CareSource Rx Innovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Susvimo (ranibizumab)
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 VEFG 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

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Revised date: 03/11/2025