PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Vascular Endothelial Growth Factor Inhibitors – Vabysmo Prior Authorization Policy
- Vabysmo™ (faricimab-svoa intravitreal injection – Genentech/Roche)

REVIEW DATE: 11/16/2022

OVERVIEW

Vabysmo, a vascular endothelial growth factor (VEGF) and angiopoietin-2 (Ang-2) inhibitor, is indicated for the following uses:[1]

- **Diabetic macular edema** (DME).
- **Neovascular (wet) age-related macular degeneration** (nAMD).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Vabysmo. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Vabysmo as well as the monitoring required for adverse events and long-term efficacy, approval requires Vabysmo to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Vabysmo is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Diabetic Macular Edema.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

2. **Neovascular (Wet) Age-Related Macular Degeneration.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Vabysmo is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Vabysmo™ intravitreal injection [prescribing information]. South San Francisco, CA: Genentech/Roche; February 2022.