JURISDICTION SPECIFIC MEDICARE PART B

VABYSMO (faricimab-svoa)

POLICY

I. COVERED USES

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. The FDA-labeled indications are listed below:

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

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

- A. Relevant medical history, physical examination, results of pertinent diagnostic tests or procedures
- B. Medical record with name of drug administered, route of administration, dosage, duration of the administration.

III. CRITERIA FOR APPROVAL

A. Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration (nAMD).

B. Diabetic Macular Edema (DME)

Authorization of 12 months may be granted for treatment of diabetic macular edema.

IV. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Vabysmo 5436-A MedB Jurisdiction 6 and K (CT, IL, MA, ME, MN, NH, NY, RI, VT, WI) P2022.docx© 2022 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



V. REFERENCES

- Drugs and Biologicals LCD (L33394) Version R14. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed April 25, 2022.
- 2. Billing and Coding: Ranibizumab, Aflibercept and Brolucizumab-dbll and Faricimab-svoa (A52451) Version R13. Available at:
 - https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed April 25, 2022.
- 3. Billing and Coding: Drugs and Biologicals (A52855) Version R7. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed A52855.
- 4. Vabysmo [package insert]. South San Francisco, CA: Genentech, Inc.; January 2022.

Vabysmo 5436-A MedB Jurisdiction 6 and K (CT, IL, MA, ME, MN, NH, NY, RI, VT, WI) P2022.docx© 2022 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

2

