

Avastin® (bevacizumab)

When requesting Avastin® (bevacizumab) for non-oncology uses, the individual requiring treatment must be diagnosed with an approved off-label compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

Approved Non-oncology Off-label Compendia Uses

- Neovascular or vascular ophthalmic conditions (e.g., diabetic macular edema, diabetic retinopathy, macular edema following retinal vein occlusion, myopic choroidal neovascularization, neovascular [wet] age-related macular degeneration, other neovascular diseases of the eye [e.g., neovascular glaucoma, retinopathy of prematurity, sickle cell neovascularization, choroidal neovascular conditions])

Coverage Guidelines

- Avastin is administered by or under the supervision of an ophthalmologist.

Approval duration: 12 months

References

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