



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 06/11/2026

Beovu® (brolucizumab-dblI)

HCPCS: J0179

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Treatment with bevacizumab or a bevacizumab biosimilar has been ineffective, not tolerated or contraindicated
 - d. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: For at least 60 days and up to one year at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Intravitreal injections of anti-vascular endothelial growth factor (VEGF) have been widely used by ophthalmologists to treat a variety of ocular diseases. They are injected directly into the eye to prevent the formation of new blood vessels and reduce blood vessel leakage and inflammation. Beovu is an anti-VEGF currently indicated for the treatment of neovascular (wet) age-related macular degeneration (AMD) and diabetic macular edema (DME).
- Age-related Macular Degeneration

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

- Age-related macular degeneration is a degenerative disease of the macula that results primarily in loss of central vision. Wet AMD is characterized by growth of abnormal vessels into the subretinal space. These abnormal blood vessels leak leading to collections of subretinal fluid and/or blood beneath the retina. The 2024 American Academy of Ophthalmologists (AAO) Age-Related Macular Degeneration Preferred Practice Pattern Guidelines recommend observation and early detection, antioxidant vitamin and mineral supplements, and intravitreal injections of anti-VEGF agents for the management of wet AMD. Guidelines recommend Eylea™, Avastin®, Vabysmo™, or Lucentis for treatment. The guidelines have not been updated with Beovu®, Byooviz, and Susvimo.
- Diabetic Macular Edema
 - Diabetic retinopathy and DME are common complications and the ocular manifestations of end-organ damage in diabetes mellitus. The 2025 AAO Diabetic Retinopathy Preferred Practice Pattern Guidelines state the goals of therapy for DR and DME include improvement or stabilization of visual function, improvement in vision-related quality of life, and optimal control of blood glucose, blood pressure, and other metabolic risk factors. Patients should always be treated with anti-VEGF therapy if they have severe non-proliferative DR or proliferative DR with center-involved macular edema. In cases of mild to moderate non-proliferative DR with center-involved macular edema, patients should also receive intravitreal injections. The guidelines support the use of Lucentis, Eylea, Vabysmo, and Avastin. AAO recommendations were based on trials comparing Eylea, Avastin, and Lucentis to focal laser treatment. All trials showed that treatment with VEGF inhibitors resulted in statistically and clinically significant improvements in visual acuity in patients with DME after one to two years compared to laser treatment.

References:

1. Beovu [prescribing information]. East Hanover, NJ: Novartis Pharmaceutical Corp.; July 2024.
2. Avastin [prescribing information]. South San Francisco, CA: Genentech, Inc.; September 2022.
3. Vemulakonda A, Bailey ST, Kim SJ, et al. Age-related macular degeneration preferred practice pattern. Ophthalmology. 2025 Feb. Available at: file:///C:/Users/e131093/Downloads/Age-Related%20Macular%20Degeneration%20PPP_Dec%202025.pdf. Access on April 13, 2026.
4. Tufail A, Patel PJ, Egan C, et al. Bevacizumab for neovascular age related macular degeneration (ABC Trial): multicentre randomized double masked study. BMJ. 2010; 340: c2459.
5. 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 Jan; 127 (1): 72-84.
6. Vedula SS & Krzystolik MG. Antiangiogenic therapy with anti-vascular endothelial growth factor modalities for neovascular age-related macular degeneration. The Cochrane database of systematic reviews. 2008(2):CD005139. PMID: 18425911 6.
7. Solomon SD, Lindsley K, Vedula SS, et al. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. The Cochrane database of systematic reviews. 2019 Mar 4; 3: CD005139. PMID: 30834517.
8. Jhaveri CD, Glassman AR, Ferris FL, et al. Aflibercept monotherapy or bevacizumab first for diabetic macular edema. NEJM. 2022 Aug 25; 387: 692 – 703.
9. Kim SJ, Lin JJ, Bailey ST, et al. Diabetic retinopathy preferred practice pattern. Ophthalmology. 2025 Feb. Available at: <https://www.aao.org/education/preferred-practice-pattern/diabetic-retinopathy-ppp>. Accessed on April 13, 2026.

