VABYSMO® (faricimab-svoa) COVERAGE AT-A-GLANCE

of patients are covered to *start* VABYSMO as their *first* branded agent.*

Select Payer Policies

(as of June 2024)

Medicare Fee-for-Service (FFS)	**No PA required; no step required**	
Veterans Affairs (VA)	**No PA required; no step required**	
	Commercial Policy	Medicare Advantage Policy
Elevance (Anthem)	Elevance (Anthem) Policy **Covered first line.** PA required; no step edit required	Elevance (Anthem) Policy **Covered first line.** PA required; no step edit required
Aetna	Aetna Policy **Covered with PA after double step** through 1. Bevacizumab 2. CIMERLI® (ranibizumab-eqrn) or BYOOVIZ™ (ranibizumab-nuna)	Aetna Policy **nAMD: Covered with PA after single step** through BYOOVIZ, EYLEA® (aflibercept) injection 2 mg or EYLEA® HD (aflibercept) injection 8 mg **DME: Covered with PA after single step** through EYLEA or EYLEA HD **RVO: Covered with PA after single step** through BYOOVIZ or EYLEA
Centene	Centene Policy **Covered with PA after single step** through bevacizumab	Centene Policy **Covered with PA after single step** through bevacizumab

Please see additional Important Safety Information in the full VABYSMO Prescribing Information.

Cigna	Cigna Policy **Covered with PA after single step** through bevacizumab	Cigna Policy **Covered with PA after single step** through bevacizumab
Humana	Humana Policy **Covered with PA after single step** through bevacizumab	Humana Policy **Covered with PA after single step** through bevacizumab
Blue Cross Blue Shield (BCBS) Federal Employee Program (FEP)	BCBS Policy **Covered first line.** PA required; no step edit required	N/A
UnitedHealthcare	UnitedHealthcare Policy **Covered with PA after Covered first line.** PA required; no step edit required	UnitedHealthcare Policy **nAMD: Covered with PA after double step** through 1. Bevacizumab 2. EYLEA **DME and RVO: Covered with PA after single step** through EYLEA

DME=diabetic macular edema; nAMD=neovascular (wet) age-related macular degeneration; PA=prior authorization; RVO=retinal vein occlusion.

*Coverage as of 4/1/2024. Based on VABYSMO 2023 imputed sales and MMIT Coverage Information.

In certain circumstances, payers mandate step therapy with off-label bevacizumab (not indicated for intraocular use).

Each health plan has a unique list of PA criteria that may change at any time without notice. It is the responsibility of the provider to comply with all payer-specific PA requirements.

Because drug coverage policies can change, please check with the health plan directly to confirm coverage for individual patients.

These data are for informational purposes only. Checking individual patients' coverage is the responsibility of the patient and your office. Genentech makes no representation or guarantee concerning reimbursement, coverage or co-pay for any service or item.

Individual plans may impose additional utilization management requirements for coverage within the bounds of Medicare Advantage guidelines.

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For the latest coverage information, talk to your Field Reimbursement Manager (FRM).

Indications

VABYSMO (faricimab-svoa) is a vascular endothelial growth factor (VEGF) inhibitor and angiopoietin-2 (Ang-2) inhibitor indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (nAMD), Diabetic Macular Edema (DME), and Macular Edema following Retinal Vein Occlusion (RVO).

Important Safety Information

Contraindications

VABYSMO is contraindicated in patients with ocular or periocular infection, in patients with active intraocular inflammation, and in patients with known hypersensitivity to faricimab or any of the excipients in VABYSMO.

Warnings and Precautions

- Endophthalmitis and retinal detachments may occur following intravitreal injections. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management.
- Increases in intraocular pressure have been seen within 60 minutes of an intravitreal injection.
- There is a potential risk of arterial thromboembolic events (ATEs) associated with VEGF inhibition.
- Retinal vasculitis and/or retinal vascular occlusion have been reported. Patients should be instructed to report any change in vision without delay.

Adverse Reactions

The most common adverse reactions (≥5%) reported in patients receiving VABYSMO were cataract (15%) and conjunctival hemorrhage (8%).

You may report side effects to the FDA at (800) FDA-1088 or **www.fda.gov/medwatch**. You may also report side effects to Genentech at (888) 835-2555.

Please see additional Important Safety Information in the full VABYSMO **Prescribing Information**.

Genentech
A Member of the Roche Group

VABYSMO™
faricimab-svoa injection 6 mg

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