

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Faricimab-svoa (Vabysmo) – PA Criteria

HCPC: J2777

Faricimab-svoa (Vabysmo) is a Vascular Endothelial Growth Factor (VEGF), Angiopoietin-2 Inhibitor indicated for the treatment of various ophthalmic conditions. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Therapy is prescribed by or in consultation with an ophthalmologist
 - Individual has a diagnosis of **one** of the following:
 - Diabetic macular edema
 - Macular edema following retinal vein occlusion
 - Age-related macular degeneration
 - Individual has a documented best corrected visual acuity (BVCA) score of 20/40 or worse within the last 12 months
 - Individual has failed therapy (≥90 days) with intravitreal bevacizumab
 - Individual is ≥18 years of age
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Individual continues to meet all initial criteria
 - Documentation is submitted indicating positive response to therapy
 - Approval duration: 1 year