

Lucentis (ranibizumab)
Effective 01/01/2021

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Ranibizumab is a recombinant humanized monoclonal antibody fragment which binds to and inhibits human vascular endothelial growth factor A (VEGF-A). Ranibizumab inhibits VEGF from binding to its receptors and thereby suppressing neovascularization and slowing vision loss.

Coverage Guidelines

Diabetic Macular Edema

Authorization of 24 months may be granted for treatment of diabetic macular edema.

Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 24 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

Macular Edema Following Retinal Vein Occlusion

Authorization of 24 months may be granted for treatment of macular edema following retinal vein occlusion.

Diabetic Retinopathy

Authorization of 24 months may be granted for treatment of diabetic retinopathy.

Myopic Choroidal Neovascularization

Authorization of 24 months may be granted for treatment of myopic choroidal neovascularization.



Continuation of Therapy

All members requesting authorization for continuation of therapy must meet all initial authorization criteria.

Limitations

Initial approvals for all diagnoses will be granted for 24 months.

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; 2015. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp-2015>
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2017. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp-updated-2017>
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp-2015>
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>. Accessed May 26, 2017.
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>. Accessed May 26, 2017.
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>. Accessed May 26, 2017.

Review History

11/18/2020 – Transitioned from SGM to Custom Criteria; separated out MH vs. Comm/Exch

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