

**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 (BCVA) 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):**
  - Documentation is submitted indicating positive response to therapy as demonstrated by a maintained or improved BCVA score
  - Approval duration: 1 year