PHYSICIAN OFFICE BILLING

CODING TIP SHEET

For Jobevne™ (bevacizumab-nwgd) Injection

Jobevne™ (bevacizumab-nwgd) Injection

Until JOBEVNE is assigned a unique Healthcare Common Procedure Coding System (HCPCS) code, you may use a miscellaneous (unclassified) code.

Table 1. Miscellaneous HCPCS Codes That May Be Appropriate for JOBEVNE[1]

Code	Description	Sites of Service
J9999	Not otherwise classified, antineoplastic drugs	• Physician office • Hospital outpatient
J3590	Unclassified biologics	
J3490	Unclassified drugs	
C9399	Unclassified drugs or biologicals	• Hospital outpatient

Payers may require the National Drug Code (NDC) to be billed on medical claims for JOBEVNE, along with a miscellaneous HCPCS code[2,3]:

- When required, the qualifier "N4" should go in front of the NDC on claim forms.
- Some payers may also require additional detail after the NDC, including:
  - The unit of measure (UoM) "mL" (milliliters); and
  - The quantity (mLs per vial)

Table 2. JOBEVNE NDCs and UoM

Vial Type	Vial Size	11-Digit NDC and UoM
Single dose	100 mg/4 mL	83257-0009-11 N483257000911 ML4
	400 mg/16 mL	83257-0010-11 N483257001011 ML16

Please see Important Safety Information throughout and accompanying Full Prescribing Information.

IMPORTANT SAFETY INFORMATION AND INDICATIONS

IMPORTANT SAFETY INFORMATION

JOBEVNE can cause serious side effects, including:

Gastrointestinal (GI) perforations and fistulae: Serious, and sometimes fatal, gastrointestinal perforation occurred at a higher incidence in patients receiving bevacizumab products compared to patients receiving chemotherapy. The incidence ranged from 0.3% to 3% across clinical studies, with the highest incidence in patients with a history of prior pelvic radiation. Serious fistulae ranged from < 1% to 1.8% across clinical studies, with the highest incidence in patients with cervical cancer. Avoid JOBEVNE in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction. Discontinue in patients who develop gastrointestinal perforation, tracheoesophageal fistula, or any Grade 4 fistula. Discontinue in patients with fistula formation involving any internal organ.

Surgery and Wound Healing Complications: The incidence of surgery and wound healing complications, including serious and fatal complications, was increased in patients receiving bevacizumab products. In patients who experience wound healing complications during treatment, withhold JOBEVNE until adequate wound healing. Do not use JOBEVNE for at least 28 days following major surgery, to allow time for the wound to heal. Discontinue JOBEVNE in patients who develop necrotizing fasciitis.

Hemorrhage: Severe or fatal hemorrhage including hemoptysis, gastrointestinal bleeding, hematemesis, CNS hemorrhage, epistaxis, and vaginal bleeding, occurred up to 5-fold more frequently in patients receiving bevacizumab products vs chemotherapy alone. Discontinue JOBEVNE in patients who develop a Grades 3-4 hemorrhage.

Arterial Thromboembolic Events: Serious, sometimes fatal, arterial thromboembolic events (ATE) including cerebral infarction, transient ischemic attacks, myocardial infarction, and angina, occurred at a higher incidence in patients receiving bevacizumab vs chemotherapy. Discontinue JOBEVNE in patients who develop severe ATE. The safety of reinitiating bevacizumab products after an ATE is resolved is not known.

Venous Thromboembolic Events: An increased risk of venous thromboembolic events (VTE) was observed across clinical studies. Discontinue JOBEVNE in patients with a Grade 4 VTE, including pulmonary embolism.

Hypertension: Severe hypertension occurred at a higher incidence in patients receiving bevacizumab products as compared to chemotherapy alone. Monitor blood pressure every two to three weeks during treatment with JOBEVNE. Treat with appropriate anti-hypertensive therapy and monitor blood pressure regularly. Discontinue in patients who develop hypertensive crisis or hypertensive encephalopathy.

Posterior Reversible Encephalopathy Syndrome (PRES): PRES was reported in < 0.5% of patients across clinical studies. Discontinue JOBEVNE in patients who develop PRES.

Renal Injury and Proteinuria: The incidence and severity of proteinuria was higher in patients receiving bevacizumab as compared to patients receiving chemotherapy. Nephrotic syndrome occurred in < 1% of patients receiving bevacizumab products across clinical studies, in some instances with fatal outcome. Discontinue JOBEVNE in patients who develop nephrotic syndrome.

