

pegcetacoplan (Syfovre)**Medical Benefit Drug Policy****Place of Service**

Office Administration

Outpatient Facility Administration

Infusion Center Administration

Drug Details**USP Category:** OPTHALMIC AGENTS**Mechanism of Action:** Complement C3 inhibitor**HCPCS:**

J2781:Injection, pegcetacoplan, intravitreal, 1 mg

How Supplied:

150 mg/mL in a single-dose vial

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

- Geographic Atrophy Secondary to Age-Related Macular Degeneration (GA-AMD)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria**The following condition(s) require Prior Authorization/Preservice.****Geographic Atrophy Secondary to Age-Related Macular Degeneration (GA-AMD)****Meets medical necessity if all the following are met:**

1. Diagnosis of GA secondary to AMD

Covered Doses:

15 mg given intravitreally per affected eye once every 25 days

Coverage Period:

Indefinite

ICD-10:

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

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Syfovre (pegcetacoplan) Prescribing Information. Apellis Pharmaceuticals, Inc.; Waltham, MA:12/2024.

Review History

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*