

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VABYSMO safely and effectively. See full prescribing information for VABYSMO.

VABYSMO™ (faricimab-svoa) injection, for intravitreal use  
Initial U.S. Approval: 2022

### RECENT MAJOR CHANGES

Dosage and Administration, Diabetic Macular Edema (2.3) 1/2023

### INDICATIONS AND USAGE

VABYSMO is a vascular endothelial growth factor (VEGF) and angiopoietin-2 (Ang-2) inhibitor indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (nAMD) (1.1)
- Diabetic Macular Edema (DME) (1.2)

### DOSAGE AND ADMINISTRATION

For intravitreal injection. (2.1)

- **Neovascular (Wet) Age-Related Macular Degeneration (nAMD)**
  - The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 ± 7 days, monthly) for the first 4 doses, followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to inform whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; 2) Weeks 24, 36 and 48; or 3) Weeks 20, 28, 36 and 44. Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly. (2.2)
- **Diabetic Macular Edema (DME)**
  - VABYSMO is recommended to be dosed by following one of these two dose regimens: 1) 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 days ± 7 days, monthly) for at least 4 doses. If after at least 4 doses, resolution of edema based on the central subfield thickness (CST) of the macula as measured by optical coherence tomography is

achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations; or 2) 6 mg dose of VABYSMO can be administered every 4 weeks for the first 6 doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks (2 months). Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly. (2.3)

### DOSAGE FORMS AND STRENGTHS

Injection: 120 mg/mL solution in a single-dose vial (3)

### CONTRAINDICATIONS

- Ocular or periocular infection (4.1)
- Active intraocular inflammation (4.2)
- Hypersensitivity (4.3)

### 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. (5.1)
- Increases in intraocular pressure have been seen within 60 minutes of an intravitreal injection. (5.2)
- There is a potential risk of arterial thromboembolic events (ATEs) associated with VEGF inhibition. (5.3)

### ADVERSE REACTIONS

The most common adverse reactions (≥ 5%) reported in patients receiving VABYSMO were cataract (15%) and conjunctival hemorrhage (8%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 1/2023

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## FULL PRESCRIBING INFORMATION

### 1 INDICATIONS AND USAGE

VABYSMO is a vascular endothelial growth factor (VEGF) and angiopoietin 2 (Ang-2) inhibitor indicated for the treatment of patients with:

#### 1.1 Neovascular (wet) Age-Related Macular Degeneration (nAMD)

#### 1.2 Diabetic Macular Edema (DME)

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 General Dosing Information

For intravitreal injection. VABYSMO must be administered by a qualified physician. Each vial should only be used for the treatment of a single eye.

#### 2.2 Neovascular (wet) Age-Related Macular Degeneration (nAMD)

The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every  $28 \pm 7$  days, monthly) for the first 4 doses, followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to inform whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; 2) Weeks 24, 36 and 48; or 3) Weeks 20, 28, 36 and 44. Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly.

#### 2.3 Diabetic Macular Edema (DME)

VABYSMO is recommended to be dosed by following one of these two dose regimens: 1) 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 days  $\pm$  7 days, monthly) for at least 4 doses. If after at least 4 doses, resolution of edema based on the central subfield thickness (CST) of the macula as measured by optical coherence tomography is achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations; or 2) 6 mg dose of VABYSMO can be administered every 4 weeks for the first 6 doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks (2 months). Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly.

#### 2.4 Preparation for Administration

1. Before you start:

- 
- Read all the instructions carefully before using VABYSMO.
  - The VABYSMO kit includes a glass vial and transfer filter needle. The glass vial is for a single dose only. The filter needle is for single use only.
  - VABYSMO should be stored refrigerated at temperatures between 2°C to 8°C (36°F to 46°F). **Do not** freeze. **Do not** shake.

- Allow VABYSMO to reach room temperature, 20°C to 25°C (68°F to 77°F) before proceeding with the administration. The VABYSMO vial may be kept at room temperature for up to 24 hours. Keep the vial in the original carton to protect from light.
- VABYSMO should be inspected visually for particulate matter and discoloration prior to administration. VABYSMO is a clear to opalescent and colorless to brownish-yellow liquid solution.  
**Do not** use if particulates, cloudiness, or discoloration are visible.  
**Do not** use if the packaging, vial and/or transfer filter needle are expired, damaged, or have been tampered with (see **Figure A**).
- Use aseptic technique to carry out the preparation of the intravitreal injection.

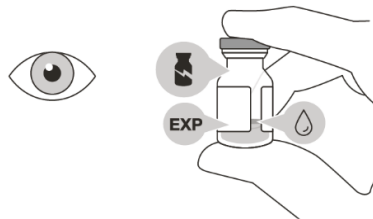


Figure A

2. Gather the following supplies:
  - One VABYSMO vial (included)
  - One sterile 5-micron blunt transfer filter needle 18-gauge x 1½ inch (included)
  - One sterile 1 mL Luer lock syringe with a 0.05 mL dose mark (**not included**)
  - One sterile injection needle 30-gauge x ½ inch (**not included**)  
**Note** that a 30-gauge injection needle is recommended to avoid increased injection forces that could be experienced with smaller diameter needles.
  - Alcohol swab (**not included**).
3. To ensure all liquid settles at the bottom of the vial, place the vial upright on a flat surface (for about 1 minute) after removal from packaging (see **Figure B**). Gently tap the vial with your finger (see **Figure C**), as liquid may stick to the top of the vial.

