

STANDARD MEDICARE PART B MANAGEMENT

LUCENTIS (ranibizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. Neovascular (wet) age-related macular degeneration
2. Macular edema following retinal vein occlusion
3. Diabetic macular edema
4. Diabetic retinopathy
5. Myopic choroidal neovascularization

B. Compendial Uses

Retinopathy of prematurity

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. **Neovascular (wet) age-related macular degeneration**

Authorization of 12 months may be granted for treatment of neovascular age-related macular degeneration.

B. **Macular edema following retinal vein occlusion**

Authorization of 12 months may be granted for treatment of macular edema following retinal vein occlusion.

C. **Diabetic macular edema**

Authorization of 12 months may be granted for the treatment of diabetic macular edema.

D. **Diabetic retinopathy**

Authorization of 12 months may be granted for the treatment of diabetic retinopathy.

E. **Myopic choroidal neovascularization**

Authorization of 12 months may be granted for the treatment of myopic choroidal neovascularization.

F. **Retinopathy of prematurity**

Reference number(s)
2508-A

Authorization of 12 months may be granted for the treatment of retinopathy of prematurity.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted when ALL of the following criteria are met:

- A. The member is currently receiving therapy with Lucentis.
- B. Lucentis is being used to treat an indication enumerated in Section II.
- C. The medication has been effective for treating the diagnosis or condition.

IV. REFERENCE

1. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; March 2018.
2. Micromedex Solutions [database online]. Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/>. Accessed February 11, 2021.