

# Vabysmo™ (faricimab-svoa)



## Pharmacy Coverage Policy

**Effective Date:** May 25, 2022

**Revision Date:** November 22, 2023

**Review Date:** November 15, 2023

**Line of Business:** Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

**Policy Type:** Prior Authorization

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### Products Affected

Vabysmo intravitreal solution

### Listed Indications

[Neovascular \(Wet\) Age-Related Exudative Macular Degeneration \(AMD\)](#)

[Diabetic Macular Edema \(DME\)](#)

[Macular Edema following Retinal Vein Occlusion \(RVO\)](#)

### 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	Has a contraindication, or intolerance to bevacizumab.* OR Has had prior therapy with bevacizumab* and 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). *For Medicare Part B requests, the step therapy requirement does not apply if the request is a continuation of prior therapy within the past 365 days.

#### Approval Duration

Initial	Vabysmo (faricimab-svoa) 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	Has a contraindication, or intolerance to bevacizumab.* OR Has had prior therapy with bevacizumab* and 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). *For Medicare Part B requests, the step therapy requirement does not apply if the request is a continuation of prior therapy within the past 365 days.

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### Macular Edema following Retinal Vein Occlusion (RVO)

#### Does the member meet all of the following criteria?

Criteria #1	Diagnosed with Macular Edema following Retinal Vein Occlusion
Criteria #2	Has a contraindication, or intolerance to bevacizumab.* OR Has had prior therapy with bevacizumab* and 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).

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## Background

This is a prior authorization policy about Vabysmo (faricimab-svoa).

Vabysmo (faricimab-svoa) is contraindicated in patients with active intraocular inflammation, and in patients with ocular or periocular infections.

Vabysmo (faricimab-svoa) 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.

Vabysmo (faricimab-svoa) is a vascular endothelial growth factor (VEGF) inhibitor and angiopoietin-2 (Ang-2) inhibitor.

Vabysmo (faricimab-svoa) is indicated for the treatment of neovascular (wet) age-related macular degeneration (wAMD), Diabetic Macular Edema (DME), and Macular Edema following Retinal Vein Occlusion (RVO).

Faricimab-svoa is available as Vabysmo 6 mg intravitreal injection.

## Provider Claim Codes

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

## Medical Terms

Vabysmo; faricimab-svoa; Neovascular (wet) Age Related Macular Degeneration; AMD; Intravitreal; Diabetic Macular Edema; DME; Retinal Vein Occlusion; RVO; Pharmacy

## References

1. American Academy of Ophthalmology. Preferred Practice Pattern Age-Related Macular Degeneration. Updated periodically.
2. Lexi-Comp [database online]. Hudson, OH: Lexi-Comp, Inc.; URL: <http://online.lexi.com/crlsql/servlet/crlonline>. Updated periodically.
3. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; URL: <http://www.thomsonhc.com/micromedex2/librarian/>. Updated periodically.
4. Vabysmo (faricimab-svoa) [package insert] San Francisco, CA: Genentech Inc; Revised October 2023.

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State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.hhs.gov/>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their

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