

**ranibizumab-nuna (Byooviz)**

**Commercial Medical Benefit Drug Policy**

Place of Service

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

**Drug Details**

**USP Category:** OPHTHALMIC AGENTS

**Mechanism of Action:** A vascular endothelial growth factor (VEGF) inhibitor

HCPCS:

Q5124:Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg

How Supplied:

0.5 mg/0.05 ml (single-dose glass vial)

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

- Macular Edema following Retinal Vein Occlusion (RVO)
- Myopic Choroidal Neovascularization (MCNV)
- Neovascular (Wet) Age-Related Macular Degeneration (NAMD)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

**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.

**Coverage Criteria**

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

**Macular Edema following Retinal Vein Occlusion (RVO)**

**Meets medical necessity if all the following are met:**

**Covered Doses:**

Up to 0.5 mg administered by intravitreal injection once monthly into the 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

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Effective: 05/01/2025

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### **Myopic Choroidal Neovascularization (MCNV)**

**Meets medical necessity if all the following are met:**

**Covered Doses:**

Up to 0.5 mg administered by intravitreal injection once monthly into the affected eye

**Coverage Period:**

Yearly

**ICD-10:**

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

### **Neovascular (Wet) Age-Related Macular Degeneration (NAMD)**

**Meets medical necessity if all the following are met:**

**Covered Doses:**

Up to 0.5 mg administered by intravitreal injection once monthly into the affected eye

**Coverage Period:**

Yearly

**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. Byooviz (ranibizumab-nuna) Prescribing Information. Biogen Inc.; Cambridge, MA: 10/2023.

### **Review History**

Date of Last Annual Review: 1Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity*

*Reviewed by P&T Committee*