

## GCHP Medi-Cal Clinical Guidelines

### Ranibizumab (Susvimo<sup>TM</sup>)

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Neovascular (wet), age-related macular generation (AMD).						
<b>Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Non-FDA approved indications unless there is sufficient documentation of efficacy and safety in published literature.</li> <li>Patient with active ocular or periocular infection.</li> </ul>						
<b>Required Medical Information</b>	<p><b>New:</b></p> <ul style="list-style-type: none"> <li>Patient has a diagnosis of Neovascular (wet) Age-related Macular Degeneration (AMD) within the prior nine months AND</li> <li>Patient 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, afibercept, bevacizumab, brolucizumab, etc.) AND</li> <li>Documentation of distance Best Corrected Visual Acuity (BCVA) score at baseline and periodically during treatment.</li> </ul> <p><b>Renewal:</b></p> <ul style="list-style-type: none"> <li>Clinical notes showing response by improvement from baseline in distance BCVA score AND</li> <li>Does not have unacceptable toxicity such as endophthalmitis, rhegmatogenous retinal detachment, implant dislocation, vitreous hemorrhage, conjunctival retraction conjunctival erosion, and conjunctival bleb.</li> </ul>						
<b>Age Restriction</b>	18 years of age and older. 18-21 years of age – check for CCS.						
<b>Prescriber Restrictions</b>	Must be prescribed and administered by an ophthalmologist.						
<b>Coverage Duration</b>	<p><b>Initial approval:</b> Six months (one implant fill).</p> <p><b>Renewal:</b> Six months (one implant fill).</p>						
<b>Other Criteria/Information</b>	<p>Criteria adapted from DHCS July 2025.</p> <table border="1"> <thead> <tr> <th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr> </thead> <tbody> <tr> <td>J2779</td><td>Intravitreal Injection, ranibizumab, 1mg (Susvimo<sup>TM</sup>)</td><td>           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> </td></tr> </tbody> </table>	HCPCS	Description	Dosing, Units	J2779	Intravitreal Injection, ranibizumab, 1mg (Susvimo <sup>TM</sup> )	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>
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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