Infusion-related reactions: Infusion-related reactions reported across clinical studies and post marketing experience include hypertension, hypertensive crises associated with neurologic signs and symptoms, wheezing, oxygen desaturation, Grade 3 hypersensitivity, anaphylactoid/anaphylactic reactions, chest pain, headaches, rigors, and diaphoresis. In clinical studies, infusion-related reactions with the first dose of bevacizumab products occurred in < 3% of patients and severe reactions occurred in 0.4% of patients. Decrease the rate of infusion for mild, clinically insignificant infusion-related reactions. Interrupt the infusion in patients with clinically significant infusion-related reactions and consider resuming at a slower rate following resolution. Discontinue JOBEVNE in patients who develop a severe infusion-related reaction and administer appropriate medical therapy.

Embryo-Fetal Toxicity: Bevacizumab products may cause fetal harm when administered to pregnant women. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with JOBEVNE and for 6 months after the last dose.

Ovarian Failure: The incidence of ovarian failure was 34% vs 2% in premenopausal women receiving bevacizumab with chemotherapy vs chemotherapy alone for adjuvant treatment of a solid tumor. Inform females of reproductive potential of the risk of ovarian failure prior to initiating JOBEVNE.

Congestive Heart Failure (CHF): JOBEVNE is not indicated for use with anthracycline-based chemotherapy. Discontinue JOBEVNE in patients who develop CHF.

Most common adverse reactions incidence (incidence >10%): epistaxis, headache, hypertension, rhinitis, proteinuria, taste alteration, dry skin, hemorrhage, lacrimation disorder, back pain and exfoliative dermatitis.

Across clinical studies, bevacizumab was discontinued in 8% to 22% of patients because of adverse reactions.

Most Common Adverse Reactions by Indication

Metastatic Colorectal Cancer:

- **in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment (Study AVF2107g):** Grades 3-4 adverse reactions occurring at higher incidence (≥2%) in patients receiving bevacizumab with IFL (N=392) vs placebo with IFL (N=396) were leukopenia (37% vs 31%), neutropenia (21% vs 14%), diarrhea (34% vs 25%), abdominal pain (8% vs 5%), constipation (4% vs 2%), hypertension (12% vs 2%), deep vein thrombosis (9% vs 5%), intra-abdominal thrombosis (3% vs 1%), syncope (3% vs 1%), asthenia (10% vs 7%), and pain (8% vs 5%).
- **Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen (Study E3200):** Selected Grades 3–5 (non-hematologic) and Grades 4–5 (hematologic) occurring at a higher incidence (≥ 2%) in patients (N=521) receiving bevacizumab with FOLFOX4 compared to FOLFOX4 alone were fatigue (19% vs. 13%), diarrhea (18% vs. 13%), sensory neuropathy (17% vs. 9%), nausea (12% vs. 5%), vomiting (11% vs. 4%), dehydration (10% vs. 5%), hypertension (9% vs. 2%), abdominal pain (8% vs. 5%), hemorrhage (5% vs. 1%), other neurological (5% vs. 3%), ileus (4% vs. 1%) and headache (3% vs. 0%).

First-Line Non-Squamous Non–Small Cell Lung Cancer (NSCLC)

- **Study E4599:** Grades 3–5 (non-hematologic) and Grade 4–5 (hematologic) adverse reactions in a clinical study occurred at ≥ 2% higher incidence in patients (N=422) receiving bevacizumab with paclitaxel and carboplatin vs. patients receiving chemotherapy alone were neutropenia (27% vs. 17%), fatigue (16% vs. 13%), hypertension (8% vs. 0.7%), infection without neutropenia (7% vs. 3%), venous thromboembolism (5% vs. 3%), febrile neutropenia (5% vs. 2%), pneumonitis/pulmonary infiltrates (5% vs. 3%), infection with Grade 3 or 4 neutropenia (4% vs. 2%), hyponatremia (4% vs. 1%), headache (3% vs. 1%) and proteinuria (3% vs. 0%).

Recurrent Glioblastoma

- **Study EORTC 26101:** In patients (N=278) with recurrent GBM following radiotherapy and temozolomide, patients received bevacizumab with lomustine or lomustine alone, 22% of patients discontinued treatment in the bevacizumab with the lomustine arm compared with 10% of patients in the lomustine arm. In patients receiving bevacizumab with lomustine, the adverse reaction profile was similar to that observed in other approved indications.

Metastatic Renal Cell Carcinoma

- **Study BO17705:** Grades 3–5 adverse reactions occurring at a >2% higher incidence in bevacizumab with interferon alfa (N=337) compared to placebo with interferon alfa (N=304), were fatigue (13% vs. 8%), asthenia (10% vs. 7%), proteinuria (7% vs. 0%), hypertension (6% vs. 1%; including hypertension and hypertensive crisis), and hemorrhage (3% vs. 0.3%; including epistaxis, small intestinal hemorrhage, aneurysm ruptured, gastric ulcer hemorrhage, gingival bleeding, hemoptysis, hemorrhage intracranial, large intestinal hemorrhage, respiratory tract hemorrhage, and traumatic hematoma).

