



POLICIES AND PROCEDURE MANUAL

Policy: MBP 251.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Beovu (brolucizumab)

Applicable line of business:

Commercial	X	Medicaid	
Medicare	X	ACA	X
CHIP	X		

I. Policy:

Beovu (brolucizumab)

II. Purpose/Objective:

To provide a policy of coverage regarding Beovu (brolucizumab).

III. Responsibility:

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

DESCRIPTION:

Brolucizumab is a recombinant humanized monoclonal antibody vascular endothelial growth factor (VEGF) inhibitor that binds to the 3 major isoforms of VEGF-A, thereby suppressing endothelial cell proliferation, neovascularization, and vascular permeability to slow vision loss.

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Beovu (brolucizumab) will be considered medically necessary for commercial, exchange, CHIP, and Medicare lines of business when all of the following criteria are met:

- Medical record documentation of a diagnosis of neovascular age-related macular degeneration **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to intravitreal bevacizumab (Avastin)

OR

- Medical record documentation of a diagnosis of diabetic macular edema **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to intravitreal bevacizumab (Avastin).

NOTE: Indicators of intravitreal bevacizumab (Avastin) failure may include:

- Worse or unchanged intraretinal or subretinal fluid.
- Persistent subretinal or intraretinal fluid.
- Recurrent intraretinal or subretinal fluid at current interval or extended interval.
- New subretinal hemorrhage.
- In the absence of subretinal fluid, intraretinal fluid, or subretinal hemorrhage a failure documented as evidence of growth of the neovascular membrane on clinical exam or multimodal imaging.
- Any ocular or systemic adverse event thought related to the use of intravitreal bevacizumab.

AUTHORIZATION DURATION: Approvals will be given for a lifetime duration.

QUANTITY LIMIT: 12mg per 25 days (6mg per eye per 25 days)

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

REFERENCES:

1. Beovu [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; Jul 2024.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 3/15/22

Revised: 5/17/22 (added QL), 10/25/22 (LOB carve out, DME indication, QL update), 10/12/23 (Medicaid business segment), 12/28/23 (references added), 10/8/24 (Medicaid business segment removed, LOB table, taglines)

Reviewed:

MA UM Committee approval: 12/31/23