

Byooviz™ (ranibizumab-nuna)



Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: April 23, 2025
Review Date: April 16, 2025
Line of Business: Medicaid - Louisiana
Policy Type: Prior Authorization

Page: 1 of 3

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Products Affected

Byooviz intravitreal solution

Listed Indications

[Neovascular \(Wet\) Age-Related Exudative Macular Degeneration \(AMD\)](#)

[Macular Edema Following Retinal Vein Occlusion \(RVO\)](#)

[Myopic Choroidal Neovascularization \(mCNV\)](#)

Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD)

Does the member meet all of the following criteria?

Criteria #1	Diagnosed with neovascular (wet) age-related macular degeneration
Criteria #2	Has a contraindication, or intolerance to bevacizumab. OR Has had prior therapy with bevacizumab and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (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).

Approval Duration

Initial	Byooviz (ranibizumab-nuna) will be approved in plan year duration or as determined through clinical review.
Renewal	Byooviz (ranibizumab-nuna) will be approved in plan year duration or as determined through clinical review.

[Back to top](#)

Macular Edema Following Retinal Vein Occlusion (RVO)

Does the member meet all of the following criteria?

Criteria #1	Diagnosed with macular edema following Retinal Vein Occlusion
Criteria #2	Has a contraindication, or intolerance to bevacizumab. OR Has had prior therapy with bevacizumab and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (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).

Approval Duration

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[Back to top](#)

Myopic Choroidal Neovascularization (mCNV)

Does the member meet all of the following criteria?

Criteria #1	Diagnosed with Myopic Choroidal Neovascularization (mCNV)
Criteria #2	Has a contraindication, or intolerance to bevacizumab. OR Has had prior therapy with bevacizumab and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (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).

Approval Duration

Byooviz™ (ranibizumab-nuna)

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Review Date: 4/16/2025

Line of Business: Medicaid - Louisiana

Policy Type: Prior Authorization

Page: 2 of 3

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[Back to top](#)

Background

This is a prior authorization policy about Byooviz (ranibizumab-nuna).

Byooviz (ranibizumab-nuna) is a recombinant monoclonal antibody, ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitor.

Byooviz (ranibizumab-nuna) binds to and inhibits vascular endothelial growth factor (VEGF-A) from promoting growth of new blood vessels beneath the retina, by intravitreal injection.

Ranibizumab-nuna is indicated for the treatment of Exudative (wet) Age-related Macular Degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), and Myopic Choroidal Neovascularization (mCNV).

Ranibizumab-nuna is available as Byooviz 10 mg/mL solution for intravitreal injections.

Byooviz (ranibizumab-nuna) is contraindicated in patients with ocular or periocular infections.

Byooviz (ranibizumab-nuna) should not be used concurrently with other VEGF inhibitors for intraocular use in the absence of documentation indicating that individual products are to be used in different eyes.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Byooviz; ranibizumab-nuna; Neovascular (wet) Age Related Macular Degeneration; AMD; Macular Edema, Retinal Vein Occlusion; RVO; Myopic Choroidal Neovascularization; mCNV; Intravitreal; Pharmacy

References

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2. AHFS Drug Information. UpToDate® Lexidrug™ [database online]: Wolters Kluwer; URL: <https://online.lexi.com/>. Updated periodically.
3. Byooviz (ranibizumab-nuna) [package insert] Cambridge, MA: Biogen Inc.; Revised October 2023.
4. Clinical Pharmacology powered by ClinicalKey® [database online]. Philadelphia, PA: Elsevier; URL: <http://https://www.clinicalkey.com/pharmacology/>. Updated periodically.
5. Merative™ Micromedex® DRUGDEX® [database online]. Merative, Ann Arbor, Michigan, USA. URL: <https://www.micromedexsolutions.com/>. Updated periodically.
6. Retinal Vein Occlusions Preferred Practice Pattern® Kovach, Jaclyn L. et al. Ophthalmology, Volume 132, Issue 4, P303 - P343.

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our

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Page: 3 of 3

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