

## Cimerli (Ranibizumab-Eqrn)

| Drug names        | <div>1. Cimerli</div> <div>2. Ranibizumab-eqrn</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |             |        |                |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|----------------|
| Description       | <p><i>Cimerli (ranibizumab-eqrn)</i> is used to prevent vision loss or blindness in certain eye conditions that cause fluid to leak into the macula, including wet age-related macular degeneration resulting from the growth of abnormal blood vessels, and macular edema.</p> <p>Cimerli is made from a human antibody fragment. It works by inhibiting the biologic activity of human vascular endothelial growth factor A (VEGF-A), a protein that is thought to play an important role in the formation of new blood vessels.</p> <p>It is administered by intravitreal injection.</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |      |             |        |                |
| See also          | <p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none"><li>• <a href="#">Avastin (Bevacizumab) for Ocular Indications</a> - Another VEGF inhibitor.</li><li>• <a href="#">Beovu (Brolucizumab-dblI)</a> - Age-related macular degeneration treatment.</li><li>• <a href="#">Eylea (Aflibercept)</a> - Another type of VEGF inhibitor.</li><li>• <a href="#">Laser Treatments for Neovascularization Associated with Macular Degeneration</a> - Macular degeneration (MD) treatment.</li><li>• <a href="#">Lucentis (Ranibizumab)</a> - Another type of VEGF inhibitor.</li><li>• <a href="#">Macugen (Pegaptanib Sodium)</a> - Another type of VEGF inhibitor.</li><li>• <a href="#">Photodynamic Therapy with Visudyne (Verteporfin) for Ocular Indications</a> - Intravenous (IV) infusion activated by light.</li><li>• <a href="#">Susvimo (Ranibizumab)</a> - Another VEGF inhibitor.</li><li>• <a href="#">Vabysmo (Faricimab-Svoa)</a> - Another VEGF inhibitor.</li></ul> |      |             |        |                |
| Table of Contents | <p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li><li>• <a href="#">MHPS</a></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |        |                |
| Document history  | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.2.23</td><td>New A-Z sheet.</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date | Description | 2.2.23 | New A-Z sheet. |
| Date              | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |             |        |                |
| 2.2.23            | New A-Z sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |             |        |                |

Commercial

| Introduction     | This section applies to all Commercial members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |             |        |                |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|----------------|
| Benefits         | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li>– <b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.</li></ul> |      |             |        |                |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.2.23</td><td>New A-Z sheet.</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Description | 2.2.23 | New A-Z sheet. |
| Date             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |             |        |                |
| 2.2.23           | New A-Z sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |             |        |                |

Government Programs

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction                                                   | This section applies to all Medicaid and Medicare products.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| AccessAbility (SNBC),<br><br>Minnesota Senior Care Plus (MSC+) | <p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>Refer to <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Quote office visit or outpatient hospital benefits.</li><li>Medicare is the primary payer.</li><li>Follows Medicare guidelines.</li><li>If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AccessAbility Enhanced (SNBC SNP),<br><br>DUAL (MSHO)          | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li><b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>ER or inpatient POS:</b> PA is not required.</li><li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.</li><li>Medica is the only payer.</li></ul>                                                                                                                                                                                                                        |
| Advantage                                                      | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li><b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>ER or inpatient POS:</b> PA is not required.</li><li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit benefits. Check EOC for cost sharing.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li></ul></li><li>Medica is the only payer.</li></ul> |
| Advantage PartnerCare (I-SNP)                                  | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li><b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>ER or inpatient POS:</b> PA is not required.</li><li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit benefits. Check EOC for cost sharing.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li></ul></li><li>Medica is the only payer.</li></ul> |
| Medicaid (SPP)                                                 | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li><b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li><b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li><b>Important:</b> Check policy for limits or exclusions.</li><li><b>ER or inpatient hospital POS:</b> PA is not required.</li><li><b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.</li></ul>                                                                                                                                                                                                                                                 |
| Prime                                                          | <p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none"><li><b>Drug administration:</b> Quote office visit benefits. Check EOC for cost sharing.</li><li><b>Injection (J-code):</b> Quote <i>Part B Prescription Drugs</i> in the EOC.</li><li><b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Select,                                                        | Quote office visit or outpatient hospital benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Signature                                                      | <ul style="list-style-type: none"><li>Medicare supplement. Medicare is the primary payer.</li><li>Follows Medicare guidelines.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Continued on next page

Government Programs, Continued

Document  
history

The document history for the past 12 months is outlined below.

| Date   | Description    |
|--------|----------------|
| 2.2.23 | New A-Z sheet. |

# Individual and Family Business (IFB)

| Introduction     | This section applies to all Individual and Family Business (IFB) members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |             |        |                |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------|----------------|
| Benefits         | <p>A Pharmacy Clinical Guideline, <i>Cimerli (ranibizumab-eqrn)</i>, is on <a href="#">Magellan Rx Management</a>.</p> <ul style="list-style-type: none"><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i>.<ul style="list-style-type: none"><li>– <b>DOS prior to 2.1.23:</b> See <a href="#">New-to-Market Medical Pharmacy Products</a>.</li><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient hospital POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Injectable Drug Prior Authorization (Magellan Rx)</a>.</li></ul></li><li>• If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.</li></ul> |      |             |        |                |
| Document history | <p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.2.23</td><td>New A-Z sheet.</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Description | 2.2.23 | New A-Z sheet. |
| Date             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |             |        |                |
| 2.2.23           | New A-Z sheet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |             |        |                |

Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

Quote office visit or outpatient hospital benefits.

All others

A Pharmacy Clinical Guideline, *Cimerli (ranibizumab-eqrn)*, is on [Magellan Rx Management](#).

• Requires prior authorization through Magellan. Refer to *Review Criteria*.

– DOS prior to 2.1.23: See [New-to-Market Medical Pharmacy Products](#).

– Important: Check policy for limits or exclusions.

– ER or inpatient hospital POS: PA is not required.

– Providers: Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).

• If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.

Document history

The document history for the past 12 months is outlined below.

| Date   | Description    |
|--------|----------------|
| 2.2.23 | New A-Z sheet. |

Applicability

The applicability is outlined below.

|                                                                                                                                                                                                                                                                              |                      |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|
| Business Segments                                                                                                                                                                                                                                                            |                      |        |
| <div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> COM - (All)</div> <div><input type="checkbox"/> GOVT - (All)</div> <div><input type="checkbox"/> IFB</div> <div><input type="checkbox"/> MHPS</div> <div><input type="checkbox"/> PSC</div> |                      |        |
| Specific Clients/Products                                                                                                                                                                                                                                                    |                      |        |
| <div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> Other:</div>                                                                                                                                                                                |                      |        |
| Platform or System                                                                                                                                                                                                                                                           |                      |        |
| <div><input type="checkbox"/> All</div> <div><input checked="" type="checkbox"/> N/A</div> <div><input type="checkbox"/> Other:</div>                                                                                                                                        |                      |        |
| Departments                                                                                                                                                                                                                                                                  |                      |        |
| <div><input checked="" type="checkbox"/> Call Center</div> <div><input type="checkbox"/> Multiple:</div> <div><input type="checkbox"/> Other:</div>                                                                                                                          |                      |        |
| Approved By                                                                                                                                                                                                                                                                  | Document Owner       | Date   |
| A-Z Review Team                                                                                                                                                                                                                                                              | KN Technical Writers | 2.2.23 |