

Jurisdiction Specific Medicare Part B

Vabysmo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Vabysmo	faricimab-svoa

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.

FDA-labeled indications and recognized compendial (off-label) uses:

- Neovascular (wet) age-related macular degeneration
- Diabetic macular edema
- Macular edema following retinal vein occlusion

Compendial uses - ICD-10 codes supported by the Medicare Administrative Contractor

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

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.

Coverage Criteria

Neovascular (Wet) Age-Related Macular Degeneration¹⁻⁴

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

Diabetic Macular Edema¹⁻⁴

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

Macular Edema Following Retinal Vein Occlusion¹⁻⁴

Authorization of 12 months may be granted for macular edema following retinal vein occlusion.

All Other Indications¹⁻³

Authorization of 12 months may be granted for treatment of all other approvable indications listed in LCA A52451.

Dosage and Administration

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

References

1. Drugs and Biologicals LCD (L33394) Version R16. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed February 14, 2025.
2. Billing and Coding: Ranibizumab and biosimilars, Aflibercept, Aflibercept HD, Brolucizumab-dbl, and Faricimab-svoa (A52451) Version R20. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed February 14, 2025.
3. Billing and Coding: Drugs and Biologicals (A52855) Version R9. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed February 14, 2025.
4. Vabysmo [package insert]. South San Francisco, CA: Genentech, Inc.; July 2024.