



MONTANA HEALTHCARE PROGRAMS

November 22, 2017

Physician Administered Drug Prior Authorization Criteria for Lucentis®

LUCENTIS® (ranibizumab)

- For the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- For the treatment of patients with Macular Edema Following Retinal Vein Occlusion
- For the treatment of patients with Diabetic Macular Edema
- Diabetic Retinopathy in patients with DME

Length of Authorization-6 months

Reauthorization for 6 months will be made upon receipt of documentation the patient has not lost > 15 letters from baseline visual acuity or final Best Corrected Visual Acuity (BCVA) of <20/400

Coverage is provided in the following conditions:

LUCENTIS® (ranibizumab)

Prior Authorization Criteria:

- Patient is free of ocular and/or peri-ocular infections; AND
- Patient has a definitive diagnosis of one of the following:
 - Neovascular (Wet) age-related macular degeneration (AMD)
 - Diabetic Macular Edema (DME)
 - Diabetic Retinopathy in patients with DME
 - Macular edema following retinal vein occlusion (RVO)
 - Myopic Choroidal Neovascularization (mCNV)

Renewal Criteria:

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; AND
- Absence of unacceptable toxicity from the drug; AND
 - Continued administration is necessary for the maintenance treatment of the condition; OR
 - Myopic choroidal neovascularization ONLY