Lucentis (ranibizumab)

Lucentis, a vascular endothelial growth factor (VEGF) inhibitor, used as an intravitreal injection, is indicated for the treatment of patients with the following medical conditions:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema following Retinal Vein Occlusion (RVO)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR) in patients with DME
- Myopic Choroidal Neovascularization (mCNV)

I. Criteria for Initial Approval

Lucentis will be considered for coverage when ALL of the criteria below are met, confirmed with supporting medical documentation.

- Patient is 18 years or older.
- Treatment is prescribed by, or in consultation with, an ophthalmologist.
- Patient has a definitive diagnosis of one of the following:
  - Neovascular (Wet) Age-Related Macular Degeneration (AMD)
  - Macular Edema Following Retinal Vein Occlusion (RVO)
  - Diabetic Macular Edema (DME)
  - Diabetic Retinopathy (DR) in patients with DME
  - Myopic Choroidal Neovascularization (mCNV)
- Patient is free of ocular and/or peri-ocular infections.

II. Criteria for Continuation of Therapy

All of the criteria for initial therapy (in Section I.) must be met; AND

- The provider attests to a positive clinical response.

III. Dosing/Administration
Lucentis must be administered according to the current FDA labeling guidelines for dosage and timing. The recommended dosing is as follows:

- **Neovascular (Wet) Age-Related Macular Degeneration (AMD):** LUCENTIS 0.5 mg (0.05 mL of 10 mg/mL of LUCENTIS solution) is recommended to be administered by intravitreal injection once a month (approximately 28 days).

- **Macular Edema following Retinal Vein Occlusion (RVO):** LUCENTIS 0.5 mg (0.05 mL) is recommended to be administered by intravitreal injection once a month (approximately 28 days).

- **Diabetic Macular Edema (DME) and Diabetic Retinopathy (DR):** LUCENTIS 0.3 mg (0.05 mL) is recommended to be administered by intravitreal injection once a month (approximately 28 days).

- **Myopic Choroidal Neovascularization (mCNV):** LUCENTIS 0.5 mg (0.05 mL) is recommended to be initially administered by intravitreal injection once a month (approximately 28 days) for up to three months. Patients may be retreated if needed.

### IV. Length of Authorization For Initial Therapy

Lucentis will be authorized for 6 months when criteria for initial approval are met. Continuing therapy with Lucentis will be authorized for 12 months.

### V. Billing Code/Information

J2778 – Injection, ranibizumab, 0.1 mg; 1 billable unit = 0.1 mg.

*Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.*

Approved by MDH Clinical Criteria Committee: 9/23/2020
Last Reviewed Date: 9/23/2020