

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	<ul style="list-style-type: none">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	<p>New:</p> <ul style="list-style-type: none">Patient has a diagnosis of Neovascular (wet) Age-related Macular Degeneration (AMD) within the prior nine months ANDPatient has received three or more doses of anti-VEGF intravitreal agents in the affected eye within the prior six months and demonstrated a response to an anti-VEGF intravitreal agent (for example, aflibercept, bevacizumab, brolucizumab, etc.) ANDDocumentation of distance Best Corrected Visual Acuity (BCVA) score at baseline and periodically during treatment. <p>Renewal:</p> <ul style="list-style-type: none">Clinical notes showing response by improvement from baseline in distance BCVA score ANDDoes not have unacceptable toxicity such as endophthalmitis, rhegmatogenous retinal detachment, implant dislocation, vitreous hemorrhage, conjunctival retraction conjunctival erosion, and conjunctival bleb.		
Age Restriction	18 years of age and older. 18-21 years of age – check for CCS.		
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 July 2025.		
	HCPCS	Description	Dosing, Units
	J2779	Intravitreal Injection, ranibizumab, 1mg (Susvimo™)	2mg every six months (24 weeks) <i>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.</i>



STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	5/01/2024	5/01/2024	Lily Yip, Director of Pharmacy Services; Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	5/15/2024	Pharmacy & Therapeutics (P&T) Committee	6/01/2025
Approved	N/A	7/18/2024	Medical Advisory Committee (MAC)	6/01/2025
Updated	10/09/2025		Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	11/13/2025	Pharmacy & Therapeutics Committee	12/01/2025