# 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**

Lucentis-Byooviz-Cimerli 1976-A SGM P2024.docx

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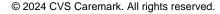
Reference number(s) 1976-A

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.

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