# PHARMACY POLICY STATEMENT

**Ohio Medicaid**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>Susvimo (ranibizumab)</th>
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</thead>
<tbody>
<tr>
<td>BENEFIT TYPE</td>
<td>Medical</td>
</tr>
<tr>
<td>STATUS</td>
<td>Prior Authorization Required</td>
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Susvimo, an intravitreal ocular implant, was approved by the FDA in 2021. It is 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 Vascular Endothelial Growth Factor (VEGF) inhibitor medication. 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 other indications aside from just wet AMD.

Susvimo has a black box warning for endophthalmitis, an infection inside the eye which is a medical emergency. Approval was based on the phase 3 Archway trial which demonstrated equivalent visual acuity results between Susvimo and Lucentis.

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

### Neovascular (wet) Age-related Macular Degeneration (AMD)

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 diagnosis of wet AMD; AND
4. Member has previously responded to at least 2 intravitreal injections of a VEGF inhibitor; bevacizumab is the preferred product (others require prior authorization); AND
5. Documentation of best-corrected visual acuity (BCVA); AND
6. Member does NOT have any ocular or periocular infections or active intraocular inflammation.
7. **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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>11/09/2021</td>
<td>New policy for Susvimo created.</td>
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<tr>
<td>05/19/2023</td>
<td>Added baseline BCVA documentation.</td>
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</tbody>
</table>

References:


Effective date: 01/01/2024
Revised date: 05/19/2023