| Reference number(s) |
| --- |
| 5038-A |

# 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 Indications[1]

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.

## Coverage Criteria

### Neovascular (Wet) Age-Related Macular Degeneration[1,2]

Authorization of 6 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 Edema[1]

Authorization of 6 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 9 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.; May 2025.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019.

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; 2019. Available at: https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp.