

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

- Diabetic Retinopathy
- Neovascular Age-Related Macular Degeneration
- Diabetic Macular Edema
- Macular Edema Associated with Retinal Vein Occlusion
- Macular Choroidal Neovascularization

Coverage Guidelines

- The following uses will be covered Diabetic Retinopathy, Neovascular Age-Related Macular Degeneration, Diabetic Macular Edema, Macular Edema Associated with Retinal Vein Occlusion, and Macular Choroidal Neovascularization

Approval duration: 12 months

References

1. Avastin® prescribing information. South San Francisco, CA: Genentech, Inc.: January 2018.
2. Bevacizumab (Avastin®). In: DRUGDEX® system. Micromedex 2.0, Greenwood Village, CO. [Accessed 4/17/2018].
3. American Academy of Ophthalmology. (2015). Preferred Practice Pattern Age-Related Macular Degeneration.
4. Schmidt-Erfurth U et al. Guideline for the Management of Diabetic Macular Edema by the European Society of Retina Specialists (EURETINA). *Ophthalmologica* 2017; 237:185-222.
5. American Academy of Ophthalmology. (2017). Preferred Practice Pattern Diabetic Retinopathy.
6. American Academy of Ophthalmology. (2015). Preferred Practice Pattern Retinal Vein Occlusions.
7. American Academy of Ophthalmology (2017) Retina Summary Benchmarks for Preferred Practice Pattern Guidelines.