Audience: All Call Centers
Location: Benefits/A-Z List
System: N/A
Updated: 2.20.24

# Beovu (brolucizumab-dbll)

| | |
|---|---|
| **Drug names** | 1. Beovu<br>2. Brolucizumab-dbll |

**Description**

Brolucizumab is made from a human antibody fragment. It works by keeping new blood vessels from forming under the retina (a sensory membrane that lines the inside of the eye). In people with certain types of eye disorders, new blood vessels grow under the retina where they leak blood and fluid.

Beovu (for the eyes) is used to treat the wet form of age-related macular degeneration.

It is administered by intravitreal (injection in the eye).

**Table of Contents**

The following topics are included in this document:

- Commercial
- Government Programs
- Individual and Family Business (IFB)

**Document history**

The document history for the past 12 months is outlined below.

| Date | Description |
|---|---|
| 2.20.24 | Updated to new template. |

# Commercial

**Introduction**

This section applies to all Commercial members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

**Dean (DHP, Prevea360)**

Medical Injectable Policy, *Beovu (brolucizuma-dbll)*, applies.

**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- PA doesn't apply.
  - **Important**: Check policy for limits or exclusions.
- If approved, quote office visit or outpatient hospital benefits.

**Mayo Medical Plan (MMP)**

Quote office visit or outpatient hospital benefits.

**Medica (including MHPS)**

Magellan's Pharmacy Clinical Guideline, *Beovu (brolucizuma-dbll)*, applies.

**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through Magellan**. See *Initial Approval Criteria.*
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).
- If approved, quote office visit or outpatient hospital benefits.

**Document history**

The document history for the past 12 months is outlined below.

| Date | Description |
|------|-------------|
| 2.20.24 | Updated to new template. |

# Government Programs

| | |
|---|---|
| **Introduction** | This section applies to all Medicaid and Medicare products. |

| | |
|---|---|
| **AccessAbility (SNBC),**<br><br>**Minnesota Senior Care Plus (MSC+)** | [Medicaid only groups](#):<br>• See [Medicaid](#) below.<br><br>[Medicare eligible groups](#):<br>• Quote office visit or outpatient hospital benefits.<br>• Follows Medicare guidelines.<br>• Medicare is the primary payer.<br>• If no Medicare eligibility, Medicaid applies. See [Medicaid](#) below. |

| | |
|---|---|
| **AccessAbility Enhanced (I-SNBC),**<br><br>**DUAL (MSHO)** | Magellan's Pharmacy Clinical Guideline, *Beovu (brolucizuma-dbll)*, applies.<br><br>**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).<br><br>• **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.<br>  − **Important**: Check policy for limits or exclusions.<br>  − **ER or inpatient POS**: PA is not required.<br>  − **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).<br>• If approved, quote office visit or outpatient hospital benefits.<br>• Medica is the only payer. |

| | |
|---|---|
| **Cost (Prime)** | Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<br><br>• **Drug administration**: Quote office visit benefits.<br>• **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC.<br>• Follows Medicare guidelines. |

| | |
|---|---|
| **Med Advantage** | Magellan's Pharmacy Clinical Guideline, *Beovu (brolucizuma-dbll)*, applies.<br><br>**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).<br><br>• **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.<br>  − **Important**: Check policy for limits or exclusions.<br>  − **ER or inpatient POS**: PA is not required.<br>  − **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).<br>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<br>  − **Drug administration**: Quote office visit benefits.<br>  − **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC.<br>• Follows Medicare guidelines.<br>• Medica is the only payer. |

| | |
|---|---|
| **Med Supp (Select, Signature)** | Quote office visit or outpatient hospital benefits.<br><br>• Follows Medicare guidelines.<br>• Medicare supplement.<br>• Medicare is the primary payer. |

| | |
|---|---|
| **Medicaid** | Magellan's Pharmacy Clinical Guideline, *Beovu (brolucizuma-dbll)*, applies.<br><br>**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).<br><br>• **Requires prior authorization through Magellan**. See *Initial Approval Criteria.*<br>  − **Important**: Check policy for limits or exclusions.<br>  − **ER or inpatient hospital POS**: PA is not required.<br>  − **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).<br>• If approved, quote office visit or outpatient hospital benefits. |

| | |
|---|---|
| **Document history** | The document history for the past 12 months is outlined below. |

| Date | Description |
|---|---|
| 2.20.24 | Updated to new template. |

# Individual and Family Business (IFB)

| | |
|---|---|
| **Introduction** | This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica. |

| | |
|---|---|
| **Dean (DHP, Medica formerly WellFirst, Prevea360)** | Medical Injectable Policy, *Beovu (brolucizuma-dbll)*, applies.<br><br>**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).<br><br>• PA doesn't apply.<br>  − **Important**: Check policy for limits or exclusions.<br>• If approved, quote office visit or outpatient hospital benefits. |

| | |
|---|---|
| **Medica** | Magellan's Pharmacy Clinical Guideline, *Beovu (brolucizuma-dbll)*, applies.<br><br>**Tip**: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).<br><br>• **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.<br>  − **Important**: Check policy for limits or exclusions.<br>  − **ER or inpatient hospital POS**: PA is not required.<br>  − **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).<br>• If approved, quote office visit or outpatient hospital benefits. |

| | |
|---|---|
| **Document history** | The document history for the past 12 months is outlined below. |

| Date | Description |
|---|---|
| 2.20.24 | Updated to new template. |