

# Vabysmo™ (faricimab-svoa) (Intravitreal)

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## I. Length of Authorization

Coverage will be provided annually and may be renewed.

## **II.** Dosing Limits

## A. Quantity Limit (max daily dose) [NDC unit]:

• 6 mg single-dose vial: 1 vial per eye every 28 days

## B. Max Units (per dose and over time) [HCPCS Unit]:

| Diagnosis                       | MU for Initial Dosing              | MU for Maintenance Dosing        |
|---------------------------------|------------------------------------|----------------------------------|
| Neovascular age-related macular | 120 billable units every 28 days x | 120 billable units every 28 days |
| degeneration (AMD)              | 4 doses                            |                                  |
| Diabetic Macular Edema (DME)    | 120 billable units every 28 days x | 120 billable units every 28 days |
|                                 | 6 doses                            |                                  |
| Macular Edema following Retinal | N/A                                | 120 billable units every 28 days |
| Vein Occlusion (RVO)            |                                    |                                  |

(Max units are based on administration to both eyes)

# III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient must try and have an inadequate response (defined as 3 injections in either eye
  with minimal to no improvement), clinically significant adverse effects, or contraindication
  to Avastin (bevacizumab) prior to consideration of a non-preferred product. Documentation
  of contraindication, adverse events, or date(s) of failed therapy to Avastin (bevacizumab)
  required; AND
- Patient is at least 18 years of age; AND

### Universal Criteria 1-12

- Patient is free of ocular and/or peri-ocular infections; AND
- Patient does not have active intraocular inflammation; AND



- Therapy will not be used with other ophthalmic VEGF inhibitors (.e.g., aflibercept, brolucizumab-dbll, ranibizumab, bevacizumab, etc.); **AND**
- Patient's best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment; **AND**
- Patient has a definitive diagnosis of one of the following:

Neovascular (Wet) Age-Related Macular Degeneration (nAMD) †\*

Diabetic Macular Edema (DME) †\*

Macular Edema following Retinal Vein Occlusion (RVO) †

\*Patients with an insufficient response during initial therapy administered every 4 weeks for at least 4 doses may continue with dosing every 4 weeks. Patients with loss of response to maintenance therapy administered at less frequent intervals may increase the dosing frequency in a step-wise manner until response is regained. (Refer to Section V).

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); **\Phi** Orphan Drug

## IV. Renewal Criteria 1-12

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the universal and indication-specific relevant criteria as identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: endophthalmitis and retinal detachments, increase in intraocular pressure, arterial thromboembolic events (ATE), retinal vasculitis and/or retinal vascular occlusion, etc.; **AND**
- Patient has had a beneficial response to therapy (e.g., improvement in the baseline best corrected visual acuity (BCVA), etc.) and continued administration is necessary for the maintenance treatment of the condition

# V. Dosage/Administration <sup>1</sup>

| Indication  | Dose  |
|---|---|
| Neovascular (Wet)<br>Age-Related Macular<br>Degeneration (nAMD) | <ul> <li>Initiation:</li> <li>Administer 6 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days ±7 days, monthly) for the first four doses (16 weeks or 4 months)</li> <li>Maintenance:</li> <li>Follow the initial four doses with optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to ascertain whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: <ul> <li>Weeks 28, 44, and every 16 weeks thereafter*; or</li> <li>Weeks 24, 36, 48 and every 12 weeks thereafter*; or</li> </ul> </li> </ul> |



|  | <ul> <li>Weeks 20, 28, 36, 44 and every 8 weeks thereafter*</li> </ul>   |
|--|--|
| Diabetic macular<br>edema (DME)                            | <ul> <li>Administer 6 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days ±7 days, monthly) for at least four doses. If after at least 4 doses, resolution of edema based on the central subfield thickness (CST) of the macula as measured by optical coherence tomography is achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations*; OR</li> <li>Administer 6 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days ±7 days, monthly) for the first six doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks*</li> </ul> |
| Macular Edema<br>following Retinal Vein<br>Occlusion (RVO) | • Administer 6 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days ±7 days, monthly)  |

\*Note: Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first four doses. Patients should be assessed regularly. Patients with loss of response to maintenance therapy administered at less frequent intervals may increase the dosing frequency in a step-wise manner until response is regained.

# VI. Billing Code/Availability Information

#### HCPCS Code:

• J2777 – Injection, faricimab-svoa, 0.1 mg; 1 billable unit = 0.1 mg

## NDC:

 Vabysmo 6 mg/0.05 mL (concentration 120 mg/mL) solution for injection, overfilled singledose vial: 50242-0096-xx

#### VII. References

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# **Appendix 1 – Covered Diagnosis Codes**

| ICD-10   | ICD-10 Description  |
|----------|---|
| E08.311  | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with        |
|          | macular edema   |
| E08.3211 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy   |
|          | with macular edema, right eye   |
| E08.3212 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy   |
|          | with macular edema, left eye  |
| E08.3213 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy   |
|          | with macular edema, bilateral   |
| E08.3219 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy   |
|          | with macular edema, unspecified eye   |
| E08.3311 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic           |
|          | retinopathy with macular edema, right eye   |
| E08.3312 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic           |
|          | retinopathy with macular edema, left eye  |
| E08.3313 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic           |
|          | retinopathy with macular edema, bilateral   |
| E08.3319 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic           |
|          | retinopathy with macular edema, unspecified eye   |
| E08.3411 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy |
|          | with macular edema, right eye   |
| E08.3412 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy |
|          | with macular edema, left eye  |
| E08.3413 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy |
|          | with macular edema, bilateral   |
| E08.3419 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy |
|          | with macular edema, unspecified eye   |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with      |
|          | macular edema, right eye  |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with      |
|          | macular edema, left eye   |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with      |
|          | macular edema, bilateral  |
| E08.3519 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with      |
|          | macular edema, unspecified eye  |
| E09.311  | Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular   |
|          | edema   |
| E09.3211 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy      |
|          | with macular edema, right eye   |
| E09.3212 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy      |
|          | with macular edema, left eye  |
| E09.3213 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy      |
|          | with macular edema, bilateral   |
| E09.3219 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy      |
|          | with macular edema, unspecified eye   |
| E09.3311 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic              |
|          | retinopathy with macular edema, right eye   |
| E09.3312 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic              |
|          | retinopathy with macular edema, left eye  |
| E09.3313 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic              |
|          | retinopathy with macular edema, bilateral   |



| ICD-10   | ICD-10 Description   |
|----------|--|
| E09.3319 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic                               |
|          | retinopathy with macular edema, unspecified eye  |
| E09.3411 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy                     |
|          | with macular edema, right eye  |
| E09.3412 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy                     |
|          | with macular edema, left eye   |
| E09.3413 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy                     |
|          | with macular edema, bilateral  |
| E09.3419 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy                     |
| 700000   | with macular edema, unspecified eye  |
| E09.3511 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with                          |
| E00 0510 | macular edema, right eye   |
| E09.3512 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with                          |
| E09.3513 | macular edema, left eye  Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with |
| E09.5515 | macular edema, bilateral   |
| E09.3519 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with                          |
| 100.0010 | macular edema, unspecified eye   |
| E10.311  | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema                                |
|          |  |
| E10.3211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,                     |
| F10 0010 | right eye  |
| E10.3212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,                     |
| E10 0010 | left eye   |
| E10.3213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,                     |
| E10.3219 | bilateral Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,           |
| E10.5219 | unspecified eye  |
| E10.3311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular                        |
| 10.5511  | edema, right eye   |
| E10.3312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular                        |
| 210.0012 | edema, left eye  |
| E10.3313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular                        |
|          | edema, bilateral   |
| E10.3319 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular                        |
|          | edema, unspecified eye   |
| E10.3411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular                          |
|          | edema, right eye   |
| E10.3412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular                          |
|          | edema, left eye  |
| E10.3413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular                          |
| F100110  | edema, bilateral   |
| E10.3419 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular                          |
| T10 0F11 | edema, unspecified eye   |
| E10.3511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye                   |
| E10.3512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye                    |
| E10.3513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral                   |
| E10.3519 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema,                             |
| 110.0010 | unspecified eye  |
| E11.311  | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema                                |
|          |  |
| E11.3211 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,                     |
|          | right eye  |



| ICD-10   | ICD-10 Description   |
|--|--|
| E11.3212   | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,   |
| 211,0212   | left eye   |
| E11.3213 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with mac |  |
| 211.0210   | bilateral  |
| E11.3219   | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema,   |
| unspecified eye  |  |
| E11.3311   | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular      |
| 211.0011   | edema, right eye   |
| E11.3312   | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular      |
|  | edema, left eye  |
| E11.3313   | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular      |
|  | edema, bilateral   |
| E11.3319   | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular      |
|  | edema, unspecified eye   |
| E11.3411   | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular        |
|  | edema, right eye   |
| E11.3412   | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular        |
|  | edema, left eye  |
| E11.3413   | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular        |
|  | edema, bilateral   |
| E11.3419   | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular        |
|  | edema, unspecified eye   |
| E11.3511   | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E11.3512   | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye  |
|  |  |
| E11.3513   | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E11.3519   | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,           |
|  | unspecified eye  |
| E13.311  | Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema     |
| E13.3211   | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular |
| 210.0211   | edema, right eye   |
| E13.3212   | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular |
| 210,0212   | edema, left eye  |
| E13.3213   | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular |
|  | edema, bilateral   |
| E13.3219   | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular |
|  | edema, unspecified eye   |
| E13.3311   | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with     |
|  | macular edema, right eye   |
| E13.3312   | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with     |
|  | macular edema, left eye  |
| E13.3313   | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with     |
|  | macular edema, bilateral   |
| E13.3319   | Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with     |
|  | macular edema, unspecified eye   |
| E13.3411   | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with       |
|  | macular edema, right eye   |
| E13.3412   | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with       |
|  | macular edema, left eye  |
| E13.3413   | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with       |
|  | macular edema, bilateral   |
| E13.3419   | Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with       |
|  | macular edema, unspecified eye   |



| ICD-10   | ICD-10 Description  |
|----------|---|
| E13.3511 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema,                 |
| F10.0710 | right eye   |
| E13.3512 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye        |
| E13.3513 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral       |
| E13.3519 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| H34.8110 | Central retinal vein occlusion, right eye, with macular edema   |
| H34.8120 | Central retinal vein occlusion, left eye, with macular edema  |
| H34.8130 | Central retinal vein occlusion, bilateral, with macular edema   |
| H34.8190 | Central retinal vein occlusion, unspecified eye, with macular edema   |
| H34.8310 | Tributary (branch) retinal vein occlusion, right eye, with macular edema                                      |
| H34.8320 | Tributary (branch) retinal vein occlusion, left eye, with macular edema                                       |
| H34.8330 | Tributary (branch) retinal vein occlusion, bilateral, with macular edema                                      |
| H34.8390 | Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema                                |
| H35.3210 | Exudative age-related macular degeneration, right eye, stage unspecified                                      |
| H35.3211 | Exudative age-related macular degeneration, right eye, with active choroidal neovascularization               |
| H35.3212 | Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization             |
| H35.3213 | Exudative age-related macular degeneration, right eye, with inactive scar                                     |
| H35.3220 | Exudative age-related macular degeneration, left eye, stage unspecified                                       |
| H35.3221 | Exudative age-related macular degeneration, left eye, with active choroidal neovascularization                |
| H35.3222 | Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization              |
| H35.3223 | Exudative age-related macular degeneration, left eye, with inactive scar                                      |
| H35.3230 | Exudative age-related macular degeneration, bilateral, stage unspecified                                      |
| H35.3231 | Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization               |
| H35.3232 | Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization             |
| H35.3233 | Exudative age-related macular degeneration, bilateral, with inactive scar                                     |
| H35.3290 | Exudative age-related macular degeneration, unspecified eye, stage unspecified                                |
| H35.3291 | Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization         |
| H35.3292 | Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization       |
| H35.3293 | Exudative age-related macular degeneration, unspecified eye, with inactive scar                               |



# Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <a href="https://www.cms.gov/medicare-coverage-database/search.aspx">https://www.cms.gov/medicare-coverage-database/search.aspx</a>. Additional indications may be covered at the discretion of the health plan.

# Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

| Jurisdiction(s): 6, K | NCD/LCD Document (s): A52451    |
|-----------------------|---------------------------------|
| ourisatement of the   | 110D/110D Document (b) 1102 101 |

https://www.cms.gov/medicare-coverage-database/new-search/search-

 $\frac{results.aspx?keyword=a52451\&areaId=all\&docType=NCA\%2CCAL\%2CNCD\%2CMEDCAC\%2CTA\%2CMC}{D\%2C6\%2C3\%2C5\%2C1\%2CF\%2CP}$ 

|              | Medicare Part B Administrative Contractor (MAC) Jurisdictions                               |   |  |
|--------------|---|---|--|
| Jurisdiction | Applicable State/US Territory   | Contractor  |  |
| E (1)        | CA, HI, NV, AS, GU, CNMI  | Noridian Healthcare Solutions, LLC                |  |
| F (2 & 3)    | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ  | Noridian Healthcare Solutions, LLC                |  |
| 5            | KS, NE, IA, MO  | Wisconsin Physicians Service Insurance Corp (WPS) |  |
| 6            | MN, WI, IL  | National Government Services, Inc. (NGS)          |  |
| H (4 & 7)    | LA, AR, MS, TX, OK, CO, NM  | Novitas Solutions, Inc.                           |  |
| 8            | MI, IN  | Wisconsin Physicians Service Insurance Corp (WPS) |  |
| N (9)        | FL, PR, VI  | First Coast Service Options, Inc.                 |  |
| J (10)       | TN, GA, AL  | Palmetto GBA, LLC                                 |  |
| M (11)       | NC, SC, WV, VA (excluding below)  | Palmetto GBA, LLC                                 |  |
| L (12)       | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc.                           |  |
| K (13 & 14)  | NY, CT, MA, RI, VT, ME, NH  | National Government Services, Inc. (NGS)          |  |
| 15           | KY, OH  | CGS Administrators, LLC                           |  |

