CareSource

PHARMACY POLICY STATEMENT **Ohio Medicaid**	
DRUG NAME	Beovu (brolucizumab)
BILLING CODE	J0179 (1 unit = 1 mg)
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Avastin QUANTITY LIMIT— 6 units per 30 days
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Beovu (brolucizumab) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

NEOVASCULAR AGE-RELATED MACULAR DEGENERATION (AMD)

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a confirmed diagnosis of neovascular (wet) age-related macular degeneration (AMD); AND
4. Member has failed a trial of or intolerant to Avastin (bevacizumab). Note: Failed trial is considered to be 1-2 injections with minimal to no improvement; AND
5. Member does not have ANY of the following:
   a) Active infection or inflammation around or in the affected eye(s);
   b) Uncontrolled glaucoma;
   c) Recent eye surgery;
   d) Concurrent use with another vascular endothelial growth factor (e.g. Eylea, Avastin, Macugen, or Lucentis).
6. **Dosage allowed:** 6mg administered by intravitreal injection monthly for the first 3 doses, followed by 6mg once every 8-12 weeks.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member is in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Beovu (brolucizumab) not medically necessary for the treatment of the following disease states based on a lack of robust clinical

controlled trials showing superior efficacy compared to currently available treatments:

- Diabetic macular edema
- Diabetic retinopathy
- Macular edema following retinal vein occlusion
- Non-infectious ocular inflammation
- Uveitis

DATE	ACTION/DESCRIPTION
04/24/2020	New policy for Beovu created.

References:

1. Dugel, Pravin U. et al. HAWK and HARRIER: Phase 3, Multicenter, Randomized, Double-Masked Trials of Brolucizumab for Neovascular Age-Related Macular Degeneration. Ophthalmology, Volume 127, Issue 1, 72 - 84.
2. Beovu [package insert]. East Hanover, NJ. Novartis Pharmaceuticals Corporation: Revised October 2019.
3. Avastin [package insert]. South San Francisco, CA. Genetech, Inc.: Revised November 2014.
4. Holekamp, Nanvy M. Review of Neovascular Age-Related Macular Degeneration Treatment Options. Am J Manag Care. July 2019; 25:-S0.

Effective date: 05/25/2020
Revised date: 04/24/2020