

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 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.

Coverage Criteria

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

Diabetic Macular Edema

Meets medical necessity if all the following are met:

Covered Doses:

Up to 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

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:

Up to 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

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-dblI) 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: 1Q2025

Changes from previous policy version:

- No clinical change following annual review.

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