

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)	SYFOVRE (pegcetacoplan injection)
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Status: CVS Caremark Criteria
Type: Initial Prior Authorization

Med D
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

1	Is the requested drug being supplied from the practitioner and/or office stock supply and billed 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.]	Yes	No
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CRITERIA FOR APPROVAL

2	Does the patient have a diagnosis of geographic atrophy (GA) secondary to age-related macular degeneration (AMD)? [If no, then no further questions.]	Yes	No
3	Is the requested drug being prescribed by or in consultation with an ophthalmologist or optometrist?	Yes	No

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	

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:
 Reviewed: CDPR/AN 02/2023
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