteri
C54.0 – C54.8	Malignant neoplasm of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1 – C57.9	Malignant neoplasm of ovary and other and unspecified female genital organs
C64.1 – C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1 – C65.9	Malignant neoplasm of unspecified renal pelvis
C70.0 – C70.9	Malignant neoplasm of meninges
C71.0 – C71.9	Malignant neoplasm of brain
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, unspecified
C78.00 – C78.02	Secondary malignant neoplasm of unspecified lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of meninges
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C83.30 – C83.89	Diffuse large B-cell lymphoma [Primary CNS Lymphoma]
D32.0 – D32.9	Benign neoplasm of meninges
D42.0 – D42.9	Neoplasm of uncertain behavior of meninges
D43.0 – D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
T66.XXXA	Radiation sickness, unspecified, initial encounter
T66.XXXD	Radiation sickness, unspecified, subsequent encounter
T66.XXXS	Radiation sickness, unspecified, sequela

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline revised date for oncology indications.

DEFINITIONS:

None.

RELATED GUIDELINES:

Gemcitabine (Gemzar®), 09-J0000-96
Irinotecan HCl (Camptosar®) IV, 09-J0000-99
Tumor Markers, 05-86000-22
Vascular Endothelial Growth Factor Inhibitors of Ocular Neovascularization, 09-J1000-78
Verteporfin (Visudyne™) Injection, 09-J1000-72

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Coverage Committee on 10/12/22.

GUIDELINE UPDATE INFORMATION:

11/15/06	New Medical Coverage Guideline.
07/15/07	Reviewed guideline: Maintain current coverage and limitations. Reformatted guideline, renamed putting generic first, and references.
07/15/08	Reviewed guideline with no change in coverage. Added statement regarding proper coding, added related guideline and updated references.
04/15/09	Review and revision of guideline; consisting of changing the name of the guideline, adding 5 new indications to the position statement, adding maximum dosing, updating references, and adding ICD-9 codes for cervical cancer.
10/01/09	Revision to guideline; consisting of updating maximum dosing description in Position statement, updating HCPCS coding and addition of 3 new diagnosis codes.
10/15/09	Revision to guideline; consisting of updating codes.
01/01/10	Annual HCPCS coding update: deleted HCPCS code Q2024.
01/15/10	Revision to guideline; consisting of updating coding.
04/15/10	Revision to guideline; consisting of updating coding.
08/01/10	Review and revision to guideline; consisting of updating ICD-9 coding, black box warning and references.
08/15/11	Review and revision to guideline; consisting of updating coding and references.
07/15/12	Revision to guideline; consisting of modifying dosage limitations.
08/15/12	Review and revision to guideline; consisting reformatting position statement, update precautions, coding, program exceptions and references.
12/15/12	Revision to guideline; consisting of removing ophthalmologic indications and referencing MCG# 09-J1000-78, Vascular Endothelial Growth Factor Inhibitors of Ocular Neovascularization.
04/15/13	Revision to guideline; consisting of adding new indication to position statement.
08/15/13	Review and revision to guideline; consisting of revising description section, revising and reformatting position statement, dosage/administration, and precautions sections; updating references, program exceptions and coding.

08/15/14	Review and revision to guideline; consisting of revising position statement, updating references, updating coding.
10/15/14	Revision to guideline; consisting of revising position statement.
11/15/14	Revision to guideline; consisting of position statement.
08/15/15	Review and revision to guidelines; consisting of position statement, references.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/16	Review and revision to guideline; consisting of revising position statement; updating dosing, warnings, coding and references.
01/15/17	Revision to guideline; consisting of updating position statement, coding and references.
07/15/17	Review and revision to guideline; consisting of revising position statement, description, dosing, coding and references.
11/15/17	Revision to guideline; consisting of updating position statement and references.
07/15/18	Review and revision to guideline; consisting of updating position statement, coding, warnings and references.
08/15/18	Revision to guideline; consisting of updating position statement and references.
01/01/19	Revision: HCPCS code updates. Added Q5107.
07/15/19	Review and revision to guideline; consisting of updating position statement and references
10/01/19	Revision: Added HCPCS Q5118.
10/15/19	Review and revision to guideline; consisting of updating position statement, description, coding and references.
02/15/20	Revision to guideline consisting of updating position statement and references.
04/01/20	Review and revision to guideline consisting of updating the position statement.
05/15/20	Revision to guideline; consisting of updating the position statement and references.
08/15/20	Review and revision to guideline; consisting of updating the position statement, description, dosing and references.
07/15/21	Review and revision to guideline; consisting of updating the position statement and references.
11/15/21	Revision to guideline; consisting of updating the position statement, coding, and references.
06/15/22	Review and revision to guideline; consisting of updating the position statement, description, dosing, coding, and references.
10/01/22	Revision: Added HCPCS code C9142.
11/15/22	Review and revision to guideline; consisting of adding bevacizumab-adcd (Vegzelma) to the position statement, description, coding and dosing. Also included revisions to the position statement for central nervous system cancer, ovarian, and vulvar cancer.
01/01/22	Revision: Added HCPCS code Q5126 and deleted codes C9142 and J3590.