Persistent, Recurrent, or Metastatic Cervical Cancer

- **Study GOG-0240:** Grades 3 or 4 adverse reactions occurred at a higher incidence of ≥ 2% in patients receiving bevacizumab with chemotherapy (N = 218) compared to patients receiving chemotherapy alone (N = 222), were abdominal pain (12% vs. 10%), hypertension (11% vs. 0.5%), thrombosis (8% vs. 3%), diarrhea (6% vs. 3%), anal fistula (4% vs. 0%), proctalgia (3% vs. 0%), urinary tract infection (8% vs. 6%), cellulitis (3% vs. 0.5%), fatigue (14% vs. 10%), hypokalemia (7% vs. 4%), hyponatremia (4% vs. 1%), dehydration (4% vs. 0.5%), neutropenia (8% vs. 4%), lymphopenia (6% vs. 3%), back pain (6% vs. 3%), and pelvic pain (6% vs. 1%).

BILLING CODE TIPS
for JOBEVNE injection

Jobevne™ (bevacizumab-nwgd) Injection

The example below illustrates possible billing for JOBEVNE using a miscellaneous HCPCS code in the physician office site of care.

Image 1. Sample CMS-1500 Claim Form for JOBEVNE

ITEM 24 SHADED AREA

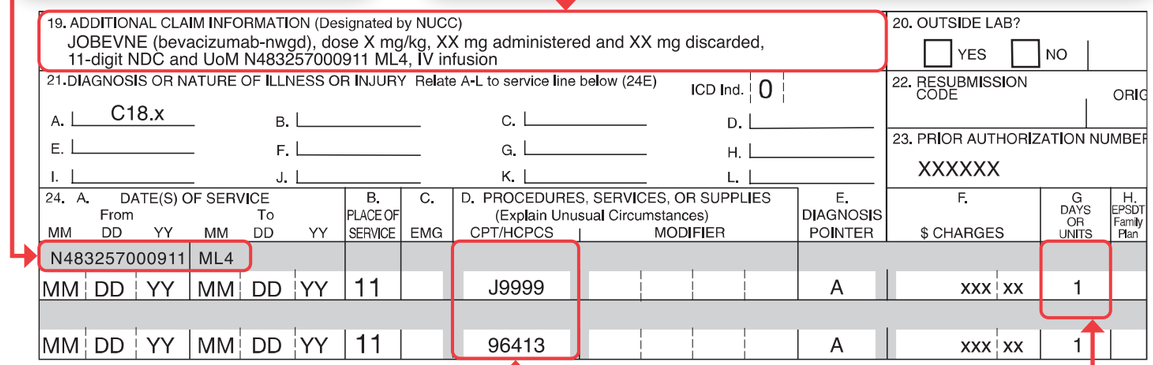
Centers for Medicare & Medicaid Services (CMS) guidance suggests entering the NDC as follows: "N4," the 11-digit NDC, UoM "ML," and quantity (mLs per vial)[2,3]

ITEM 19 ADDITIONAL CLAIM INFORMATION

Payers will likely require the following drug-identifying information to be reported in the Comment field:

- Drug name (brand and generic), dose, amount administered and amount discarded, NDC and NDC qualifiers, and route of administration
  - Payers will generally reimburse for the full quantity of a single-use vial, up to the amount listed on the vial, including discarded amounts not administered to a patient[4]

Payer guidance may vary so check with individual health plans to confirm requirements



ITEM 24D CPT/HCPCS

Enter the appropriate HCPCS code for JOBEVNE and Current Procedural Terminology (CPT®) code for the intravenous infusion service. Other codes may apply

ITEM 24G UNITS

Miscellaneous codes are generally reported with a "1" as the billing unit

Disclaimer: Please note that coding is subject to change and should be verified for each patient prior to treatment. This information is current as of May 2025 and is provided for informational purposes only. It is not intended as legal advice or to replace a medical provider's professional judgment. It is the sole responsibility of the treating healthcare professional to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure JOBEVNE claims are accurate, complete, and supported by documentation in the patient's medical record. Biocon Biologics does not guarantee that payers will consider all codes appropriate for all encounter scenarios, and Biocon Biologics does not guarantee coverage or reimbursement for JOBEVNE.

Please see Important Safety Information throughout and accompanying Full Prescribing Information.

My Biocon Biologics™ provides patient access support and can assist with patient-specific verification of benefits for Jobevne™ (bevacizumab-nwgd) and its associated professional services, such as product infusion. For assistance*:

Monday-Friday
8 AM-8 PM ET

Call
1-833-612-4626

*My Biocon Biologics support services will be available starting in October 2025.

