

Pegcetacoplan Intravitreal



Included Products: Syfovre (pegcetacoplan intravitreal injection)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/13/2023

Revised: 07/13/2023

Reviewed: 07/13/2023

Updated: 08/01/2023

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

Initial Criteria		If yes	If no
1.	Is the request from an ophthalmologist?	Continue to #2.	Do not approve.
2.	Is the patient at least 60 years old?	Continue to #3.	Do not approve.
3.	Is the following criteria met? a. Diagnosis of GA secondary to AMD b. Absence of choroid neovascularization (CNV) in treated eye c. Best visual acuity (BCVA) \geq 24 letters ETDRS d. GA lesion size between 2.5 mm ² and 17.5 mm ² with at least 1 lesion \geq 1.25 mm ²	Continue to #4.	Do not approve.
4.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Is there documentation that ongoing treatment is medically necessary based on objective measurements of all GA lesions and their corresponding changes in size (such as slower rate of lesion growth since starting Syfovre compared to baseline)?	Continue to #3.	Continue to #2.
2.	Approve the requested quantity for 12 months.		