Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Syfovre (pegcetacoplan)	MP-RX-FP-86-23	☒ MMM MA ☒ MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Part B DRUG

Service Description

This document addresses the use of **Syfovre (pegcetacoplan)**, a drug approved by the Food and Drug Administration (FDA) for the treatment of the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

Background Information

Syfovre (pegcetacoplan), an intravitreal therapy for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD). AMD is a leading cause of severe, irreversible vision impairment. Two types of AMD include: dry (aka atrophic AMD) and wet (aka advanced neovascular AMD). Dry AMD is the more common condition of the two, in which the macula gets thinner with age, specifically because of the loss of photoreceptors and retinal pigment epithelium cells which results in atrophy of the retinal tissue. Dry AMD typically has a slow progression. Late-stage dry AMD is referred to as Geographic Atrophy (GA), which is irreversible. GA is characterized by sharply defined atrophy of the outer retinal tissue, retinal pigment epithelium, and choriocapillaris. Wet AMD typically is seen to progress faster than dry AMD. Late-stage wet AMD can lead to GA. Therefore, GA can occur in both dry and wet AMD.

The complement cascade has been linked to the pathophysiology of dry AMD and GA. Within the innate immune system, there are 3 different pathways: classical, alternative, and lectin. Once a pathway (or multiple pathways) is activated, an inflammatory and cytolytic immune response from proteins within the complement system occurs. All 3 activation pathways converge at C3 convertase. C3 convertase promotes cleavage of C3 into C3a and C3b subunits. Findings of inflammatory cytokines and chemokines in the retina, along with the overactivity of the complement system and the subsequent formation of drusen, supports the hypothesis that the complement system is a key component for the development and progression of GA.

Syfovre (pegcetacoplan) is a pegylated complement C3 inhibitor peptide. It is thought that inhibition at C3 within the complement system can reduce the downstream processes that can lead to continuous retinal atrophy. During the phase 2 study (FILLY trial), adverse events of choroidal neovascularization or neovascular "wet" AMD were reported. The FDA advises that individuals who receive this drug will need to be monitored for signs of neovascular AMD. Currently, phase 3 clinical studies are not available to review true clinical treatment effects.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J2781	Injection, pegcetacoplan, intravitreal, 1 mg

ICD-10	Description
H35.3113	Advanced atrophic without subfoveal involvement-RT EYE
H35.3123	Advanced atrophic without subfoveal involvement-LT EYE
H35.3133	Advanced atrophic without subfoveal involvement-Bilateral
H35.3114	Advanced atrophic with subfoveal involvement-RT EYE
H35.3124	Advanced atrophic with subfoveal involvement-LT EYE
H35.3134	Advanced atrophic with subfoveal involvement-Bilateral

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Syfovre (pegcetacoplan)

A. Criteria For Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

i. Individual has a diagnosis of geographic atrophy of the macula secondary to age-related macular degeneration; **AND**

ii. Diagnosis has been confirmed by geographic atrophy secondary to age-related macular degeneration sensitive tests (including but not limited to optical coherence tomography, fluorescein angiography, fundus photography).

B. Criteria For Continuation of Therapy

i. MMM considers continuation of Syfovre therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when all the following criteria are met.

a. Documentation is received confirming that the individual has experienced a favorable clinical response to treatment, such as a slowed or stabilized progression

of vision decline, a decreased risk of severe vision loss, or stabilization or reduction in the total area of GA lesions.

C. Authorization Duration

i. Initial Approval Duration: 1 year
ii. Reauthorization Approval Duration: 1 year

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

Requests for pegcetacoplan may not be approved for the following:

i. Geographic atrophy that is secondary to a condition other than age-related macular degeneration (including but not limited to Stargardt disease, cone rod dystrophy or toxic maculopathies); **OR**,
ii. Individual has a history of or active choroidal neovascularization or wet age-related macular degeneration; **OR**,
iii. Individual has an ocular or periocular infection(s); **OR**,
iv. Individual has active intraocular inflammation; **OR**,
v. May not be approved when the above criteria are not met and for all other indications.

Limits or Restrictions

Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug	Limit
Syfovre (pegcetacoplan) 150 mg/mL vial	0.1 mL (or 15 mg) per eye; each eye may be treated as frequently as every 25 to 60 days.

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Syfovre (pegcetacoplan)	MP-RX-FP-86-23	☒ MMM MA ☒ MMM Multihealth

Reference Information

1. Apellis Pharmaceuticals. A Study to Compare the Efficacy and Safety of Intravitreal APL-2 Therapy With Sham Injections in Patients With Geographic Atrophy (GA) Secondary to Age-Related Macular Degeneration. NCT03525613. Clinicaltrials.gov. Available at: https://clinicaltrials.gov/ct2/show/NCT03525613?term=pegcetacoplan&type=Intr&cond=Geographic+Atrophy&phase=2&draw=2&ra nk=3 Accessed January 20, 2023.
2. Apellis Pharmaceuticals. Study to Compare the Efficacy and Safety of Intravitreal APL-2 Therapy With Sham Injections in Patients With Geographic Atrophy (GA) Secondary to Age-Related Macular Degeneration. NCT03525600. Clinicaltrials.gov. Available at: https://clinicaltrials.gov/ct2/show/NCT03525600?term=pegcetacoplan&type=Intr&cond=Geographic+Atrophy&phase=2&draw=2&ra nk=2 Accessed January 20, 2023.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
6. Liao DS, Grossi FV, El Mehdi D, et al. Complement C3 Inhibitor Pegcetacoplan for Geographic Atrophy Secondary to Age-Related Macular Degeneration: A Randomized Phase 2 Trial. Ophthalmology. 2020 Feb;127(2):186-195.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Syfovre (pegcetacoplan)	MP-RX-FP-86-23	☒ MMM MA ☒ MMM Multihealth

Policy History

Revision Type	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review 02/15/2024	Wording and formatting changes; Coding Reviewed: Added ICD-10-CM H35.3113, H35.3123, H35.3133, H35.3114, H35.3124, H35.3134; Added continuation criteria and authorization duration; Added the following statement: (Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met all approval criteria.)	3/14/2025	4/2/2025
Policy Inception 02/24/2023	Elevance Health's Medical Policy adoption.	N/A	11/30/2023