

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Vabysmo (faricimab-svoa)
BILLING CODE	J2777
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
STATUS	Prior Authorization Required

Vabysmo is a vascular endothelial growth factor (VEGF) and angiopoietin-2 (Ang-2) inhibitor indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (nAMD) or Diabetic Macular Edema (DME). It is administered by intravitreal injection by a physician. VEGF inhibitors suppress endothelial cell proliferation, neovascularization, and vascular permeability. Inhibition of Ang-2 is thought to promote vascular stability and desensitize blood vessels to the effects of VEGF-A. Vabysmo was approved based on results showing achievement of vision gains noninferior to Eylea, often given at a longer dosing interval.

Vabysmo (faricimab-svoa) will be considered for coverage when the following criteria are met:

Retinal Disease

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a diagnosis of one of the following conditions:
 - a) Neovascular (wet) Age-Related Macular Degeneration (AMD)
 - b) Diabetic Macular Edema (DME); AND
4. Member has tried and failed bevacizumab intravitreal injection; AND
5. Documentation of best-corrected visual acuity (BCVA); AND
6. Member does NOT have active infection or inflammation in or around the eye(s) to be treated.
7. **Dosage allowed/Quantity limit:** See package insert for important details. In summary, start with 6 mg every 4 weeks for 4 to 6 doses; adjust per evaluations described in package insert to one of a variety of intervals, out to every 16 weeks.
 Note: For most patients, every 4-week dosing did not demonstrate additional efficacy compared to every 8 weeks.
 Limit: 1 vial per eye per 28 days

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must include documentation of improved or stabilized visual acuity.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Vabysmo (faricimab-svoa) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
04/05/2022	New policy for Vabysmo created.
09/08/2022	Updated billing code.

References:

1. Vabysmo [prescribing information]. Genentech, Inc.; 2022.
2. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.ophtha.2019.09.024
3. Solomon SD, Lindsley K, Vedula SS, Krzystolik MG, Hawkins BS. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. *Cochrane Database Syst Rev*. 2019;3(3):CD005139. Published 2019 Mar 4. doi:10.1002/14651858.CD005139.pub4
4. Holekamp, Nanvy M. Review of Neovascular Age-Related Macular Degeneration Treatment Options. *Am J Manag Care*. July 2019; 25:-S0
5. Flaxel CJ, Adelman RA, Bailey ST, et al. Diabetic Retinopathy Preferred Practice Pattern® [published correction appears in *Ophthalmology*. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P66-P145. doi:10.1016/j.ophtha.2019.09.025
6. Virgili G, Parravano M, Evans JR, Gordon I, Lucenteforte E. Anti-vascular endothelial growth factor for diabetic macular oedema: a network meta-analysis. *Cochrane Database Syst Rev*. 2018;10(10):CD007419. Published 2018 Oct 16. doi:10.1002/14651858.CD007419.pub6
7. Diabetic Retinopathy Clinical Research Network, Wells JA, Glassman AR, et al. Aflibercept, bevacizumab, or ranibizumab for diabetic macular edema. *N Engl J Med*. 2015;372(13):1193-1203. doi:10.1056/NEJMoa1414264

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Revised date: 09/08/2022