

Brolucizumab



Included Products: Beovu (brolucizumab)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 03/19/2020

Revised: 09/08/2022

Reviewed: 11/09/2023

Updated: 12/01/2023

Age Related Macular Degeneration			
Initial Criteria		If yes	If no
1.	Does the member have exudative (wet) age-related macular degeneration (AMD)?	Continue to #2.	Do not approve.
2.	Has the member tried and failed Avastin?	Continue to #3.	Do not approve.
3.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Is the request for a dosing interval greater than 4 weeks?	Continue to #3.	Continue to #2.
2.	Is there documentation that extended interval dosing has been tried and failed?	Continue to #3.	Do not approve.
3.	Is there documentation that extended interval dosing has been tried and failed?	Continue to #4.	Do not approve.
4.	Approve the requested quantity for 12 months.		

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Diabetic Macular Edema (DME)

Initial Criteria		If yes	If no
1.	Does the member have diabetic macular edema?	Continue to #2.	Do not approve
2.	Has the member tried and failed Avastin?	Continue to #3.	Do not approve.
3.	Approve for 3 months.		
Renewal Criteria		If yes	If no
1.	Is the request for a dosing interval greater than 6 weeks?	Continue to #3.	Continue to #2.
2.	Is there documentation that extended interval dosing has been tried and failed?	Continue to #3.	Do not approve.
3.	Has the member demonstrated disease stabilization or clinical response?	Continue to #4.	Do not approve.
4.	Approve the requested quantity for 12 months.		