

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.

Syfovre SGM 5793-A P2025.docx

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

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

Syfovre SGM 5793-A P2025.docx

© 2025 CVS Caremark. All rights reserved.