# SPECIALTY GUIDELINE MANAGEMENT

## **BEOVU** (brolucizumab-dbll)

#### **POLICY**

## I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indication

Neovascular (wet) age-related macular degeneration

All other indications are considered experimental/investigational and not medically necessary.

## **II. CRITERIA FOR INITIAL APPROVAL**

### Neovascular (Wet) Age-Related Macular Degeneration<sup>1</sup>

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

#### III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of an indication listed in Section II for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

#### **IV. REFERENCES**

1. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2019.



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