



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

## Susvimo (ranibizumab)

### NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

### BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

### DESCRIPTION

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indication

Susvimo 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.

### POLICY

#### Criteria for Initial Approval

#### **Neovascular (Wet) Age-Related Macular Degeneration**

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration when all of the following criteria are met:

- A. Member has a diagnosis of neovascular (wet) age-related macular degeneration.
- B. 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.
- C. Must be used in conjunction with the Susvimo ocular implant.

### Continuation of Therapy

#### **Neovascular (Wet) Age-Related Macular Degeneration**

Authorization of 12 months may be granted for continued treatment for members who have 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).

Susvimo is considered **not medically necessary** for members who do not meet the criteria set forth above.

### Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

## **PROCEDURES AND BILLING CODES**

**To report provider services, use appropriate CPT\* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.**

- C9093 – Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg (cancelled 7/1/2022)
- J2779 – Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg (effective 7/1/2022)

## **REFERENCES**

- Susvimo. [package insert]. San Francisco, CA: Genentech, Inc.; October 2021.
- 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>.

## **POLICY HISTORY**

**Policy #:** 05.04.49

**Reviewed:** October 2022

**Revised:**

**Current Effective Date:** March 1, 2022