PHARMACY POLICY STATEMENT
Ohio Medicaid

DRUG NAME	Vabysmo (faricimab-svoa)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Vabysmo, initially approved by the FDA in 2022, 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), Diabetic Macular Edema (DME), or Macular Edema following Retinal Vein Occlusion (RVO). 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 clinical trial results showing achievement of vision gains noninferior to Eylea.

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)
   c) Macular Edema Following Retinal Vein Occlusion (RVO); 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 full instructions.
   AMD: 6 mg every 4 weeks for 4 doses; adjust per clinical evaluation to an interval of every 4 to 16 weeks. *Note: For most patients, every 4-week dosing did not demonstrate additional efficacy compared to every 8 weeks*.
   DME: 6 mg every 4 weeks for 4 to 6 doses; adjust per clinical evaluation to an interval of every 4 to 8 weeks. *Note: For most patients, every 4-week dosing did not demonstrate additional efficacy compared to every 8 weeks*.
   RVO: 6 mg every 4 weeks for 6 months.
   QL: 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.
05/25/2023	Annual review; no updates.
11/15/2023	Added RVO as an approved indication per label expansion. Clarified dosing for AMD, DME.
01/25/2024	Approved by ODM

References:

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10. Ohio Administrative Code. (2022, February 23). 5160-1-01 (C) Medicaid medical necessity: definitions and principles. Retrieved February 22 2023 from codes.ohio.gov.
11. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
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Effective date: 04/01/2024
Revised date: 11/15/2023