Ranibuzimab-eqrn (Cimerli™)	Place of Service Office Administration Outpatient FacilityAdministration Infusion Center Administration HCPCS: Q5128 per 0.1 mg

Condition(s) listed in policy (*see criteria for details*)

- Diabetic macular edema (DME) or Diabetic retinopathy
- Macular edema secondary to retinal vein occlusion
- Myopic choroidal neovascularization
- Neovascular (wet) age-related macular degeneration (AMD)

AHFS therapeutic class: EENT Drugs, Miscellaneous

Mechanism of action: Ranibizumab-eqrn is a recombinant humanized IgG1 kappa isotype monoclonal antibody fragment designed for intraocular use. Ranibizumab binds to and inhibits the biologic activity of human vascular endothelial growth factor A (VEGF-A)

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Cimerli™ (ranibizumab-eqrn) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diabetic macular edema (DME) or diabetic retinopathy

Covered Doses
Up to 0.3 mg once a month injected into affected eye

Coverage Period
Yearly

ICD-10: (X= 0-9)
E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Macular edema secondary to retinal vein occlusion

Covered Doses
Up to 0.5 mg once a month injected into affected eye

Coverage Period
Yearly

ICD-10:
H34.8110-8112, H34.8120-8122 H34.8130- 8132, H34.8190-8192,
H34.8310-8312, H34.8320-8322, H34.8330-8332, H34.8390-8392

Myopic choroidal neovascularization

Covered Doses
Up to 0.5 mg once a month injected into affected eye

Coverage Period
Yearly

ICD-10:
H35.051-H35.053
H35.059
H44.21-H44.23

Neovascular (Wet) age-related macular degeneration (AMD)

Covered Doses
Up to 0.5 mg once a month injected into affected eye

Coverage Period
Yearly

ICD-10:
H35.3210-3213
H35.3220-3223
H35.3230-3233
H35.3290-3293

(3) The following condition(s) DO NOT require Prior Authorization/Preservice
All requests for Cimerli™ (ranibizumab-eqrn) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)
Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information
How supplied:

- 0.3 mg carton (Single-eye dose, 2-mL glass vial with a WHITE CAP designed to deliver 0.05 mL of 6 mg/mL ranibizumab-eqrn solution)
- 0.5 mg carton (Single-eye dose, 2-mL glass vial with a BLUE CAP designed to deliver 0.05 mL of 10 mg/mL ranibizumab-eqrn solution)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- Cimerli™ (ranibizumab-eqrn) [Prescribing information]. Redwood City, CA: Coherus Biosciences, Inc.; 8/2022.

- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

(7) Policy Update

Date of last revision: 2Q2023
Date of next review: 4Q2023
Changes from previous policy version:

- Added HCPCS Q5128 per 0.1 mg, effective 4/1/2023

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee