

# PHARMACY POLICY STATEMENT

## Georgia Medicaid

<b>DRUG NAME</b>	<b>Susvimo (ranibizumab)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Susvimo, approved by the FDA in 2021, is a vascular endothelial growth factor (VEGF) inhibitor intravitreal ocular implant, indicated for the treatment of patients with Neovascular (wet) Age-related Macular Degeneration (AMD) who have previously responded to at least two intravitreal injections of a VEGF inhibitor, and for diabetic macular edema (DME) who have previously responded to at least two intravitreal injections of a VEGF inhibitor.

VEGF inhibitors suppress endothelial cell proliferation, neovascularization, and vascular permeability. Susvimo was previously referred to as Lucentis Port Delivery System (PDS) since it is essentially a longer lasting version of Lucentis, releasing ranibizumab over a 6-month period rather than needing to be administered monthly. After 6 months, the port can be re-filled. Lucentis is approved for additional indications. Susvimo has a black box warning for endophthalmitis, an infection inside the eye which is a medical emergency.

Susvimo (ranibizumab) will be considered for coverage when the following criteria are met:

### Retinal Disease

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a confirmed diagnosis of one of the following:
  - a) Neovascular (wet) Age-related Macular Degeneration (AMD), or
  - b) Diabetic Macular Edema (DME); AND
4. Member has previously responded to at least 2 intravitreal injections of a VEGF inhibitor; AND
5. Documentation of medical necessity rationale why a preferred intravitreal injectable VEGF inhibitor cannot be used; AND
6. Documentation of best-corrected visual acuity (BCVA); AND
7. Member does NOT have any ocular or periocular infections or active intraocular inflammation.
8. **Dosage allowed/Quantity limit:** 2 mg via surgical administration every 6 months.  
(1 single dose vial per eye per 6 months)

***If all the above requirements are met, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes must include documentation of improved or stabilized visual acuity.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Susvimo (ranibizumab) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
11/09/2021	New policy for Susvimo created.
05/19/2023	Added baseline BCVA documentation.
11/08/2024	Annual review; no updates.
03/11/2025	Updated references. Removed note about bevacizumab. Added medical necessity rationale criterion. Added new indication for DME.

References:

1. SUSVIMO [package insert]. South San Francisco, CA: Genentech, Inc; 2025.
2. Solomon SD, Lindsley K, Vedula SS, Krzystolik MG, Hawkins BS. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. *Cochrane Database Syst Rev.* 2019;3(3):CD005139. Published 2019 Mar 4. doi:10.1002/14651858.CD005139.pub4
3. Vemulakonda GA, Bailey ST, Kim SJ, et al. Age-Related Macular Degeneration Preferred Practice Pattern®. *Ophthalmology.* Published online February 7, 2025. doi:10.1016/j.ophtha.2024.12.018
4. Flaxel CJ, Adelman RA, Bailey ST, et al. Diabetic Retinopathy Preferred Practice Pattern® [published correction appears in *Ophthalmology.* 2020 Sep;127(9):1279]. *Ophthalmology.* 2020;127(1):P66-P145. doi:10.1016/j.ophtha.2019.09.025
5. American Diabetes Association Professional Practice Committee . 12. Retinopathy, Neuropathy, and Foot Care: Standards of Care in Diabetes-2025. *Diabetes Care.* 2025;48(Supplement\_1):S252-S265. doi:10.2337/dc25-S012

Effective date: 03/01/2026

Revised date: 03/11/2025