

SPECIALTY GUIDELINE 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.

FDA-Approved Indications

- A. Diabetic macular edema
- B. Neovascular (wet) age-related macular degeneration
- C. Macular edema following retinal vein occlusion
- D. Diabetic retinopathy
- E. Myopic choroidal neovascularization

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Diabetic Macular Edema

Authorization of 6 months may be granted for treatment of diabetic macular edema.

B. Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

C. Macular Edema Following Retinal Vein Occlusion

Authorization of 6 months may be granted for treatment of macular edema following retinal vein occlusion.

D. Diabetic Retinopathy

Authorization of 6 months may be granted for treatment of diabetic retinopathy.

E. Myopic Choroidal Neovascularization

Authorization of 6 months may be granted for treatment of myopic choroidal neovascularization.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of an indication listed in Section II for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

Reference number(s)
1976-A

IV. REFERENCES

1. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; March 2018.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp>.
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp>.
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp>.
5. Larsen M, Waldstein SM, Boscia F, et al.; CRYSTAL Study Group. Individualized ranibizumab regimen driven by stabilization criteria for central retinal vein occlusion: twelve-month results of the CRYSTAL study. *Ophthalmology*. 2016 May;123(5):1101-11. URL: <https://www.ncbi.nlm.nih.gov/pubmed/?term=26896124>.
6. Sepah YJ, Sadiq MA, Boyer D, et al.; READ-3 Study Group. Twenty-four-month outcomes of the ranibizumab for edema of the macula in diabetes – Protocol 3 with high dose (READ-3) study. *Ophthalmology*. 2016 Dec;123(12):2581-2587. URL: <https://www.ncbi.nlm.nih.gov/pubmed/?term=27707550>.
7. Tadayoni R, Waldstein SM, Boscia F, et al; BRIGHTER study group. Individualized stabilization criteria-driven ranibizumab versus laser in branch retinal vein occlusion: six-month results of BRIGHTER. *Ophthalmology*. 2016 Jun;123(6):1332-44. URL: <https://www.ncbi.nlm.nih.gov/pubmed/?term=27039022>.