

#### Syfovre (pegcetacoplan) Effective 07/01/2025 ☐ MassHealth UPPL Plan □ Prior Authorization □ Commercial/Exchange **Program Type** ☐ Quantity Limit ☐ Pharmacy Benefit **Benefit** ☐ Step Therapy Specialty N/A Limitations **Medical and Specialty Medications** All Plans Phone: 877-519-1908 Fax: 855-540-3693 Contact Information **Non-Specialty Medications** All Plans Phone: 800-711-4555 Fax: 844-403-1029 **Exceptions** N/A

### Overview

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

# **Coverage Guidelines**

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

#### OR

Authorization may be granted when the following criteria are met:

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

### **Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Member has had 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 (pegcetacoplan) [prescribing information]. Waltham, MA: Apellis Pharmaceuticals Inc; December 2024.

## **Review History**

06/14/2023 - Reviewed at June P&T, Effective 8/1/23 06/11/2025 - Reviewed and updated at June P&T. Updated language for members who are new to the plan. Effective 07/01/2025.

