CVS Caremark®

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| Reference number(s) |
| 3349-A |

# Specialty Guideline Management Beovu

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Beovu | brolucizumab-dbll |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications1

Beovu is indicated for:

* Neovascular (wet) age-related macular degeneration
* Diabetic macular edema

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Neovascular (Wet) Age-Related Macular Degeneration1,2

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

### Diabetic Macular Edema1

Authorization of 6 months may be granted for treatment of diabetic macular edema.

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when the member has 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).

## References

1. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2024.
2. Dugel PU, Koh A, Ogura Y et al. HAWK and HARRIER: Phase 3, Multicenter, Randomized, Double-Masked Trials of Brolucizumab for Neovascular Age-Related Macular Degeneration. Ophthalmology. 2020; 127:72-84.