

brolocizumab-dblI (Beovu)

Commercial 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, brolocizumab-dblI, 1 mg

How Supplied:

6 mg (single-dose prefilled syringe)

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.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Technician extension of authority (EOA)

Member has been with BSC for more than 3 months

Allow if all the following are met: NONE

Member is new to BSC within the past 3 month

Allow if all the following are met:

1. Started and stabilized on the medication prior to joining Blue Shield
2. Indication is covered in policy
3. Dose and frequency are allowed in policy

Coverage Criteria

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

Diabetic Macular Edema

Meets medical necessity if all the following are met:

Covered Doses:

Not to exceed 6 mg given as an intravitreal injection every 39-40 days for the first five doses, followed by 6 mg given once every 8-12 weeks

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

(X=0-9) E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Meets medical necessity if all the following are met:

6 mg as an intravitreal injection every 25-31 days for the first three doses, followed by 6 mg once every 8-12 weeks

Covered Doses:

Not to exceed 6 mg given as an intravitreal injection once every 25-31 days for the first three doses, followed by 6 mg given once every 8-12 weeks

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

H35.3210-3213, H35.3220-3223, H35.3230-3233, H35.3290-3293

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. Beovu (brolucizumab-dbl) Prescribing Information. Novartis Pharmaceuticals Corporation; East Hanover, NJ: 7/2024.
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Review History

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical changes following annual review

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