

NOTICE FROM THE EXECUTIVE OFFICER

April 1, 2011

Lucentis - Change in Status to Limited Use

With a future formulary update, anticipated for May 2011, Lucentis (ranibizumab) will have its listing status changed to Limited Use. The Limited Use (LU) criteria for Lucentis will be consistent with the current therapeutic notes and are as follows:

Limited Use Criteria:

For the treatment of patients with new onset (< 3 months) neovascular (wet) age- related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-naïve eye.

Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in Intravitreal injections.

Patients receiving concurrent administration of verteporfin PDT (Visudyne) are not eligible for reimbursement.

Treatment should be initiated with a loading phase of one injection per month for three consecutive months, followed by a maintenance phase.

During the maintenance phase, patients should be monitored for best corrected visual acuity or continued disease activity. If there is clinical or diagnostic evidence of disease activity such as a loss of greater than 5 letters in visual acuity (Early Treatment Diabetic Retinopathy Score (ETDRS) chart or one Snellen line equivalent), Lucentis may be administered. The interval between two doses should not be shorter than one month.

LU Authorization Period: 1 year

Once this change becomes effective, if a patient new to Lucentis therapy meets the LU criteria, the prescription should include the LU code. For patients currently receiving Lucentis through General Benefit, confirmation that they meet the LU criteria is required and the LU code should be documented on the next prescription or refill. Patients that do not meet the LU criteria will not be reimbursed through Ontario Public Drug Programs. Claims submitted for patients that do not meet the LU requirement will be subject to recovery.

A further notification regarding the effective date of this change will be made with the ONE mail announcement for the relevant formulary update.

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