GCHP Medi-Cal Clinical Guidelines
Ranibizumab (Susvimo™)

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Neovascular (wet), age-related macular generation (AMD).
Exclusion Criteria	• Non-FDA approved indications unless there is sufficient documentation of efficacy and safety in published literature. • Patient with active ocular or periocular infection.
Required Medical Information	**New**: • Clinical notes documenting diagnosis of AMD AND • Ophthalmology notes showing documentation of previous response to at least two intravitreal injections of a VEGF (vascular endothelial growth factor) inhibitor medication (e.g., aflibercept, bevacizumab, ranibizumab, etc.) AND • Documentation of distance Best Corrected Visual Acuity (BCVA) score at baseline and periodically during treatment. **Renewal**: • Clinical notes showing response by improvement from baseline in distance BCVA score.
Age Restriction	18 years of age and older.
Prescriber Restrictions	Must be prescribed and administered by an ophthalmologist.
Coverage Duration	**Initial approval:** Six months (one implant fill) **Renewal**: Six months (one implant fill)
Other Criteria / Information	Criteria adapted from DHCS April 2023.

HCPCS	Description	Dosing, Units
J2779	Intravitreal Injection, ranibizumab, 1mg (Susvimo™)	2mg every six months (24 weeks) *Note: the implant holds 2 mg of ranibizumab but is filled using the entire contents of a 10mg/0.1ml vial, which is 100 units)*

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	5/1/2024	5/1/2024	Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	5/15/2024	Pharmacy & Therapeutics (P&T) Committee	6/1/2025
Approved	N/A	7/18/2024	Medical Advisory Committee (MAC)	6/1/2025