

Kaiser Foundation Health Plan of Washington
 Kaiser Foundation Health Plan of Washington Options, Inc.
 CONTRACT MANAGER NAME
 Provider Communications, RCR-A3W-04
 PO Box 34262, Seattle WA 98124-1262

NOVEMBER 28, 2023

PEGCETACOPLAN (SYFOVRE) UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Pegcetacoplan (Syfovre) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective March 1, 2024**, the criteria for pegcetacoplan (Syfovre) will be updated to include a quantity limit. **This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) requires prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician’s office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee’s evidence-based criteria for coverage.

Prior Authorization Criteria for Pegcetacoplan (Syfovre) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
PEGCETACOPLAN	Covered for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD) in patients who meet all of the following: <ul style="list-style-type: none"> • Age 60 years or older • No diagnosis of GA secondary to other disease (e.g., Stargardt disease, cone rod dystrophy, or toxic maculopathies) • Administered by a retina specialist. Quantity Limit: 15 mg every 25 days per affected eye

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice>. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gurpreet Rawat', written in a cursive style.

Gurpreet Rawat, MD, Chair
Pharmacy & Therapeutics Committee