IMPORTANT SAFETY INFORMATION AND INDICATIONS (continued)

IMPORTANT SAFETY INFORMATION (continued)

Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

- **Combination with carboplatin and paclitaxel, followed by Bevacizumab as a single agent, for stage III or IV disease following initial surgical resection (Study BO17705):** Grades 3-4 adverse reactions occurring at a higher incidence (≥2%) in either of the bevacizumab arms vs. the control arm were fatigue (CPB15+ -9%, CPB15 -6%, CPP -6%), hypertension (CPB15+ -10%, CPB15 -6%, CPP -2%), thrombocytopenia (CPB15+ -21%, CPB15 -20%, CPP -15%) and leukopenia (CPB15+ -51%, CPB15 -53%, CPP -50%).
- **Combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens (Study MO22224):** Grades 3-4 adverse reactions occurring at a higher incidence (≥ 2%) in patients receiving bevacizumab with chemotherapy (N = 179) vs. patients receiving chemotherapy alone (N = 181) were hypertension (6.7% vs. 1.1%) and palmar-plantar erythrodysaesthesia syndrome (4.5% vs. 1.7%).
- **Combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Bevacizumab as a single agent for platinum-sensitive recurrent disease (Study AVF4095g):** Grades 3-4 adverse reactions occurring at a higher incidence (≥ 2%) in patients receiving bevacizumab with chemotherapy (N=247) compared to placebo with chemotherapy (N=233) were thrombocytopenia (40% vs. 34%), nausea (4% vs. 1.3%), fatigue (6% vs. 4%), headache (4% vs. 0.9%), proteinuria (10% vs. 0.4%), dyspnea (4% vs. 1.7%), epistaxis (5% vs. 0.4%), and hypertension (17% vs. 0.9%).
- **Patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have not received more than one previous regimen of chemotherapy (Study GOG-0213):** Grades 3-4 adverse reactions occurring at a higher incidence (≥ 2%) in patients receiving bevacizumab with chemotherapy compared to chemotherapy alone were hypertension (11% vs. 0.6%), fatigue (8% vs. 3%), febrile neutropenia (6% vs. 3%), proteinuria (8% vs. 0%), abdominal pain (6% vs. 0.9%), hyponatremia (4% vs. 0.9%), headache (3% vs. 0.9%), and pain in extremity (3% vs. 0%).

INDICATIONS

Metastatic Colorectal Cancer (mCRC)

- JOBEVNE combined with intravenous fluorouracil-based chemotherapy for first- or second-line treatment of patients with mCRC.
- JOBEVNE combined with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for the second-line treatment of patients with mCRC who have progressed on a first-line treatment containing bevacizumab.

Limitations of Use: JOBEVNE is not approved for use if surgery was used as the primary treatment in patients with colon cancer which has not spread to other parts of the body.

First-Line Non-Squamous Non-Small Cell Lung Cancer (NSCLC):

JOBEVNE combined with carboplatin and paclitaxel is approved for first-line treatment in patients with unresectable, locally advanced, recurrent or metastatic NSCLC.

Recurrent Glioblastoma (rGBM):

JOBEVNE is approved to treat rGBM in adults.

Metastatic Renal Cell Carcinoma (mRCC):

JOBEVNE combined with interferon alfa, is approved to treat mRCC.

Persistent, Recurrent or Metastatic Cervical Cancer (CC):

JOBEVNE combined with paclitaxel and cisplatin or paclitaxel and topotecan, is approved to treat patients with persistent, recurrent, or metastatic cervical cancer.

Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer:

- JOBEVNE combined with carboplatin and paclitaxel, followed by JOBEVNE alone, is used for the treatment of patients with advanced (Stage III or IV) epithelial ovarian, fallopian tube or primary peritoneal cancer following initial surgical resection.
- JOBEVNE combined with paclitaxel, pegylated liposomal doxorubicin or topotecan, is approved to treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.
- JOBEVNE combined with carboplatin and paclitaxel or with carboplatin and gemcitabine, followed by JOBEVNE alone, is approved for the treatment of patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer.

Please see Full Prescribing Information for additional Important Safety Information.

REFERENCES

1. American Medical Association. *HCPCS Level II: Professional 2025*. American Medical Association; 2025. **2.** JOBEVNE. Prescribing information. Biocon Biologics Inc; 2025. **3.** Centers for Medicare & Medicaid Services. Medicare Program. Discarded drugs and biologicals: JW modifier and JZ modifier policy frequently asked questions. Updated November 2023. Accessed April 24, 2025. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf **4.** Centers for Medicare & Medicaid Services. Part B hospital (including inpatient hospital Part B and OPPS). In: *Medicare Claims Processing Manual*. Chapter 4. Revised November 14, 2024. Accessed April 24, 2025. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf