faricimab-svoa (Vabysmo™)

**Place of Service**
- Office Administration
- Infusion Center Administration
- Outpatient Facility Infusion Administration

**HCPCS**
- Effective 7/1/2022:
  - C9097 per 0.1 mg
  - J3590
- Effective through 6/30/2022:
  - J3590

**NDCs**:
- 50242-0096-01: 6 mg/0.05 mL in a single-dose vial

**Condition(s) listed in policy (see criteria for details)**
- Diabetic macular edema (DME) or diabetic retinopathy
- Neovascular (WET) age-related macular degeneration (AMD)

**AHFS therapeutic class:** ophthalmic agents, other

**Mechanism of action:** Inhibits vascular endothelial growth factor (VEGF) and angiopoietin-2 (Ang-2)

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(1) **Special Instructions and pertinent Information**

**Covered under the Medical Benefit:** please submit clinical information for prior authorization review.

(2) **Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Vabysmo™ (Faricimab-svoa) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**Diabetic macular edema (DME) or diabetic retinopathy**

**Covered Doses**
- 6 mg administered by intravitreal injection every 4 weeks

**Coverage Period**
- Yearly

**ICD-10:** (X=0-9)
- E08.3XXX, E09.3XXX,
Neovascular (WET) age-related macular degeneration (AMD)

Covered Doses
6 mg administered by intravitreal injection every 4 weeks

Coverage Period
Yearly

ICD-10:
H35.3210-3213
H35.3220-3223
H35.3230-3233
H35.3290-3293

(3) The following condition(s) DO NOT require Prior Authorization/Preservice
All requests for Vabysmo™ (Faricimab-svoa) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)
Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information
How supplied:

- Vial Kit with Injection Components:
  o one Vabysmo 120 mg/mL single-dose glass vial
  o one sterile 5-micron blunt transfer filter needle (18-gauge x 1½ inch, 1.2 mm x 40 mm).

(6) References
- AHFS®. Available by subscription at http://www.lexi.com

(7) Policy Update
Date of last revision: 3Q 2022
Date of next review: 2Q 2023
Changes from previous policy version:
- HCPCS: Added C9097 per 0.1 mg, effective 7/1/2022
BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee