Mass General Brigham
Health Plan

Beovu (brolucizumab-dbbl)
Effective 07/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Brolucizumab is a recombinant humanized monoclonal antibody vascular endothelial growth factor (VEGF) inhibitor that binds to the 3 major isoforms of VEGF-A, thereby suppressing endothelial cell proliferation, neovascularization, and vascular permeability to slow vision loss.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Beovu excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member has a diagnosis of neovascular (wet) age-related macular degeneration
2. Member has had an inadequate response to previous trials with and/or contraindication to Eylea, Lucentis, AND Avastin

Continuation of Therapy
Authorization of 24 months may be granted for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

Limitations
Initial authorization will be approved for a duration of 24 months

References
1. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2019.

Review History

05/20/2020 – reviewed and approved by P&T. Effective 7/1/20.