

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Syfovre is a complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD). Currently, there are no compendia supported uses for this therapy outside the FDA-indication(s).						
Exclusion Criteria	GA (geographic atrophy) secondary to a condition other than AMD (age-related macular degeneration) is not covered. Must not be used in combination with IZERVAY or any other medication for GA (Syfovre has not been studied and there is no data to support use in combination with other medications used to treat GA).						
Required Medical Information	Medical records supporting the request must be provided. For initial coverage, must also have documentation confirming the diagnosis.						
Age Restriction	None.						
Prescriber Restrictions	Must be prescribed by or in consultation with an ophthalmologist.						
Coverage Duration	Initial: one year. Reauthorization: two years. Dosing is limited to a frequency of every 60 days. For reauthorization: Documentation showing the patient has had measurable improvement or stabilization in the condition compared to pre-treatment baseline (such as GA lesion size reduction, improved visual acuity, or improved/stable disease as seen on fundus autofluorescence or OCT) must be provided.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 1150 1513 1291"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J2781</td> <td>Syfovre (pegcetacoplan) intravitreal injection</td> <td>Billing unit: 1 mg 15mg/0.1mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J2781	Syfovre (pegcetacoplan) intravitreal injection	Billing unit: 1 mg 15mg/0.1mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025