PRIOR AUTHORIZATION CRITERIA

BRAND NAME SYFOVRE

(generic) (pegcetacoplan injection)

Status: CVS Caremark Criteria Med D

Type: Initial Prior Authorization Ref # 5790-A

FDA-APPROVED INDICATION

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

B vs D CRITERIA FOR DETERMINATION

Is the requested drug being supplied from the practitioner and/or office stock supply and billed Yes No as part of a practitioner service (i.e., the drug is being furnished "incident to a practitioner's service")?

[If yes, then no further questions.]

CRITERIA FOR APPROVAL

Does the patient have a diagnosis of geographic atrophy (GA) secondary to age-related Yes No macular degeneration (AMD)?

[If no, then no further questions.]

3 Is the requested drug being prescribed by or in consultation with an ophthalmologist or Yes No optometrist?

Continue to Clinical Questions if:

| Guidelines for Determination | | | |
|---------------------------------|-------------------|--|--|
| Process through Medicare Part D | | | |
| Set 1 | | | |
| Yes to question(s) | No to question(s) | | |
| None | 1 | | |

For any other scenarios other than the Set above, close PA, drug is not covered as Part D

Approve if:

| Guidelines for Approval | | | |
|--------------------------------|-------------------|--|--|
| Duration of Approval 12 Months | | | |
| Set 1: GA secondary to AMD | | | |
| Yes to question(s) | No to question(s) | | |
| 2 | None | | |
| 3 | | | |

Syfovre PA 2023 Med D 5790-A 02-2023 v1.docx

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| Mapping Instructions | | | |
|----------------------|-----------------------------------------|---------|--|
| | Yes | No | |
| 1. | Close PA, drug is not covered as Part D | Go to 2 | |
| 2. | Go to 3 | Deny | |
| 3. | Approve, 12 months | Deny | |

RATIONALE

These criteria meet the Medicare Part D definition of a medically accepted indication. This definition includes uses which are approved by the FDA or supported by a citation included, or approved for inclusion, in one of the Medicare-approved compendia.

The intent of the criteria is to:

- 1. Determine if the medication should be processed through Medicare Part D.
- 2. Ensure that patients follow selection elements noted in labeling and/or practice guidelines in order to decrease the potential for inappropriate utilization.

REFERENCES

1. Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals, Inc.; February 2023.

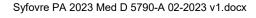
DOCUMENT HISTORY

Written: UM Development (EC) 02/2023

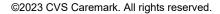
Revised: CDPR/AN 02/2023

Reviewed: CDPR/AN 02/20/

External Review: 03/2023



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