

Ranibizumab intravitreal implant (Susvimo®)

Place of Service  
Office Administration  
Outpatient Facility Infusion  
Administration

HCPCS: J2779 per 0.1 mg

**Conditions listed in policy (see criteria for details):**

- [Neovascular \(wet\) age-related macular degeneration](#)

**AHFS therapeutic class:** EENT Drugs, Miscellaneous

**Mechanism of action:** Ranibizumab is a recombinant humanized IgG1 kappa isotype monoclonal antibody fragment designed for intraocular use. Ranibizumab binds to and inhibits the biologic activity of human vascular endothelial growth factor A (VEGF-A).

**(1) Special Instructions and Pertinent Information**

**Covered under the Medical Benefit**, please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Susvimo® must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**Neovascular (wet) age-related macular degeneration (AMD)**

1. Patient has prior use of preferred biosimilar (e.g., Byooviz or Cimerli) and one other VEGF inhibitor

**Covered Dose**

2 mg (0.02 mL of 100 mg/mL solution) administered intravitreally every 6 months

**Coverage Period**

Yearly

**ICD-10:**

H35.3210-3213

H35.3220-3223

H35.3230-3233

H35.3290-3293

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Susvimo® must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

## **(5) Additional Information**

### How supplied:

- Ocular implant kit containing ranibizumab 100 mg/mL (single-dose vial)

## **(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Susvimo™ (ranibizumab injection) [Prescribing Information]. South San Francisco, CA: Genentech, Inc.; 4/2022.

## **(7) Policy Update**

Date of last revision: 4Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- No clinical change to policy following revision

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*