Effective Date **4/1/2023**
Next Review Date… **4/1/2024**
Coverage Policy Number **IP0349**

Ranibizumab Ocular Implant

Table of Contents

Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy addresses the usage of ranibizumab intravitreal injection via ocular implant **(Susvimo™)**.

Note: *Susvimo is FDA approved for the treatment of patients with neovascular (wet) age-related macular degeneration (nAMD) who have previously responded to at least two intravitreal injections of a VEGF inhibitor; however, there is insufficient clinical safety data supporting this use.*

Conditions Not Covered

Any use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

Neovascular (Wet) Age-Related Macular Degeneration. There is insufficient data regarding the safety of Susvimo. In the pivotal trial, Susvimo demonstrated non-inferiority compared with Lucentis.[1] However, ocular adverse events were more frequent with Susvimo vs. Lucentis; patients treated with Susvimo require regular monitoring to evaluate for presence of these adverse events. Notably, Susvimo labeling includes a unique Boxed Warning regarding endophthalmitis, which was three times more frequent with Susvimo vs. Lucentis.

Background

OVERVIEW
Susvimo, a vascular endothelial growth factor (VEGF) inhibitor, is indicated for the treatment of patients with **neovascular** (wet) **age-related macular degeneration** (nAMD) who have previously responded to at least two intravitreal injections of a VEGF inhibitor.[1]

Safety
Susvimo has a Boxed Warning regarding endophthalmitis, which occurred at a 3-fold higher rate with Susvimo vs. Lucentis (1.7% vs. 0.5% in active-controlled trials).[1] Additional Warnings associated with the implant and/or implant-related procedures unique to Susvimo include rhegmatogenous retinal detachment, implant dislocation, vitreous hemorrhage, conjunctival erosion or retraction, conjunctival bleb, postoperative decrease in visual acuity, air bubbles causing improper filling of the implant, and deflection of the implant.

References

1. Susvimo™ intravitreal injection via ocular implant [prescribing information]. South San Francisco, CA: Genentech/Roche; April 2022.