Purpose: To support safe, effective and appropriate use of Beovu (brolucizumab).

Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Policy Statement:
Beovu (brolucizumab) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:
Coverage of Beovu (brolucizumab) will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria:
- Patient is at least 18 years of age or older; AND
- Prescribed by or in consultation with Retina Specialist; AND
- Patient is free of ocular and peri-ocular infections; AND
- Patient does not have active intraocular inflammation; AND
- Therapy will not be used with other ophthalmic VEGF inhibitors (i.e., aflibercept, ranibizumab, bevacizumab, etc.); AND
- Must have a definitive diagnosis of Neovascular (wet) age related macular degeneration (AMD); AND
- Patient has baseline measurement of the best corrected visual acuity (BCVA); AND
- The patient must have an adequate trial, intolerance or contraindication to treatment with bevacizumab; OR
- MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

Continuation of Therapy coverage:
- Patient meets all initial criteria; AND
- Patient is tolerating treatment with absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: endophthalmitis and retinal detachments; increase in intraocular pressure; arterial thromboembolic events; AND
- Patient has had a beneficial response to therapy (e.g., improvement in the baseline best corrected visual acuity (BCVA), etc.); AND
- Continued administration is necessary for the maintenance treatment of the condition

Coverage durations:
- Initial coverage: 6 months
- Renewal coverage: 12 months

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. ***

Administration:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
<th>Maximum dose *(1 billable unit = 1 mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMD</td>
<td>6 mg monthly for the first three doses, followed by 6 mg once every 8-12 weeks. For many patients, dosing at the every 12-week frequency is sufficient. For some patients who show continued disease activity, increasing the frequency to every 8 weeks may be considered. For maintenance doses, that are dosed less than 8 weeks will be considered investigational &amp; experimental and will not be covered.</td>
<td>Initial dosing: 12 units every 28 days x 3 doses Maintenance dosing: 12 units every 56-84 days</td>
</tr>
</tbody>
</table>

*based on administration to both eyes

**Investigational use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**Applicable Codes:**
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from
tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

<table>
<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0179</td>
<td>Injection, brolucizumab-dbl, 1mg</td>
</tr>
</tbody>
</table>

References: