

ranibizumab (Lucentis)

Commercial Medical Benefit Drug Policy

Place of Service

Infusion Center Administration

Office Administration

Outpatient Facility Administration

Drug Details

USP Category: OPHTHALMIC AGENTS

Mechanism of Action: Ranibizumab 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 endotheli

HCPCS:

J2778:Injection, ranibizumab, 0.1 mg

How Supplied:

0.3 mg, 0.5 mg (Single-use syringe)

Condition(s) listed in policy *(see coverage 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)

The following conditions do not meet the safety and efficacy criteria established by Blue Shield of California's Pharmacy & Therapeutics committee and are not covered:

- Combination with Verteporfi

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Diabetic Macular Edema (DME) or Diabetic Retinopathy

Meets medical necessity if all the following are met:

Covered Doses:

Up to 0.3 mg (3 units) given intravitreally once monthly into the affected eye

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

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

Macular Edema Secondary to Retinal Vein Occlusion

Meets medical necessity if all the following are met:

Covered Doses:

Up to 0.5 mg (5 units) given as an intravitreal injection once a month into the affected eye

Coverage Period:

Yearly, based on continued response to therapy

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

Meets medical necessity if all the following are met:

Covered Doses:

Up to 0.5 mg (5 units) given as an intravitreal injection once a month into the affected eye

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

H35.051-H35.053, H35.059, H44.21-H44.23

Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Meets medical necessity if all the following are met:

Covered Doses:

Up to 0.5 mg (5 units) given as an intravitreal injection once a monthly into the affected eye

Coverage Period:

Yearly, based on continued response to therapy

ICD-10:

H35.3210-3213, H35.3220-3223, H35.3230-3233, H35.3290-3293

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Lucentis (ranibizumab) Prescribing Information. Genentech, Inc., South San Francisco, CA: 2/2024.

Review History

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical changes following annual review

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*