

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

Preferred products: Byooviz, Cimerli

## Pre - PA Allowance

None

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## 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

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## 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

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### 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)