

Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope
Syfovre (pegcetacoplan)	MP-RX-FP-86-23	<input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM Multihealth
Service Category		
<input type="checkbox"/> Anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> DME/Prosthetics or Supplies <input checked="" type="checkbox"/> Part B DRUG		
Service Description		
<p>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).</p> <p>Background Information</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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<p>Clinical Criteria</p> <p>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.</p> <p>Syfovre (pegcetacoplan)</p> <p>Requests for pegcetacoplan may be approved if the following criteria are met:</p> <ol style="list-style-type: none"> 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). <p>Requests for pegcetacoplan may not be approved for the following:</p> <ol style="list-style-type: none"> 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. 		

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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.

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
C9151	Injection, pegcetacoplan, 1 mg (Hospital Outpatient Only)
J3490	Unclassified drugs (when specified as [Syfovre] (pegcetacoplan) (intravitreal))
C9399	Unclassified drugs or biologicals (when specified as [Syfovre] (pegcetacoplan) (intravitreal))
J2781	Injection, pegcetacoplan, intravitreal, 1 mg

ICD-10	Description
ICD-10	All diagnoses pend

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Reference Information <ol style="list-style-type: none"> 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&rank=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&rank=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. <p>Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.</p> <p>No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.</p> <p>© CPT Only – American Medical Association</p>		

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Policy History <table border="1"> <thead> <tr> <th>Revision Type</th> <th>Summary of Changes</th> <th>P&T Approval Date</th> <th>MPCC Approval Date</th> </tr> </thead> <tbody> <tr> <td>Annual Review 03/24/2025</td> <td>Validation of information to ensure is up to date. No changes applied.</td> <td>4/16/2025</td> <td>5/6/2025</td> </tr> <tr> <td>Policy Inception</td> <td>Elevance Health's Medical Policy adoption.</td> <td>N/A</td> <td>11/30/2023</td> </tr> </tbody> </table>				Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date	Annual Review 03/24/2025	Validation of information to ensure is up to date. No changes applied.	4/16/2025	5/6/2025	Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023
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