Susvimo® (ranibizumab)

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: March 26, 2025
Review Date: March 19, 2025
Line of Business: Medicaid - Louisiana
Policy Type: Prior Authorization

Products Affected
Susvimo intravitreal solution Susvimo (initial fill) intravitreal solution Susvimo intravitreal solution

Listed Indications
Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD) Diabetic Macular Edema (DME)

Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD)	
Does the member meet all of the following criteria?	
Criteria #1	Diagnosed with neovascular (wet) age-related macular degeneration
Criteria #2	Must be used in conjunction with the Susvimo ocular implant
Criteria #3	Has a contraindication, intolerance, or the provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (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).
Criteria #4	Has had prior therapy with at least 2 intravitreal injections with a VEGF inhibitor (e.g. bevacizumab, Eylea, Lucentis).
Approval Duration	
Initial	Susvimo (ranibizumab) will be approved in plan year duration or as determined through clinical review.

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Diabetic Macular Edema (DME)	
Does the member meet all of the following criteria?	
Criteria #1	Diagnosed with Diabetic Macular Edema
Criteria #2	Must be used in conjunction with the Susvimo ocular implant
Criteria #3	Has a contraindication, intolerance, or the provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (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).
Criteria #4	Has had prior therapy with at least 2 intravitreal injections with a VEGF inhibitor (e.g. bevacizumab, Eylea, Lucentis).
Approval Duration	
Initial	Susvimo (ranibizumab) will be approved in plan year duration or as determined through clinical review.

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Background

This is a prior authorization policy about Susvimo (ranibizumab).

Susvimo (ranibizumab) is a recombinant monoclonal antibody, ophthalmic Vascular Endothelial Growth Factor (VEGF) Inhibitor.

Susvimo (ranibizumab) binds to and inhibits vascular endothelial growth factor (VEGF-A) from promoting growth of new blood vessels beneath the retina, by intravitreal injection.

Susvimo (ranibizumab) is indicated for the treatment of Neovascular (wet) Age-related Macular Degeneration (AMD) and Diabetic Macular Edema (DME) in patients who have previously responded to at least two intravitreal injections of a VEGF inhibitor.

Ranibizumab is available as Susvimo 100 mg/mL solution for intravitreal injection (ophthalmic implant).

Susvimo (ranibizumab) is contraindicated in patients with active intraocular inflammation, and in patients with ocular or periocular infections. Susvimo (ranibizumab) should not be used concurrently with other VEGF inhibitors for intraocular use in the absence of documentation indicating that individual products are to be used in different eyes.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Susvimo; ranibizumab; Diabetic Macular Edema; Neovascular (wet) Age Related Macular Degeneration; AMD; Intravitreal; Medical

References

1. AHFS Drug Information. UpToDate® LexidrugTM [database online]: Wolters Kluwer; URL: https://online.lexi.com/. Updated periodically.
2. Age-Related Macular Degeneration Preferred Practice Pattern® Vemulakonda, G. Atma et al. Ophthalmology, Volume 0, Issue 0.
3. Clinical Pharmacology powered by ClinicalKey® [database online]. Philadephia, PA: Elsevier; URL: http://https://www.clinicalkey.com/pharmacology/. Updated periodically.
4. Diabetic Retinopathy Preferred Practice Pattern® Lim, Jennifer I. et al. Ophthalmology, Volume 0, Issue 0.
5. MerativeTM Micromedex® DRUGDEX® [database online]. Merative, Ann Arbor, Michigan, USA. URL: https://www.micromedexsolutions.com/.Updated periodically
6. Susvimo (ranibizumab) [package insert] South San Francisco, CA: Genentech Inc; Revised February 2025.

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