Policy History												
#	Date	Change Description										
1.7	Effective Date: 06/11/2026	Annual review of criteria was performed, no changes were made										
1.6	Effective Date: 06/05/2025	Annual review of criteria was performed, no changes were made										
1.5	Effective Date: 06/06/2024	Annual review of criteria was performed, no changes were made										
1.4	Effective Date: 06/08/2023	Annual review of criteria was performed, no changes were made										
1.3	Effective Date: 04/06/2023	New policy. This policy replaces previously approved criteria that was embedded in the Intravitreal Injections for Retinal Conditions Policy which is being split into individual drug policies and retired. The authorization period for Beovu was updated from up to 1 year to at least 60 days and up to 1 year										
1.2	Effective Date: 02/03/2020	UM medical management system update for BCNA and MAPPO <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	Yes											
BCNA	Yes											
1.1	Effective Date: 01/01/2020	UM medical management system update for BCBS <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
BCN	Yes											
MAPPO	No											
BCNA	No											
1.0	Effective Date: 11/15/2019	UM medical management system update for BCN <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	Yes	MAPPO	No	BCNA	No
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BCBS	No											
BCN	Yes											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan

Medication Authorization Request Form

Beovu® (brolucizumab-dbil): J0179

Blue Cross
Blue Shield
Blue Care Network
of Michigan

This form is to be used by participating physicians to obtain coverage for Beovu. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

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PATIENT INFORMATION

PHYSICIAN INFORMATION

Name

Name

ID Number

Specialty

D.O.B.

☐ Male ☐ Female

Address

Diagnosis

City /State/Zip

Drug Name

Phone/Fax: P: () - F: () -

Dose and Quantity

NPI

Directions

Contact Person

Date of Service(s)

Contact Person Phone /
Ext.

STEP 1:

DISEASE STATE INFORMATION

1. Is this request for: ☐ Initiation ☐ Continuation *Date patient started therapy:* _____
2. Please provide the NPI number for the place of administration: _____
3. **Initiation AND Continuation of therapy:**
 - a. What eye(s) will be treated? ☐ Left eye ☐ Right eye
 - b. What is the patient's dose and frequency of requested medication?
Initiation - Dose: _____mg Frequency: ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other: _____
Maintenance - Dose: _____mg Frequency every: ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other: _____
 - c. What is the patient's diagnosis?
☐ Neovascular (wet) age-related macular degeneration (AMD)
☐ Diabetic macular edema (DME)
☐ Other, Please specify: _____
 - d. Has the patient tried Avastin or bevacizumab biosimilar intravitreal treatment?
☐ No
☐ Yes
 - i. Which eye was treated? ☐ Left eye ☐ Right eye
 - ii. Please enter number of Avastin or a bevacizumab biosimilar injections patient has received and in which eye? _____
 - iii. What was the patient's frequency of Avastin or bevacizumab biosimilar? ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other: _____
 - iv. Date of the last three Avastin or a bevacizumab biosimilar injection: _____
 - v. What was the patient's outcome while on Avastin or bevacizumab biosimilar therapy?
☐ Visual acuity improvement ☐ Reduction in edema ☐ Decrease in retinal thickness ☐ Condition remained the same
☐ Worsening in visual acuity ☐ Increased edema ☐ Increase in retinal thickness ☐ Persistent edema
☐ Intolerance to the medication: _____
☐ Other, Please list: _____
 - e. Has the patient failed treatment with other anti-VEGF therapy? ☐ Yes ☐ No
 - i. If yes, List what treatment(s) patient failed: _____
4. **Continuation of therapy:**
 - a. How has the patient's condition changed while on therapy?
☐ Improved; Please describe: _____
☐ Stable; Please describe: _____
☐ Worsened; Please describe: _____
☐ Other; Please describe: _____

Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Attached chart notes	☐ Pertinent test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320