

ranibizumab implant (Susvimo)

Commercial Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Infusion Administration

Drug Details

USP Category: OPHTHALMIC AGENTS

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 endotheli

HCPCS:

J2779:Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg

How Supplied:

100 mg/mL (single-dose)

Condition(s) listed in policy *(see coverage criteria for details)*

- Diabetic Macular Edema (DME) or Diabetic Retinopathy (DR)
- Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Diabetic Macular Edema (DME) or Diabetic Retinopathy (DR)

Meets medical necessity if all the following are met:

1. Patient has previous response to at least two intravitreal injections of a VEGF inhibitor

Covered Doses:

Up to 2 mg given intravitreally per affected eye every 6 months

Coverage Period:

Yearly

ICD-10:

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Effective: 09/01/2025

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(X= 0-9) E08.3XX, E09.3XX, E10.3XX, E11.3XX, E13.3XX

Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Meets medical necessity if all the following are met:

1. Patient has previous response to at least two intravitreal injections of a VEGF inhibitor

Covered Doses:

Up to 2 mg given intravitreally per affected eye every 6 months

Coverage Period:

Yearly

ICD-10:

H35.3210-3213, H35.3220-3223, H35.3230-3233, H35.3290-3293

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Susvimo (ranibizumab) Prescribing Information. Genentech, Inc., South San Francisco, CA: 5/2025.

Review History

Date of Last Annual Review: 1Q2025

Changes from previous policy version:

- Diabetic Retinopathy: Added new coverage for this indication (*Rationale: In May 2025, the FDA approved Susvimo for the treatment of patients with diabetic retinopathy who have previously responded to at least two intravitreal injections of a VEGF inhibitor.*)

Blue Shield of California Medication Policy to Determine Medical Necessity

Reviewed by P&T Committee

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