

FARICIMAB



Included Products: Vabysmo (faricimab-svoa)

Created: 05/12/2022 Revised: 03/14/2024 Reviewed: 03/14/2024 Updated: 04/01/2024

Nonformulary for outpatient benefit. PA required on medical benefit.

Diabetic Macular Edema (DME)			
Initial Criteria		If yes	If no
1.	Does the member have diabetic macular edema?	Continue to #2.	Do not approve.
2.	Has the member tried and failed Avastin AND Eylea (requires PA)?	Continue to #3.	Do not approve.
3.	Approve for 6 months, with the following renewal language: "Renewal after the initial 6 months requires either documentation that you will reduce the dosing frequency OR evidence of the medical necessity for more frequent treatments."		
Renewal Criteria		If yes	If no
1.	Is the request for a dosing interval greater than 4 weeks?	Continue to #3.	Continue to #2.
2.	Is there documentation that extended interval dosing has been tried and failed?	Continue to #3.	Do not approve.
3.	Has the member demonstrated disease stabilization or clinical response?	Continue to #4.	Do not approve.
4.	Approve the requested quantity for 12 months.		

Neovascular (Wet) Age-Related Macular Degeneration (AMD)			
Initial Criteria		If yes	If no
1.	Does the member have exudative (wet) age-related macular degeneration (AMD)?	Continue to #2.	Do not approve.
2.	Has the member tried and failed Avastin AND Eylea (requires PA)?	Continue to #3.	Do not approve.
3.	Approve for 6 months with the following approval language: "Renewal after the initial 6 months requires either documentation that you will reduce the dosing		

	frequency OR evidence of the medical necessity for more frequent treatments.”		
Renewal Criteria		If yes	If no
1.	Is the request for a dosing interval greater than 4 weeks?	Continue to #3.	Continue to #2.
2.	Is there documentation that extended interval dosing has been tried and failed?	Continue to #3.	Do not approve.
3.	Has the member demonstrated disease stabilization or clinical response?	Continue to #4.	Do not approve.
4.	Approve the requested quantity for 12 months.		

Macular Edema Following Retinal Vein Occlusion (RVO)

Initial Criteria: All Diagnoses		If yes	If no
1.	Does the member have macular edema following retinal or branch retinal vein occlusion (RVO or BRVO)?	Continue to #2.	Do not approve.
2.	Has the member tried and failed Avastin AND Eylea (requires PA)?	Continue to #3.	Do not approve.
3.	Approve for 6 months. Currently only FDA approved for 6 month treatment duration.		