



Drug Name: Lucentis (ranibizumab)
 Effective Date: unknown
 Last Revision Date: unknown
 Date: 9-2017

Drug Name:	Lucentis (ranibizumab)
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> • Patients is being treated for age related macular degeneration with disease that has progressed to “wet AMD” AND • Had a trail of intravitreal bevacizumab (Avastin) and failed due to lack of efficacy defined as disease progression (i.e. continued vision loss) or experienced intolerable adverse reactions. OR • Patient is being treated for diabetic retinopathy without macular edema that has failed primary treatment with panretinal photocoagulation and/or vitrectomy due to lack of efficacy defined as disease progression (i.e. continued vision loss). OR • Patient is being treated for diabetic retinopathy with clinically significant macular edema, or macular edema after retinal vein occlusion
Coverage duration:	Initial: 12 months