blue california
Promise Health Plan

ranibizumab (Lucentis)

Medical Benefit Drug Policy

Place of Service
Infusion Center Administration
Office Administration
Outpatient FacilityAdministration

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.

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:
1. Intolerable side effect with preferred ranibizumab product, Cimerli, that is not expected with Lucentis, or contraindication to Cimerli

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

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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:
1. Intolerable side effect with a preferred ranibizumab product, Byooviz or Cimerli, that is not expected with Lucentis, or contraindication to both preferred products

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:
1. Intolerable side effect with a preferred ranibizumab product, Byooviz or Cimerli, that is not expected with Lucentis, or contraindication to both preferred products

Covered Doses:
Up to 0.5 mg (5 units) given as an intravitreal injection once monthly into rhe 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:
1. Intolerable side effect with a preferred ranibizumab product, Byooviz or Cimerli, that is not expected with Lucentis, or contraindication to both preferred products

Covered Doses:
Up to 0.5 mg (5 units) given as an intravitreal injection once 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