Vabysmo is a vascular endothelial growth factor (VEGF) and angioptiopetin-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.
<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>04/05/2022</td>
<td>New policy for Vabysmo created.</td>
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<tr>
<td>05/25/2023</td>
<td>Annual review; no updates.</td>
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References:


Effective date: 01/01/2024
Revised date: 05/25/2023