



Drug Coverage Policy

Effective Date 5/15/2024

Coverage Policy Number.....IP0349

Policy Title.....Susvimo

Ophthalmology – Vascular Endothelial Growth Factor Inhibitors – Susvimo

- Susvimo™ (ranibizumab intravitreal injection via ocular implant – Genentech)

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. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. 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.

Conditions Not Covered

Susvimo™ (ranibizumab intravitreal injection) is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **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 In contrast to the other VEGF inhibitor products which are administered as intravitreal injections, Susvimo is an intravitreal implant.

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. These Warnings/Precautions are unique to Susvimo (among the injectable VEGF inhibitor class) and in general, many of these Warnings/Precautions are associated with the Susvimo implant and/or other implant-related procedures.

References

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

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	No criteria changes	5/15/2024

The policy effective date is in force until updated or retired.

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