

**Beovu (brolucizumab-dbbi)**  
Effective 07/01/2020

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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. 399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org



**Review History**

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

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