blue california
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 prefilled syringe)

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

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

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

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:
1. Intolerable side effect with preferred biosimilar Cimerli, that is not expected with Beovu, or contraindication to Cimerli

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:

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Yearly, based on continued response to therapy

ICD-10:
E08.31-E08.3599, E09.31-E09.3599, E10.31-E10.3599, E11.31-E11.3599, E13.31-E13.3599

Neovascular (Wet) Age-Related Macular Degeneration (AMD)
Meets medical necessity if all the following are met:
1. Intolerable side effect with preferred biosimilar Byooviz or Cimerli, that is not expected with Beovu, or contraindication to Byooviz and Cimerli

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, based on continued response to therapy

ICD-10:
H35.32, H35.321, H35.3210, H35.3211, H35.3212, H35.3213, H35.322, H35.3220, H35.3221, H35.3222, H35.3223, H35.323, H35.3230, H35.3231, H35.3232, H35.3233, H35.329, H35.3290, H35.3291, H35.3292, H35.3293

References

1. AHFS. Available by subscription at http://www.lexi.com
2. Beovu (brolucizumab-dbll) 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 change following revision.

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