

PHARMACY POLICY STATEMENT

Common Ground Healthcare Cooperative (CGHC)

DRUG NAME	Lucentis (ranibizumab)
BILLING CODE	J2778
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
STATUS	Prior Authorization Required

Lucentis was approved by the FDA in 2006. It is indicated for the treatment of several ophthalmic conditions. Lucentis is a vascular endothelial growth factor (VEGF) inhibitor for intravitreal use. VEGF inhibitors suppress endothelial cell proliferation, neovascularization, and vascular permeability.

There are 2 forms of age-related macular degeneration (AMD), dry and wet (neovascular). Lucentis is approved for the treatment of Wet AMD which is less common but progresses more quickly. Neovascular in the context of AMD means growth of new blood vessels under the macula which can lead to loss of central vision.

Diabetic eye disease includes diabetic retinopathy (DR) and diabetic macular edema (DME). DR affects blood vessels in the retina at the back of the eye. DME is a consequence of DR that occurs in about half of DR patients. It causes fluid build-up in the macula part of the retina.

Retinal Vein Occlusion (RVO) occurs when there is a partial or complete obstruction of a retinal vein. Macular edema is a complication of RVO and can lead to vision loss. It is treated first-line with anti-VEGF drugs.

Myopia (nearsightedness) occurs when the eyeball becomes elongated. In pathological myopia, progressive elongation can cause a weakened sclera to bulge at the posterior of the eye which can lead to thinning of the retina and growth of new blood vessels. This can result in vision loss if not treated.

Lucentis (ranibizumab) will be considered for coverage when the following criteria are met:

Retinal Disease

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a confirmed diagnosis of one of the following conditions:
 - a) Neovascular (Wet) Age-Related Macular Degeneration (AMD)
 - b) Macular Edema Following Retinal Vein Occlusion (RVO)
 - c) Diabetic Macular Edema (DME)
 - d) Diabetic Retinopathy (DR)
 - e) Myopic Choroidal Neovascularization (mCNV); AND
4. Member has tried and failed bevacizumab intravitreal injection; AND
5. Documentation of best-corrected visual acuity (BCVA); AND
6. Member does NOT have active infection or inflammation in or around the eye(s) to be treated.
7. **Dosage allowed/Quantity limit:**
 - AMD: 0.5 mg every 28 days (may extend to every 3 months after 4 monthly doses).
 - RVO: 0.5 mg every 28 days
 - DME or DR: 0.3 mg every 28 days

CNV: 0.5 mg every 28 days for up to 3 months. Re-treat if needed.
(Note: Lucentis is supplied as 0.3 mg or 0.5 mg single-use vials or pre-filled syringes).

If all the above requirements are met, the medication will be approved for 6 months (3 months for mCNV).

For **reauthorization**:

1. Chart notes must include documentation of improved or stabilized visual acuity.

If all the above requirements are met, the medication will be approved for an additional 12 months (3 months for mCNV).

Common Ground Healthcare Cooperative (CGHC) considers Lucentis (ranibizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/26/2021	New policy for Lucentis created.

References:

1. Lucentis [prescribing information]. Genentech, Inc.; 2018.
2. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.ophtha.2019.09.024
3. Solomon SD, Lindsley K, Vedula SS, Krzystolik MG, Hawkins BS. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. *Cochrane Database Syst Rev*. 2019;3(3):CD005139. Published 2019 Mar 4. doi:10.1002/14651858.CD005139.pub4
4. Holekamp, Nanvy M. Review of Neovascular Age-Related Macular Degeneration Treatment Options. *Am J Manag Care*. July 2019; 25:-S0
5. Flaxel CJ, Adelman RA, Bailey ST, et al. Retinal Vein Occlusions Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(2):P288-P320. doi:10.1016/j.ophtha.2019.09.029
6. Shalchi Z, Mahroo O, Bunce C, Mityr D. Anti-vascular endothelial growth factor for macular oedema secondary to branch retinal vein occlusion. *Cochrane Database Syst Rev*. 2020;7(7):CD009510. Published 2020 Jul 7. doi:10.1002/14651858.CD009510.pub3
7. Flaxel CJ, Adelman RA, Bailey ST, et al. Diabetic Retinopathy Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P66-P145. doi:10.1016/j.ophtha.2019.09.025
8. Virgili G, Parravano M, Evans JR, Gordon I, Lucenteforte E. Anti-vascular endothelial growth factor for diabetic macular oedema: a network meta-analysis. *Cochrane Database Syst Rev*. 2018;10(10):CD007419. Published 2018 Oct 16. doi:10.1002/14651858.CD007419.pub6
9. Zhu Y, Zhang T, Xu G, Peng L. Anti-vascular endothelial growth factor for choroidal neovascularisation in people with pathological myopia. *Cochrane Database Syst Rev*. 2016;12(12):CD011160. Published 2016 Dec 15. doi:10.1002/14651858.CD011160.pub2
10. Pham B, Thomas SM, Lillie E, et al. Anti-vascular endothelial growth factor treatment for retinal conditions: a systematic review and meta-analysis. *BMJ Open*. 2019;9(5):e022031. Published 2019 May 28. doi:10.1136/bmjopen-2018-022031



Effective date: 12/01/2024
Revised date: 10/26/2021

WI-EXC-P-3049145