Reference number(s)
3349-A

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[1]
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.