Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

Lucentis (ranibizumab)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Dosing Limit
Lucentis (ranibizumab) 0.3 mg, 0.5 mg vial & syringe	0.3 mg per eye; each eye may be treated as frequently as every 4 weeks*

*May approve 0.5 mg per eye if using for wet age related macular degeneration, branch or central retinal vein occlusion, or myopic choroidal neovascularization; each eye may be treated as frequently as every 4 weeks.

APPROVAL CRITERIA

Requests for Lucentis (ranibizumab) may be approved the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Choroidal neovascularization associated with myopic degeneration; **OR**
   B. Diabetic macular edema; **OR**
   C. Proliferative diabetic retinopathy with or without diabetic macular edema; **OR**
   D. Established neovascular “wet” age-related macular degeneration; **OR**
   E. Macular edema from branch retinal vein occlusion; **OR**
   F. Macular edema from central retinal vein occlusion; **OR**
   G. Radiation retinopathy (Finger 2016).

Requests for intravitreal injections of Lucentis (ranibizumab) may not be approved when the above criteria are not met and for all other indications.

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

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