

LUCENTIS (ranibizumab), **BYOOVIZ** (ranibizumab-nuna),
CIMERLI (ranibizumab-eqrn)

Preferred products: Byooviz, Cimerli

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)
4. Diabetic retinopathy (DR)
5. Myopic choroidal neovascularization (mCNV)

AND ALL of the following:

- a. Documented baseline visual acuity test
- b. **NO** ocular or periocular infection
- c. **NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1) other than Susvimo (ranibizumab)
- d. **Non-preferred medications only:** Inadequate treatment response, intolerance, contraindication to **ONE** of the preferred products (Byooviz, Cimerli)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

LUCENTIS (ranibizumab), **BYOOVIZ** (ranibizumab-nuna),
CIMERLI (ranibizumab-eqrn)

Preferred products: Byooviz, Cimerli

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)
4. Diabetic retinopathy (DR)
5. Myopic choroidal neovascularization (mCNV)

AND ALL of the following:

- a. Patient has 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)
- b. **NO** ocular or periocular infection
- c. **NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1) other than Susvimo (ranibizumab)

Prior – Approval Renewal Limits

Same as above

Appendix 1 - List of VEGF Inhibitors for Ocular Indications

Generic Name	Brand Name
aflibercept	Eylea/Eylea HD
bevacizumab	Avastin
brolocizumab-dbl	Beovu
faricimab-svoa	Vabysmo
ranibizumab	Lucentis
ranibizumab*	Susvimo*

*Dual therapy is allowed with Susvimo (ranibizumab)