



**Ophthalmic Disorder -  
Complement Inhibitors  
Syfovre (pegcetacoplan) C9399  
Prior Authorization Request  
Medicare Part B Form**

*Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

<input type="checkbox"/>	Date Requested _____
	Requestor _____ Clinic name: _____ Phone _____ / Fax _____

**MEMBER INFORMATION**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

**PRESCRIBER INFORMATION**

\*Name: \_\_\_\_\_  MD  FNP  DO  NP  PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

**DISPENSING PROVIDER / ADMINISTRATION INFORMATION**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROCEDURE / PRODUCT INFORMATION**

HCPC Code	Name of Drug <input type="checkbox"/> Self-administered	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Chart notes attached. **Other important information:** \_\_\_\_\_

**Diagnosis: ICD10:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

**CLINICAL INFORMATION**

New Start or Initial Request: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria.**  
 If not, please provide **clinical rationale** for formulary exception: \_\_\_\_\_

Continuation Requests: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Continuation” and attests the member meets ALL required PA Continuation criteria.**  
 Patient had an adequate response or significant improvement while on this medication.  
 If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**THIS AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.**

## Prior Authorization Group – Complement Inhibitor PA

### Drug Name(s):

**SYFOVRE**

**PEGCETACOPLAN**

### Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. **Drug meets the following utilization management criteria:**
  - a. Total GA area size of  $\geq 2.5$  mm<sup>2</sup> and  $\leq 17.5$  mm<sup>2</sup> (1 and 7 disk areas [DA] respectively); AND
  - b. If GA multifocal, at least 1 focal lesion of  $\geq 1.25$  mm<sup>2</sup> (0.5 DA); AND
  - c. Presence of any pattern of hyper autofluorescence in the junctional zone of GA
3. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

- **Ocular or periocular infections**
- **Active intraocular inflammation**

### Prescriber Restrictions:

- N/A

### Coverage Duration:

**Approval will be for 6 months**

### FDA Indications:

- Geographic Atrophy (GA) secondary to Nonexudative age-related macular degeneration
- Paroxysmal nocturnal hemoglobinuria

### Off-Label Uses:

**Syfovre**

- N/A

### Age Restrictions:

- Safety and effectiveness have not been established in pediatric patients

### Other Clinical Consideration:

- N/A

### Resources:

[https://www-micromedexsolutions-com.liboff.ohsu.edu/micromedex2/librarian/CS/F5DCB3/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/3E565D/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=syfovre&UserSearchTerm=syfovre&SearchFilter=filterNone&navitem=searchALL](https://www-micromedexsolutions-com.liboff.ohsu.edu/micromedex2/librarian/CS/F5DCB3/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/3E565D/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=syfovre&UserSearchTerm=syfovre&SearchFilter=filterNone&navitem=searchALL)