Frequently Asked Questions : Ranibizumab

1. **What is the difference between Lucentis⟨™⟩ (ranibizumab) and Byooviz® (ranibizumab)?**

Lucentis⟨™⟩ and Byooviz® are both ranibizumab products. Ranibizumab is in a class of medications called vascular endothelial growth factor A (VEGF-A) antagonists. Byooviz® has been approved by Health Canada as a biosimilar version of ranibizumab. Lucentis⟨™⟩ and Byooviz® are manufactured and marketed by different companies.

2. **What is the funding status of Byooviz® (ranibizumab)?**

Effective July 31, 2023, Byooviz® will be listed on the Ontario Drug Benefit Formulary/Comparative Drug Index (Formulary) as Limited Use (LU) benefit for the treatment of age-related macular degeneration (AMD), diabetic macular edema (DME), branch retinal vein occlusion (BRVO), central retinal vein occlusion (CRVO) and choroidal neovascularization.

3. **What are the Limited Use criteria for Byooviz® (ranibizumab)?**

As of July 2023 Formulary effective date, the Reason for Use (RFU) Codes applicable for each ranibizumab product and the corresponding Clinical Criteria will be set out below.

Please refer to the e-Formulary for the most up-to-date information, at: http://www.health.gov.on.ca/en/pro/programs/drugs/edition_43.aspx

Neovascular Age-related Macular Degeneration (Code 651)

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-naive 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 with another anti-VEGF agent 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), Byooviz® may be administered.

The interval between two doses should not be shorter than one month.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For clarity, coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Byooviz®. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 year

Diabetic Macular Edema (Code 652)

For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and who have a hemoglobin A1c of less than 11 percent.

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Byooviz® treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive monthly assessments.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For clarity, coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Byooviz®. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 year

Retinal Vein Occlusion (Code 653)

For the treatment of patients with clinically significant macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Byooviz® treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive monthly assessments.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For clarity, coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Byooviz®. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 year

Choroidal neovascularization secondary to pathologic myopia (Code 654)

For the treatment of patients with visual impairment due to choroidal neovascularization secondary to pathologic myopia.

Treatment is initiated with a single intravitreal injection. Monitoring is recommended monthly for the first 2 months and at least every 3 months thereafter during the first year. If monitoring reveals signs of disease activity (e.g. reduced visual acuity and/or signs of lesion activity), further treatment is recommended at a frequency of 1 injection per month until no disease activity is seen.

LU Authorization Period: 1 year

4. What is the rationale for funding biosimilar ranibizumab products?

Byooviz® was approved by Health Canada as biosimilar version of the biologic drug ranibizumab. The originator version of ranibizumab is Lucentis⟨™⟩. Biosimilars are not identical to originator biologics. However, Health Canada conducts rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as an originator biologic. Biosimilars also present an opportunity to

achieve better value for money for biologic drugs that will help to support the longterm sustainability of the Ontario Public Drug Programs.

5. **Will patients whose treatment with Lucentis⟨™⟩ (raniziaumb) is already funded by the ministry be required to switch to a biosimilar ranibizumab product?**
   Ranibizumab is subject to the biosimilar policy with transition anticipated after completion of the current transition phase concluding December 29, 2023. Recipients who are on Lucentis⟨™⟩ will be required to transition to a Health Canada approved biosimilar version of the drug. Further communication will follow.

6. **Will the ministry consider EAP requests for Lucentis⟨™⟩ (ranibizumab) for patients who do not respond to Byooviz® (ranibizumab)?**

Patients who do not respond to Byooviz® (ranibizumab) may be considered on a caseby-case basis through the Exceptional Access Program (EAP).

7. **How should pharmacies submit claims for Byooviz® (ranibizumab)?**

Pharmacies should submit claims using the drug identification number (DIN) of the product and the appropriate Reason for Use code.

8. **How should pharmacies submit claims for Lucentis⟨™⟩ (ranibizumab) for existing patients?**

Patients currently using Lucentis⟨™⟩ or who started Lucentis⟨™⟩ before July 31, 2023, will require a new prescription to continue to receive ODB program coverage for Lucentis⟨™⟩ with the new Reason for Use (RFU) code. This new prescription will allow them to continue to receive coverage for Lucentis⟨™⟩.

- RFU (reason for use) Code 655
  - For the treatment of age-related macular degeneration (AMD), diabetic macular edema (DME), branch retinal vein occlusion (BRVO), central retinal vein occlusion (CRVO) and choroidal neovascularization, but only for patients established on Lucentis⟨™⟩ (ranibizumab) therapy prior to July 31, 2023.

  LU Authorization Period: 1 year

Patients are encouraged to speak to their healthcare professional to discuss this transition.

Patients who receive ODB coverage and are starting therapy with ranibizumab after July 31, 2023 will be required to use the Lucentis⟨™⟩ biosimilar, Byooviz®.

9. What if a patient requires a renewal prescription for Lucentis⟨™⟩ but is unable to see their specialist in order to obtain the new RFU code?

A transition RFU/LU Code 279 will be activated to transition existing Lucentis⟨™⟩ patients. This transition LU code may be submitted for a claim for a period of 3 months after the change. It is expected that after 3 months all patients with a prescription for Lucentis⟨™⟩ will have the new LU code and meet the revised clinical criteria. The transition code will be effective for 3 months and deactivated with the October 2023 Formulary Update.

10. Will there be other drug products added to this policy?

As new biosimilars or similar versions of non-biologic complex drugs enter the Canadian market, additional drug products may be included as part of this policy change. The ministry will update materials online as additional drug products are included under the policy.

11. What are biosimilars?

Biosimilars, also referred to as subsequent entry biologics or follow-on biologics, are biologics that are highly similar to an originator biologic. Biosimilars may enter the market after the patents and data protection for the originator biologic have expired. Health Canada conducts rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as an originator biologic. Ontario is confident in the safety and efficacy of biosimilars based on our experience over the past 7 years, as well as the experiences of many places around the world. The use of biosimilar medicines has been well-established in Europe over the past 20 years of positive experience with more than 50 approved biosimilar medicines. Please refer to Health Canada's fact sheet on biosimilars for more information:

https://www.canada.ca/en/health-canada/services/drugs-healthproducts/biologicsradiopharmaceuticals-genetic-therapies/applicationssubmissions/guidancedocuments/fact-sheet-biosimilars.html

Additional information:

For pharmacies: Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other health care providers and the public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-428