Reference number(s)
5046-A

STANDARD MEDICARE PART B MANAGEMENT

SUSVIMO (ranibizumab injection)

POLICY

I. 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
Susvimo (ranibizumab injection) 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.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Neovascular (Wet) Age-Related Macular Degeneration
Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration when all of the following criteria is met:

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

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

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

A. The member is currently receiving therapy with Susvimo
B. Susvimo is being used to treat an indication enumerated in Section II
C. The medication has been effective for treating the diagnosis or condition

IV. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Susvimo.
2. The available compendium

a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
b. Micromedex DrugDex
c. American Hospital Formulary Service- Drug Information (AHFS-DI)
d. Lexi-Drugs
e. Clinical Pharmacology

3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration.

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Susvimo are covered.

V. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

VI. REFERENCES

1. Susvimo. [package insert]. San Francisco, CA: Genentech, Inc.; April 2022.
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/preferred-practice-pattern/age-related-macular-degeneration-ppp.