

SPECIALTY GUIDELINE MANAGEMENT

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

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 Indications

Lucentis, Byooviz and Cimerli are indicated for:

1. Neovascular (wet) age-related macular degeneration
2. Macular edema following retinal vein occlusion
3. Myopic choroidal neovascularization

Lucentis and Cimerli are also indicated for:

1. Diabetic macular edema
2. Diabetic retinopathy

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Diabetic Macular Edema

Authorization of 6 months may be granted for treatment of diabetic macular edema.

B. Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

C. Macular Edema Following Retinal Vein Occlusion

Authorization of 6 months may be granted for treatment of macular edema following retinal vein occlusion.

D. Diabetic Retinopathy

Authorization of 6 months may be granted for treatment of diabetic retinopathy.

E. Myopic Choroidal Neovascularization

Authorization of 6 months may be granted for treatment of myopic choroidal neovascularization.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when the member 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).

IV. REFERENCES

1. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; February 2024.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp>.
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp>.
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp>.
5. Byooviz [package insert]. Cambridge, MA: Biogen, Inc.; October 2023.
6. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.