

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	✓	Medicare Part B
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)	Medical: Advanced Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)	Medical Benefit: Managed Medicaid		
Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)	Medical Benefit: Add-on		
Advanced Control Specialty – Choice (ACSCF)	Value (VF)				

Reference #
6433-D

EXCEPTIONS CRITERIA GEOGRAPHIC ATROPHY PRODUCTS

PREFERRED PRODUCT: SYFOVRE

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the geographic atrophy products specified in this policy. Coverage for a targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with the targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Acromegaly Products

	Product(s)
Preferred*	• Syfovre (pegcetacoplan injection)
Targeted	• Izervay (avacincaptad pegol intravitreal solution)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for a targeted product is provided when either of the following criteria is met:

- Member has received treatment with the requested targeted product in the past 365 days.
- Member has a documented inadequate response or intolerable adverse event with the preferred product.

REFERENCES

- Izervay [package insert]. Parsippany, NJ: Iveric Bio Inc; August 2023.
- Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals Inc; November 2023.