

Reference number(s)
1976-A

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 Indications¹

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

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Diabetic Macular Edema^{1,3}

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

B. Neovascular (Wet) Age-Related Macular Degeneration^{1,2}

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

C. Macular Edema Following Retinal Vein Occlusion^{1,4}

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

D. Diabetic Retinopathy^{1,3}

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

E. Myopic Choroidal Neovascularization¹

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

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

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IV. REFERENCES

1. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; April 2017.
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.