

STANDARD MEDICARE PART B MANAGEMENT

BEOVU (brolucizumab-dblj)

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 will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Neovascular (wet) age-related macular degeneration

Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted when ALL of the following criteria are met:

- A. The member is currently receiving therapy with Beovu.
- B. Beovu is being used to treat an indication enumerated in Section II.
- C. The medication has been effective for treating the diagnosis or condition.

IV. REFERENCE

1. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2020.