Vabysmo™ (faricimab-svoa)

Humana

Pharmacy Coverage Policy

Effective Date: May 25, 2022
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Line of Business: Medicare, Commercial, Medicaid - Humana, Medicaid - Ohio
Policy Type: Prior Authorization

Disclaimer
Description
Coverage Determination
Background
Medical Terms
References

Disclaimer

Description

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) and Diabetic Macular Edema (DME).

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

Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- American Hospital Formulary Service-Drug Information (AHFS-DI)
- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- Truven Health Analytics Micromedex DrugDEX
- Elsevier/Gold Standard Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

Vabysmo (faricimab-svoa) will require prior authorization. This agent may be considered medically necessary when the following criteria are met:

Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD)

- Diagnosed with neovascular (wet) age-related macular degeneration **AND**
- 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

Diabetic Macular Edema (DME)

- Diagnosed with Diabetic Macular Edema **AND**
- 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.

Vabysmo (faricimab-svoa) will be approved in plan year durations or as determined through clinical review.

Coverage Limitations

Vabysmo (faricimab-svoa) therapy is not considered medically necessary for members with the following concomitant conditions:

- Active intraocular inflammation
- Ocular or periocular infection
- Vabysmo 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.

- Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

Background

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

Provider Claims Codes

For medically billed requests, please visit 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; Pharmacy

References

1. Lexi-Comp [database online]. Hudson, OH: Lexi-Comp, Inc.; URL: http://online.lexi.com/crlsql/servlet/crlonline. Updated periodically.
2. Vabysmo (faricimab-svoa) [package insert] San Francisco, CA: Genentech Inc; Revised January 2022.
3. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; URL:

http://www.thomsonhc.com/micromedex2/librarian/. Updated periodically.