

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Lucentis (ranibizumab)

CG-DRUG-90

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Lucentis (ranibizumab)

APPROVAL CRITERIA

Requests for a series of intravitreal injections with Lucentis (ranibizumab) may be approved as treatment for any of the following:

- I. Choroidal neovascularization associated with myopic degeneration; **OR**
- II. Diabetic macular edema; **OR**
- III. Proliferative diabetic retinopathy with or without diabetic macular edema; **OR**
- IV. Established neovascular (“Wet”) age-related macular degeneration; **OR**
- V. Macular edema from branch retinal vein occlusion; **OR**
- VI. Macular edema from central retinal vein occlusion; **OR**
- VII. Radiation retinopathy.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. American Hospital Formulary Service® (AHFS). AHFS Drug Information 2018®. Bethesda, MD. American Society of Health-System Pharmacists®; 2018.
2. Lucentis® [Product Information]. San Francisco, CA. Genentech, Inc., January 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125156s111bl.pdf. Accessed on February 23, 2018.
3. Martinez-Zapata MJ, Martí-Carvajal AJ, Solà I, et al. Anti-vascular endothelial growth factor for proliferative diabetic retinopathy. Cochrane Database Syst Rev. 2014;(11):CD008721.
4. Ranibizumab. In DrugPoints® System (electronic version). Truven Health Analytics, Greenwood, CO. Updated February 07, 2018. Available at <http://www.micromedexsolutions.com>. Accessed on February 23, 2018.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

5. Sankar MJ, Sankar J, Chandra P. Anti-vascular endothelial growth factor (VEGF) drugs for treatment of retinopathy of prematurity. Cochrane Database Syst Rev. 2018;(2):CD009734.
6. Smith JM, Steel DH. Anti-vascular endothelial growth factor for prevention of postoperative vitreous cavity haemorrhage after vitrectomy for proliferative diabetic retinopathy. Cochrane Database Syst Rev. 2015;(8):CD008214.
7. Solomon SD, Lindsley K, Vedula SS, et al. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. Cochrane Database Syst Rev. 2014;(8):CD005139.

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