Effective Date: 03-03-2014

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Bevacizumab Intravitreal Administration
Medicine 2014-001

Bevacizumab is a recombinant humanized monoclonal antibody to vascular endothelial growth factor (VEGF). It is designed to bind to and inhibit VEGF.

Intravitreal administration of bevacizumab may be indicated when 1 of the following is

1	Retinopathy of prematurity
2	Neovascular (wet) age related macular degeneration (AMD)
3	Proliferative diabetic retinopathy with vitreous hemorrhage
4	Proliferative diabetic retinopathy as an adjunctive treatment to vitrectomy or photocoagulation.
5	Diabetic macular edema
6	Macular edema following central or branch retinal vein occlusion (RVO)
7	Neovascular glaucoma
8	Pseudoxanthoma elasticum
9	Rare causes of choroidal neovascularization (angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, and trauma)

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SOURCES

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CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT 67028
HCPCS J9035

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
11/24/2014	Updated code reference.
03/20/2015	Annual review and approval by UM Committee
12/16/15	Annual review and approval by UM Committee
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee
12/12/2019	Annual review and approval by UM Committee
12/10/2020	Annual review and approval by UM Committee
12/10/2021	Annual review and approval by UM Committee
12/21/2022	Annual review and approval by UM Committee
12/20/2023	Annual review and approval by UM/QM Committee
12/23/2024	Annual review and approval by UM/QM Committee
09/30/2025	Annual review and approval by UM/QM Committee
09/29/2026	Annual review and approval by UM/QM Committee

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