Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

LUCENTIS (ranibizumab)

GPI CODING:

86655060002020
86655060002012

DESCRIPTION:

Age-related macular degeneration (AMD) occurs when there is a deterioration of the central portion of the retina. The most common symptoms of AMD are blurring of central vision, distorted vision, and reduced vision. The exact etiology of AMD is unknown; however, several risk factors have been recognized such as advancing age and hypertension.
"Wet" AMD occurs when neovascularization develops in the choroid and/or retina, leading to serous or hemorrhagic leakage and subsequent elevation of the retinal pigment epithelium or neurosensory retina. There can be a profound and rapid decrease in central visual function. Serous or hemorrhagic leakage from the new choroidal vessels causes visual defects, scotoma (blind spots), and blurred vision.
Vascular endothelial growth factor (VEGF) plays a significant role in the development and maintenance of choroidal neovascularization (CNV). Eylea, Lucentis, and Macugen are anti-VEGF agents used to treat CNV lesions that occur with wet AMD.

APPROVAL DURATION:

Neovascular (wet) AMD
Initial approval: 3 months
Renewals: Up to 24 months total

Macular edema due to retinal vein occlusion
Initial and renewals: 12 months

Diabetic macular edema (DME)
Initial approval: 3 months
Renewals: Up to 24 months total
Quantity limit: maximum of one 0.3 mg/0.05 mL vial per 28 days

CRITERIA FOR LUCENTIS

I. Patient does not have an ocular or periocular infection AND
II. Patient has a diagnosis of macular edema due to retinal vein occlusion OR
III. Patient has a diagnosis of neovascular (wet) AMD OR diabetic macular edema, AND
    A. For re-authorization, continued disease activity based on visual acuity, fluorescein angiogram and/or optical coherence tomography is required.