PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Vascular Endothelial Growth Factor Inhibitors – Beovu Prior Authorization Policy

- Beovu® (brolucizumab for intravitreal injection – Novartis)

REVIEW DATE: 11/04/2020

OVERVIEW

Beovu, a vascular endothelial growth factor (VEGF) inhibitor, is indicated for the treatment of neovascular (wet) age-related macular degeneration.[1] The recommended dose for Beovu is 6 mg administered by intravitreal (IVT) injection every month (every 25 to 31 days) for the first 3 doses, followed by 6 mg IVT injection once every 8 to 12 weeks.

Other Uses with Supportive Evidence

Overproduction of VEGF may lead to other eye conditions, including neovascular glaucoma, retinopathy of prematurity, and other retinal and choroidal neovascular conditions affecting the eye, the VEGF inhibitors also have the potential to be used off-label and reduce vision loss associated with other eye conditions related to increased VEGF production.[2,3] The use of anti-VEGF agents have been shown to stop the angiogenic process and maintain visual acuity and improve vision in patients with certain neovascular ophthalmic conditions; therefore, research is rapidly evolving on the use of VEGF inhibitors in other neovascular ophthalmic conditions which threaten vision.[4,5] Anti-VEGF therapy has the potential to be used off-label in other neovascular conditions affecting the eye and may prevent or slow visual impairment.[2,4,5]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Beovu. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Beovu as well as the monitoring required for adverse events and long-term efficacy, approval requires Beovu to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Beovu is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Neovascular (Wet) Age-Related Macular Degeneration.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

Other Uses with Supportive Evidence

2. Other Neovascular Diseases of the Eye (e.g., neovascular glaucoma, retinopathy of prematurity, sickle cell neovascularization, choroidal neovascular conditions, etc.). Approve for 1 year if administered by or under the supervision of an ophthalmologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Beovu is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Beovu® [prescribing information]. Hanover, NJ: Novartis Pharmaceuticals; June 2020.
2. Barakat MR, Kaiser PK. VEGF inhibitors for the treatment of neovascular age-related macular degeneration. *Expert Opin Investig Drugs*. 2009;18(5):637-646.
3. Tolentino M. Systemic and ocular safety of intravitreal anti-VEGF therapies for ocular neovascular disease. *Surv Ophthalmol*. 2011;56(2):95-113.
4. Kinnunen K, Ylä-Herttuala S. Vascular endothelial growth factors in retinal and choroidal neovascular diseases. *Ann Med*. 2012;44(1):1-17.
5. Horsley MB, Kahook MY. Anti-VEGF therapy for glaucoma. *Curr Opin Ophthalmol*. 2010;21(2):112-117.