Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 17, 2022

BEOVU® (brolucizumab-dbll)

LENGTH OF AUTHORIZATION: Initial Therapy – 3 months
Continuation of therapy – 6 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a documented diagnosis of neovascular "wet" age-related macular degeneration **OR** diabetic macular edema.
- The patient is free from ocular/peri-ocular infection as well as intraocular inflammation.
- Medication will not be taken concomitantly with other ophthalmic vascular endothelial growth factor (VEGF) inhibitors (i.e., aflibercept, ranibizumab, pegaptanib, bevacizumab, etc.).
- Must provide a baseline ophthalmologic assessment.
- Medication must be requested by an ophthalmologist or related specialist.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response or disease stabilization; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 6mg/0.05ml solution for intravitreal injection in a single dose pre-filled syringe and a single dose pre-filled vial.