



**BlueCross  
BlueShield**

Federal Employee Program.

Blue Cross Blue Shield Association  
750 9th St NW, Suite 900  
Washington, D.C. 20001  
1-800-624-5060  
Fax 1-877-378-4727

5.90.062

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<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2026
<b>Subsection:</b>	Topical Products	<b>Original Policy Date:</b>	March 17, 2023
<b>Subject:</b>	Syfovre	<b>Page:</b>	1 of 4

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**Last Review Date:** March 6, 2026

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## Syfovre

### Description

#### Syfovre (pegcetacoplan) injection

#### Background

Syfovre (pegcetacoplan) binds to complement protein C3 and its activation fragment C3b with high affinity thereby regulating the cleavage of C3 and the generation of downstream effectors of complement activation (1).

#### Regulatory Status

FDA-approved indication: Syfovre is a complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (1).

Syfovre is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation (1).

Syfovre also contains warnings regarding endophthalmitis, retinal detachments, and neovascular AMD. Patients receiving Syfovre should be monitored for signs of neovascular AMD. In case anti-Vascular Endothelial Growth Factor (anti-VEGF) is required, it should be given separately from Syfovre administration (1).

The safety and effectiveness of Syfovre in pediatric patients under 18 years of age have not been established (1).

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## Related policies

Bevacizumab, Lucentis, Susvimo, VEGF Inhibitors

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Syfovre may be considered **medically necessary** if the conditions indicated below are met.

Syfovre may be considered **investigational** for all other indications.

## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Geographic atrophy (GA) secondary to age-related macular degeneration (AMD)

**AND ALL** of the following:

- a. Prescriber agrees to monitor for endophthalmitis, retinal detachment, and neovascular AMD
- b. **NO** active intraocular inflammation
- c. **NO** ocular or periocular infection

## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Geographic atrophy (GA) secondary to age-related macular degeneration (AMD)

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**AND ALL** of the following:

- Patient has had a clinical benefit from therapy (e.g., slowed rate of GA lesion growth)
- Prescriber agrees to monitor for endophthalmitis, retinal detachment, and neovascular AMD
- NO** active intraocular inflammation
- NO** ocular or periocular infection

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

**Quantity** 6 single-dose vials per 75 days

**Duration** 12 months

### Prior – Approval *Renewal* Limits

Same as above

## Rationale

### Summary

Syfovre is a complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration. Syfovre is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation. The safety and effectiveness of Syfovre in pediatric patients under 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Syfovre while maintaining optimal therapeutic outcomes.

### References

- Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals, Inc.; December 2024.

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## Policy History

Date	Action
March 2023	Addition to PA
June 2023	Annual review
December 2023	Annual review
March 2024	Annual review and reference update
February 2025	Per FEP, removed requirement not to use in combination with VEGF inhibitors for ocular indications
March 2025	Annual review and reference update
March 2026	Annual review

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.**