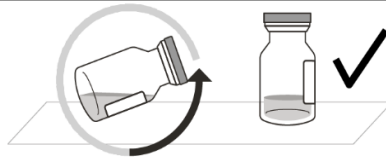


Figure B



Figure C

4. Remove the flip-off cap from the vial (see **Figure D**) and wipe the vial septum with an alcohol swab (see **Figure E**).



Figure D

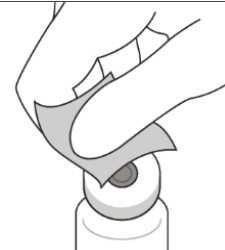


Figure E

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5. Aseptically and firmly attach the included 18-gauge x 1½ inch transfer filter needle onto a 1 mL Luer lock syringe (see **Figure F**).
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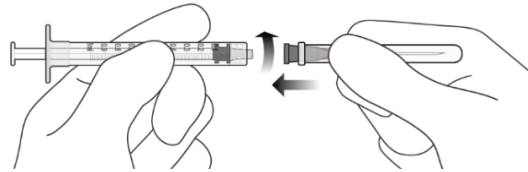


Figure F

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6. Using aseptic technique, push the transfer filter needle into the center of the vial septum (see **Figure G**), push it all the way in, then tilt the vial slightly so that the needle touches the bottom edge of the vial (see **Figure H**).
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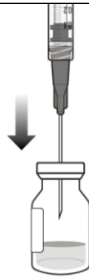


Figure G

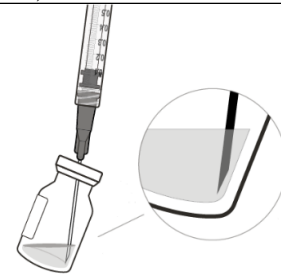


Figure H

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7. Hold the vial slightly inclined and **slowly** withdraw all the liquid from the vial (see **Figure I**). Keep the bevel of the transfer filter needle submerged in the liquid, to avoid introduction of air.
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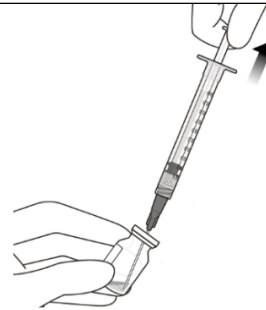


Figure I

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8. Ensure that the plunger rod is drawn sufficiently back when emptying the vial, in order to completely empty the transfer filter needle (see **Figure I**).
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9. Disconnect the transfer filter needle from the syringe and dispose of it in accordance with local regulations.
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**Do not use the transfer filter needle for the intravitreal injection.**

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10. Aseptically and firmly attach a 30-gauge x ½ inch injection needle onto the Luer lock syringe (see **Figure J**).
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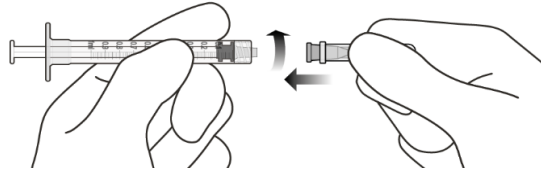


Figure J

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11. Carefully remove the plastic needle shield from the needle by pulling it straight off.
12. To check for air bubbles, hold the syringe with the needle pointing up. If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top (see **Figure K**).
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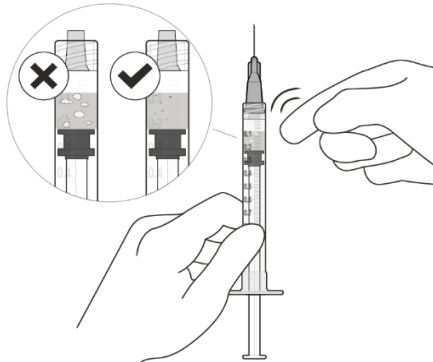


Figure K

- 
13. Carefully expel the air from the syringe and needle, and **slowly** depress the plunger to align the rubber stopper tip to the 0.05 mL dose mark. The syringe is ready for the injection (see **Figure L**). Ensure that the injection is given **immediately** after preparation of the dose.
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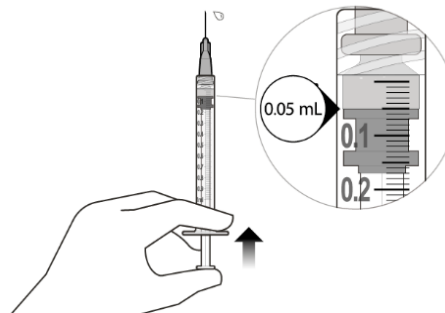


Figure L

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## 2.5 Injection Procedure

The intravitreal injection procedure must be carried out under aseptic conditions, which includes the use of surgical hand disinfection, sterile gloves, a sterile drape and a sterile eyelid speculum (or equivalent), and the availability of sterile paracentesis equipment (if required). Adequate anesthesia and a broad-spectrum microbicide should be administered prior to the injection.

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