CVS Caremark®

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| Reference number(s) |
| 5793-A |

# Specialty Guideline Management Syfovre

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Syfovre | pegcetacoplan |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications1

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

All other indications are considered experimental/investigational and not medically necessary.

## Documentation

Submission of the following information is necessary to initiate the prior authorization review:

* Initial Requests: Chart notes or medical records confirming the diagnosis of geographic atrophy (GA).
* Continuation Request: Chart notes or medical records confirming a positive clinical response to therapy.

## Exclusion

Coverage will not be provided for the treatment of geographic atrophy (GA) secondary to a condition other than age-related macular degeneration (AMD) (such as Stargardt disease, cone-rod dystrophy, toxic maculopathies).

## Prescriber Specialties

This medication must be prescribed by or in consultation with an ophthalmologist.

## Coverage Criteria

### Geographic Atrophy (GA) Secondary to Age-related Macular Degeneration (AMD)1,2

Authorization of 12 months may be granted for treatment of geographic atrophy when the member has a diagnosis of geographic atrophy secondary to age-related macular degeneration.

## Continuation of Therapy

Authorization of 12 months may be granted for continued treatment of an indication listed in coverage criteria section for members who have demonstrated a positive clinical response to therapy (e.g., a reduction or stabilization in the rate of vision decline or the risk of more severe vision loss, stabilization or reduction in total area of geographic atrophy (GA) lesions).

## References

1. Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals Inc; November 2023.
2. Age-Related Macular Degeneration PPP 2019. American Academy of Ophthalmology. Published October 2019. Accessed December 16, 2024. https://www.aao.org/education/preferred-practice-pattern/age-related-macular-degeneration-ppp