

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Beovu (brolucizumab-dbll)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Beovu (brolucizumab-dbll) 6 mg vial	6 mg per eye; each eye may be treated as frequently as every 8 weeks**

**May approve up to 1 (one) additional single-use vial (6 mg/vial) per eye in the first 8 weeks of treatment.

APPROVAL CRITERIA

Requests for Beovu (brolucizumab-dbll) may be approved if the following criteria are met:

- I. Individual has a diagnosis of established neovascular “wet” age-related macular degeneration.

Requests for intravitreal injections of Beovu (brolucizumab-dbll) may not be approved when the above criteria are not met and for all other indications.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Key References:

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11. Pulido JS, Flaxel CJ, Adelman RA, Hyman L, Folk JC, Olsen TW. American Academy of Ophthalmology: Retinal Vein Occlusions Preferred Practice Pattern@ guidelines. *Ophthalmology*. 2016; 123: 182–208.
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13. Weber, M. L. & Heier, J. S. Choroidal Neovascularization Secondary to Myopia, Infection and Inflammation. *Dev Ophthalmol* **55**: 167–75, 10.1159/000431194, Epub 2015 Oct 26 (2016).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.