

# Lucentis® (ranibizumab) injection



When requesting Lucentis® (ranibizumab), the individual requiring treatment must be diagnosed with one of the following FDA-approved indications and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

## FDA-approved indications

- Neovascular (wet) age-related macular degeneration (AMD)
- Macular edema following retinal vein occlusion (RVO)
- Diabetic macular edema (DME)
- Diabetic Retinopathy (DR) in patients with DME
- Myopic choroidal neovascularization (mCNV)

## Coverage Guidelines

For all approved indications the individual meets both of the following criteria for approval:

- Does not have ocular or periocular infection
- Does not have active intraocular inflammation

**Approval duration: 12 months**

## Dosing Recommendations

- 0.3mg by intravitreal injection once a month (approximately every 28 days).

## References

1. Lucentis® prescribing information. South San Francisco, CA: Genentech, Inc.: Revised January 2017.
2. Ranibizumab (Lucentis®) In: DRUGDEX® system. Thomson Micromedex, Greenwood Village, CO. [Accessed April 17, 2018].
3. American Academy of Ophthalmology. (2014). Preferred Practice Pattern Age-Related Macular Degeneration
4. Schmidt-Erfurth U et al. Guideline for the Management of Diabetic Macular by the European Society of Retina Specialists (EURETINA). *Ophthalmologica* 2017; 237:185-222.
5. American Academy of Ophthalmology. (2017). Preferred Practice Pattern Diabetic Retinopathy.

6. American Academy of Ophthalmology (2017) Retina Summary Benchmarks for Preferred Practice Pattern Guidelines.