

Syfovre (pegcetacoplan)
Effective 08/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Syfovre is 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 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

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

