

Syfovre (pegcetacoplan) Effective 08/01/2023			
Plan	☐ MassHealth UPPL ☑Commercial/Exchange	Dunaum Tuna	☑ Prior Authorization
Benefit	☐ Pharmacy Benefit ☑ Medical Benefit (NLX)	Program Type	☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A		
Contact Information	All Plans	Specialty Medications Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications MassHealth Phone: 877-433-7643 Fax: 866-255-7569		
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange Phone: 855-582-2022 Fax: 855-245-2134 Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882

Overview

Syfovre is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

Coverage Guidelines

Exceptions

Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with Syfovre excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members meeting the following criteria for diagnosis-specific indications and documentation is provided:

- 1. The member has a diagnosis of geographic atrophy secondary to age-related macular degeneration
- 2. Medication is being prescribe by or in consultation with an ophthalmologist
- 3. Dosing is 15mg (0.1mL) every 25 to 60 days

N/A

Continuation of Therapy

Reauthorization of 12 months may be granted for continued treatment when there is a positive response to therapy (e.g., reduction or stabilization in the rate of vision decline or the risk of more severe vision loss, stabilization or normalization or reduction in total area of geographic atrophy lesion)

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

- 1. Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals Inc; February 2022.
- 2. Age-Related Macular Degeneration PPP 2019. American Academy of Ophthalmology. Published October 2019. Accessed February 20, 2023. https://www.aao.org/preferredpractice-pattern/age-related-macular-degeneration-pp

Review History

06/14/2023 - Reviewed at June P&T, Effective 8/1/23

