

Specialty Guideline Management

Susvimo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Susvimo	ranibizumab

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications¹

Susvimo is indicated for the treatment of:

- 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.
- Diabetic Macular Edema (DME) who have previously responded to at least two intravitreal injections of a Vascular Endothelial Growth Factor (VEGF) inhibitor medication.
- Diabetic Retinopathy (DR) who have previously responded to at least two intravitreal injections of a Vascular Endothelial Growth Factor (VEGF) inhibitor medication.

All other indications are considered experimental/investigational and not medically necessary.

Prescriber Specialties

This medication must be prescribed by or in consultation with an ophthalmologist.

Coverage Criteria

Neovascular (Wet) Age-Related Macular Degeneration^{1,2}

Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration when all of the following criteria are met:

- Member has a diagnosis of neovascular (wet) age-related macular degeneration.
- Member has previously responded to at least two intravitreal injections of a Vascular Endothelial Growth Factor (VEGF) inhibitor (e.g., Avastin, Eylea) within the past 6 months.
- Must be used in conjunction with the Susvimo ocular implant.

Diabetic Macular Edema¹

Authorization of 12 months may be granted for the treatment of diabetic macular edema when all of the following criteria are met:

- Member has a diagnosis of diabetic macular edema.
- Member has previously responded to at least two intravitreal injections of a Vascular Endothelial Growth Factor (VEGF) inhibitor (e.g., Avastin, Eylea).
- Must be used in conjunction with the Susvimo ocular implant.

Diabetic Retinopathy^{1,3}

Authorization of 12 months may be granted for the treatment of diabetic retinopathy when all of the following criteria are met:

- Member has a diagnosis of diabetic retinopathy.
- Member has previously responded to at least two intravitreal injections of a Vascular Endothelial Growth Factor (VEGF) inhibitor (e.g., Avastin, Eylea).
- Must be used in conjunction with the Susvimo ocular implant.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in coverage criteria section when the member has demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

References

1. Susvimo [package insert]. San Francisco, CA: Genentech, Inc.; September 2025.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2024. Available at: <https://www.aao.org/education/preferred-practice-pattern/age-related-macular-degeneration-ppp>
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2024. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp>.