

Lucentis® (ranibizumab)



Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: February 26, 2025
Review Date: February 19, 2025
Line of Business: Medicaid - Louisiana
Policy Type: Prior Authorization

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Products Affected

Lucentis intravitreal solution for injection
Lucentis intravitreal syringe

Listed Indications

Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD)
Diabetic Macular Edema (DME)
Diabetic Retinopathy (DR)
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 | <u>Diagnosed with neovascular (wet) age-related macular degeneration</u> |
| Criteria #2 | <u>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).</u> |

Approval Duration

| | |
|---------|--|
| Initial | <u>Lucentis (ranibizumab) will be approved in plan year duration or as determined through clinical review.</u> |
| Renewal | <u>Lucentis (ranibizumab) will be approved in plan year duration or as determined through clinical review.</u> |

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Diabetic Macular Edema (DME)

Does the member meet all of the following criteria?

| | |
|-------------|---|
| Criteria #1 | <u>Diagnosed with Diabetic Macular Edema</u> |
| Criteria #2 | <u>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).</u> |

Approval Duration

| | |
|---------|--|
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Diabetic Retinopathy (DR)

Does the member meet all of the following criteria?

| | |
|-------------|--|
| Criteria #1 | <u>Diagnosed with Diabetic Retinopathy</u> |
| Criteria #2 | <u>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.,</u> |

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| | |
|--|--|
| | 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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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). |

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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

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Background

This is a prior authorization policy about Lucentis (ranibizumab).

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

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

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

Ranibizumab is available as Lucentis:

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- Single-use prefilled syringe designed to provide 0.05 mL for intravitreal injection
 - 10 mg/mL solution (Lucentis 0.5 mg)
 - 0.3 mg/0.05mL solution (Lucentis 0.3mg)

Lucentis (ranibizumab) is contraindicated in patients with ocular or periocular infections.

Lucentis (ranibizumab) 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.

See product prescribing information for complete list of warnings and precautions.

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

Lucentis; ranibizumab; Neovascular (wet) Age Related Macular Degeneration; AMD; Diabetic Macular Edema; DME; Diabetic Retinopathy; DR; Macular Edema, Retinal Vein Occlusion; RVO; Myopic Choroidal Neovascularization; mCNV; Intravitreal; Pharmacy

References

1. AHFS Drug Information. UpToDate® LexidrugTM [database online]: Wolters Kluwer; URL: <https://online.lexi.com/>. Updated periodically.
2. Clinical Pharmacology powered by ClinicalKey® [database online]. Philadelphia, PA: Elsevier; URL: <http://https://www.clinicalkey.com/pharmacology/>. Updated periodically.
3. Flaxel CJ, Adelman RA, et al. Diabetic Retinopathy Preferred Practice Pattern. Ophthalmology. 2020; 127;1:p66-145.
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5. Flaxel, C. J., Adelman, R. A., Bailey, S. T., Lim, J. I., Vemulakonda, G. A., & Ying, G. (2020). Retinal Vein Occlusions Preferred Practice Pattern®. Ophthalmology, 127(2), P288-P320.
6. Lucentis (ranibizumab) [package insert] San Francisco, CA: Genentech Inc; Revised February 2024.
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