Ranibizumab-nuna (Byooviz™)	Place of Service Office Administration Infusion Center Administration Outpatient Facility Infusion Administration HCPCS: Q5124 per 0.1 mg

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

- Macular edema following retinal vein occlusion (RVO)
- Myopic choroidal neovascularization (mCNV)
- Neovascular (wet) age-related macular degeneration (nAMD)

AHFS therapeutic class: EENT Drugs, Miscellaneous

Mechanism of action: A vascular endothelial growth factor (VEGF) inhibitor.

(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 ranibizumab-nuna (Byooviz™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Macular edema following retinal vein occlusion (RVO)

Covered Doses
0.5 mg to be administered by intravitreal injection once a month

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 (mCNV)

Covered Doses
0.5 mg to be administered by intravitreal injection once a month

Coverage Period
Yearly

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

Neovascular (wet) age-related macular degeneration (nAMD)

Covered Doses
0.5 mg to be administered by intravitreal injection once a month

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 ranibizumab-nuna (Byooviz™) 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:

- 20 mg/2 mL single-dose vial
  Single-dose glass vial provides 0.05 mL for intravitreal injections: 10 mg/mL solution (0.5 mg dose)

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Byooviz ™ (ranibizumab-nuna) [Prescribing Information]. Cambridge, MA: Biogen Inc.; 06/2022

(7) Policy Update

Date of last revision: 4Q2023
Date of next review: 1Q2024
Changes from previous policy version:

- No clinical change to policy following revision.

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