

Pegcetacoplan (Syfovre™)

Place of Service
Office Administration
Outpatient Facility Administration
Infusion Center Administration

HCPCS: J3490

NDC:
73606-020-01: 15 mg/0.1mL (150 mg/mL) 1 single-dose vial

Condition(s) listed in policy (see criteria for details)

- [Geographic atrophy secondary to age-related macular degeneration \(GA-AMD\)](#)

AHFS therapeutic class: EENT Drugs, Miscellaneous

Mechanism of action: Complement C3 inhibitor

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Syfovre™ (pegcetacoplan) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Geographic atrophy secondary to age-related macular degeneration (GA-AMD)

1. Diagnosis of GA secondary to AMD

Covered Doses

Up to 15 mg given intravitreally per affected eye once every 25 days

Coverage Period

Indefinitely

ICD-10:

H35.3113, H35.3114, H35.3123, H35.3124, H35.3133, H35.3134

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Syfovre™ (pegcetacoplan) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied: 150 mg/mL in a single-dose vial

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Syfovre™ (pegcetacoplan) [Prescribing information]. Waltham, MA: Apellis Pharmaceuticals, Inc.; 2/2023.

(7) Policy Update

Date of initial review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- New policy

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*