Ranibizumab (Susvimo, Byooviz, Cimerli, Lucentis) – PA Criteria

HCPC: J2778 ranibizumab (Lucentis), J2779 ranibizumab (Susvimo), Q5124 ranibizumab-nuna (Byooviz), J3590 ranibizumab-eqrn (Cimerli)

Ranibizumab (Susvimo, Byooviz, Cimerli, Lucentis) is a vascular endothelial growth factor (VEGF) inhibitor that is administered via intravitreal injection or an intravitreal implant (Susvimo) for the treatment of various ophthalmic conditions. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by or in consultation with an ophthalmologist
  - Individual has a diagnosis of **one** of the following and therapy choice corresponds with an FDA labeled indication as listed below:
    - Diabetic macular edema: Lucentis, Cimerli, Susvimo
    - Diabetic retinopathy: Lucentis, Cimerli
    - Macular edema following retinal vein occlusion: Lucentis, Cimerli, Byooviz
    - Age-related macular degeneration: Lucentis, Cimerli, Byooviz, Susvimo
    - Myopic choroidal neovascularization: Lucentis, Cimerli, Byooviz
  - Individual has a documented best corrected visual acuity (BCVA) score of 20/40 or worse within the last 12 months
  - Individual has failed therapy (≥90 days) with intravitreal bevacizumab
  - For Susvimo only: individual has previously responded to at least 2 intravitreal injections of a VEGF inhibitor
  - Individual is ≥18 years of age
  - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
  - Documentation is submitted indicating positive response to therapy as demonstrated by a maintained or improved BCVA score
  - Approval duration: 1 year