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Promise Health Plan

brolucizumab-dbll (Beovu®)

Medical Benefit Drug Policy

Place of Service
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: OPHTHALMIC AGENTS
Mechanism of Action: Recombinant human VEGF inhibitor
HCPCS:
J0179:Injection, brolucizumab-dbll, 1 mg
How Supplied:
6 mg (single-dose vial)

Condition(s) listed in policy *(see coverage criteria for details)*

- Diabetic macular edema
- Neovascular (Wet) age-related macular degeneration (AMD)

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

Diabetic macular edema

Covered Doses:
6 mg as an intravitreal injection every 39-40 days for the first five doses, followed by 6 mg once every 8-12 weeks

Coverage Period:
Yearly

Neovascular (Wet) age-related macular degeneration (AMD)

Covered Doses:
6 mg as an intravitreal injection once monthly for the first three doses, followed by 6 mg once every 8-12 weeks

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Coverage Period:
Yearly

References

1. AHFS®. Available by subscription at http://www.lexi.com
2. Beovu® (brolucizumab-dbll) [Prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 9/2023.
3. DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

Review History

Date of Last Annual Review: 1Q2024
Date of last revision: 04/03/2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee