

**SYFOVRE™**  
(pegcetacoplan injection)  
15 mg / 0.1 mL

# Access and Reimbursement Guide

## A step-by-step guide to help support patient access to SYFOVRE

This guide is intended to provide information about access and reimbursement for SYFOVRE but is not meant in any way to provide a guarantee of coverage or reimbursement for any product or services. Coding and coverage policies change periodically, often without warning. The responsibility to determine coverage and reimbursement parameters and appropriate coding for a particular patient or procedure is always the responsibility of the provider. Providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient. Practices should contact the applicable payer for more information on a payer's coverage, coding, and reimbursement policies.

ApellisAssist™ **Here for your patients**

Phone: **888-APELLIS** (888-273-5547) 8 AM-8 PM ET, Monday-Friday

Website: **SyfovreECP.com**

Portal: **ApellisAssistGA.com**

Fax: **888-405-6966**

### INDICATION

SYFOVRE™ (pegcetacoplan injection) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

### IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

- SYFOVRE is contraindicated in patients with ocular or periocular infections, and in patients with active intraocular inflammation

Please see additional Important Safety Information throughout and the full [Prescribing Information](#).

Apellis

# How to use this guide

In this guide, you will find an overview of access and reimbursement support services for SYFOVRE, including links to educational resources. Please click on the numbers below to learn more about each topic.

## Overview of the access and reimbursement process

### Before injection

#### 1 Learn about available access and reimbursement support offered by Apellis FRMs and the ApellisAssist® program

- Get to know your FRM (Field Reimbursement Manager)
- Get to know the ApellisAssist program

#### 2 Enroll your patient in the ApellisAssist program

- Once you decide SYFOVRE is right for your patient, enroll them online or via fax to start the benefits investigation process
- Register for the portal and submit your request online at [ApellisAssistGA.com](https://ApellisAssistGA.com)

OR

- Download the **Enrollment Form** at [SyfovreECP.com](https://SyfovreECP.com) and fax the completed form to 888-405-6966

#### 3 Review insurance coverage information

Review the Summary of Benefits provided by the ApellisAssist program to determine insurance requirements.

#### 4 Obtain prior authorization (PA) (if required)

If the benefits investigation demonstrates that a PA is required, submit the PA and **Letter of Medical Necessity** (LMN) to the health plan.



A sample LMN can be downloaded at [SyfovreECP.com](https://SyfovreECP.com)

#### 5 Understand patient financial assistance eligibility

ApellisAssist will notify your office and patient of financial assistance eligibility.

#### 6 Confirm product acquisition method

Determine buy and bill or specialty pharmacy acquisition method and order the product.



The **Product Ordering Guide** can be downloaded at [SyfovreECP.com](https://SyfovreECP.com)

### After injection

#### 7 Submit the claim

Ensure information on the claim form is accurate and complete.



The **Billing and Coding Guide** can be downloaded at [SyfovreECP.com](https://SyfovreECP.com)

#### 8 Understand and manage reimbursement

Understand reimbursement processes for your practice. Track claims and ensure appropriate payment is received.

#### 9 Appeal denied claims

If you receive a denied claim for a patient who is enrolled in the ApellisAssist program, then ApellisAssist and the FRM can work with you to help determine the denial reason and provide information about the steps you should take to appeal.



A sample **Appeals Letter** can be downloaded at [SyfovreECP.com](https://SyfovreECP.com)

#### 10 Prepare for PA reauthorization (if applicable)

ApellisAssist can help determine if your patient's health plan requires reauthorization for SYFOVRE.

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS

#### • Endophthalmitis and Retinal Detachments

- Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.



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# Step 1: Get to know your Field Reimbursement Manager

Your FRM can help support patient access



## Access and reimbursement information about SYFOVRE

- Provide information about payer coverage, PA processes, and billing and coding
- Share regional payer trends and policy updates



## Product acquisition and procurement

- Explain policies and processes related to product acquisition
- Share contact details for our distribution network



## Patient support services education

- Walk through ApellisAssist patient support services and how to access support
- Share information about financial assistance options for eligible patients

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### • Neovascular AMD

- In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. 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.

# Step 1 (cont'd): Get to know the ApellisAssist program

ApellisAssist is a program designed to help your patients along their treatment journey



The ApellisAssist program provides your patients with a support system throughout their SYFOVRE treatment inclusive of:



Insurance support for SYFOVRE



Financial assistance for eligible patients



Ongoing one-on-one education and support via a dedicated **Apellis Care Educator (ACE)**

We recognize that you are the expert in your patients' care. The ApellisAssist program is here to provide support by helping patients overcome potential access barriers to treatment.

Additionally, patients on SYFOVRE have the option to enroll in **GA My Way** for ongoing treatment support and continuous education while they are receiving SYFOVRE.

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Portal: **ApellisAssistGA.com**  
Fax: **888-405-6966**

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### • Intraocular Inflammation

- In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves, patients may resume treatment with SYFOVRE.

#### • Increased Intraocular Pressure

- Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.



Please see additional Important Safety Information throughout and the full [Prescribing Information](#).

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# Step 2: Enroll your patient in the ApellisAssist program

Once you decide SYFOVRE is right for your GA patient, enroll them in ApellisAssist support services in 1 of 2 ways<sup>a</sup>

Register for the portal and submit your request online at [ApellisAssistGA.com](http://ApellisAssistGA.com)

OR

Download the Enrollment Form at [SyfovreECP.com](http://SyfovreECP.com) and fax the completed form to 888-405-6966

To successfully complete the Enrollment Form, please make sure:

## 1 All information is complete and accurate

### ENROLLMENT FORM

Phone: 888-APELLIS (888-273-5547) • Fax: 888-405-6966 • [SyfovreECP.com](http://SyfovreECP.com)  
Hours of operation: 8 AM-8 PM ET M-F



Please ensure you and your patient complete all required information on the form and sign where indicated. Sections that contain patient information are highlighted with this purple background.

#### \*Required Field

#### Section 1. Support Request

Check here for all available support services OR choose individual services below:

#### ACCESS SERVICES

- Benefits Investigation  
 Prior Authorization Assistance

#### FINANCIAL ASSISTANCE

- Co-pay Card Program  
(commercially insured patients)  
 Patient Assistance Program  
(uninsured or underinsured patients)

#### PATIENT SUPPORT RESOURCES

- Adherence/Education Program Enrollment  
 Update Existing ApellisAssist® Patient Record

<sup>a</sup>The SYFOVRE Co-pay Card Program is for eligible patients who are enrolled in the ApellisAssist® program, are commercially insured, and are not covered under government insurance programs such as Medicare, Medicaid, VA/DoD, or TRICARE. Apellis reserves the right to modify or terminate the program at any time without notice.

#### \*Section 2. Patient Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender:  Male  Female  Other: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Patient Preferred Language:  English  Spanish  Other: \_\_\_\_\_  
 Agree to receive text messages  Agree to receive voicemails Best time to call/communicate:  AM  PM  
Patient Preferred Communication:  Home Phone  Mobile Phone  Email  Text Patient is a US resident:  Yes  No

#### Section 3. Caregiver Information

Does patient have a caregiver with whom they would like ApellisAssist to share information?  Yes  No (If yes, please complete this section)

Caregiver First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
What is the caregiver's relationship to the patient?  Legal Guardian  Spouse  Sibling  Other: \_\_\_\_\_  
Caregiver Preferred Communication:  Home Phone  Mobile Phone  Email  Text

#### \*Section 4. Patient Insurance

Does patient have insurance (third party or private)?  Yes  No (If no, please skip to Section 4.1 Financial Information)

Medicare Beneficiary ID# (Medicare/Medicare Advantage Plans only): \_\_\_\_\_  
Primary Insurance ( If copy of card is attached, check here) Payer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Employer/Group Number: \_\_\_\_\_  
Secondary Insurance ( If copy of card is attached, check here) Payer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Employer/Group Number: \_\_\_\_\_  
(Optional Section) Pharmacy (PBM) Name: \_\_\_\_\_ PBM Group ID: \_\_\_\_\_ PBM BIN/PCN: \_\_\_\_\_ PBM Phone Number: \_\_\_\_\_

#### Section 4.1 Financial Information

(If you checked "No" above, denoting that patient does not have insurance, please complete section below.)

How many people live in the patient's household? \_\_\_\_\_  
Total annual household income (including salary/wages; Social Security income; disability income; any other income):  
 \$0 to \$100,000  \$100,001 to \$150,000  Greater than \$150,000  
Supporting documentation may be required. ApellisAssist may also ask for proof of income at any time for audit/verification.

Please see Indication and Important Safety Information on page 7 and accompanying full Prescribing Information. Page 1 of 7

## 2 Prescriber signs the form

### Section 8. Physician Declaration and Authorization

The purpose of this form is to permit Apellis Pharmaceuticals, Inc., its affiliates, representatives, agents, and contractors ("Apellis") to provide patient support and resources to eligible patients who have been prescribed SYFOVRE. I have received the necessary written authorization from the patient referenced above, or the patient's legal guardian, to release to Apellis and its third-party business partners, vendors, and other agents ("Agents") the medical and/or other patient information included in this form for the purposes of participating in programs and services offered through ApellisAssist, which may include, but are not limited to, any of the following: (I) participating in financial assistance programs; (II) verifying insurance coverage and/or the evaluation of the patient's eligibility for alternate sources of funding; and (III) other patient support services, including patient education ("Patient Resources"). By signing below, I certify that: (i) the information contained in this form is complete and accurate to the best of my knowledge; (ii) the patient named on this form has a diagnosis for an FDA-approved indication for SYFOVRE; (iii) any Patient Resources provided through Apellis on behalf of any patient is not made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use an Apellis medication or Patient Resource for anyone. My decision to prescribe SYFOVRE was based solely on my clinical determination and medical necessity, and I understand that no claim for reimbursement will be submitted to Medicare, Medicaid, or any third-party payer for medication received free of charge, or for related medical procedures and services; nor should the free product be sold, traded, or distributed for sale. I will notify Apellis immediately if SYFOVRE is no longer medically necessary for this patient's treatment or if my patient's insurance status changes. I will have complied with all prescription requirements and understand non-compliance could result in further outreach by the patient's specialty pharmacy. (iv) I authorize Apellis to forward the above prescription to the applicable pharmacy by any means allowed under applicable law.

I authorize Apellis to provide Patient Resources to my patient, including medication by an Apellis Care Educator ("ACE") on Geographic Atrophy. I understand that this does not include individual treatment or medical advice to my patient, and it does not replace or substitute the medical treatment and care provided by me as the patient's healthcare provider. I further certify that I have discussed this medication with my patient, and informed my patient of the risks associated with the medication and how to manage any potential side effects that may arise (optional).  
Physician Signature (Dispense As Written) \_\_\_\_\_ Subscription Allowed \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
This form cannot be processed without the physician's signature (no stamp).

Please see Indication and Important Safety Information on page 7 and accompanying full Prescribing Information. Page 2 of 7

## 3 Patient consent is obtained

By checking this box, I authorize ApellisAssist to contact and share my personal health information with my authorized caregiver/alternative contact listed in section 3.

Patient Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
This form cannot be processed without the patient's signature.

I have read, understand, and agree to Section 9.2 Authorization to Enroll in ApellisAssist Patient Support Program on pages 4-5 (check this box and sign below in order to receive ApellisAssist services).

I have read, understand, and agree to Section 9.3 Authorization to Receive Marketing Communications above (optional).

Patient Name (Printed Name) \_\_\_\_\_  
 Patient Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
This form cannot be processed without the patient's signature.

To obtain electronic consent, direct your patient to [ApellisAssistGA.eHIPAA.com](http://ApellisAssistGA.eHIPAA.com)

## What happens next?

The ApellisAssist program will provide your office with a status update on your patient's enrollment within 1 business day. The ApellisAssist team will check the patient's insurance coverage for SYFOVRE, identify any initial coverage requirements, and assess eligibility for financial assistance.

<sup>a</sup>Any patient enrollment submitted to ApellisAssist may be viewed in the ApellisAssist portal no matter how the enrollment was submitted (portal, tablet-based technology, or fax). Providers must establish an account within the ApellisAssist portal to view patient enrollment statuses and to submit enrollments via the ApellisAssist portal.

## IMPORTANT SAFETY INFORMATION (cont'd)

### ADVERSE REACTIONS

- Most common adverse reactions (incidence  $\geq 5\%$ ) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.




Please see additional Important Safety Information throughout and the full [Prescribing Information](#).



# Step 3: Review insurance coverage information

Review the Summary of Benefits provided by the ApellisAssist program to determine insurance requirements

If your office requested that ApellisAssist complete the patient's benefits investigation, then you will receive a Summary of Benefits within 1 business day (upon receipt of the completed enrollment form).



### SUMMARY OF BENEFITS FOR SYFOVRE™

**Patient Name:** [Patient Name] [Patient ID]      **Date of Birth:** [mm/dd/yyyy]  
**Payer Name:** [Payer Name]      **Employer Name:** [Employer Name]  
**Plan Name:** [Plan Name]      **Plan Type:** [Plan Type]  
**Policy Number:** [Policy Number]      **Group Number:** [Group Number]  
**Policy Level:** Primary/Secondary/Tertiary      **Policy Effective Date:** [Effective Date Begin]  
**Policy End Date:** [Effective Date-End]      **Payer Phone:** [Payer Phone]  
**Payer Contact:** [Payer Contact]      **Self-Funded:** [Yes/No]  
**Verified for Primary Diagnosis:** [ICD10 Code and Descriptor].      **Network Status:** [In Network/Out of Network]

<b>Medical Benefits</b>	Coverage for [Product Name] Available? [Yes/No/Undisclosed]	Co-pay/Co-insurance for [PRODUCT]:		Office Visit Copay:	
		Co-pay/Co-insurance for [INJECTION]:			
		Deductible (Individual):		Deductible (Individual) Met:	
		Deductible (Family):		Deductible (Family) Met:	
		Lifetime Maximum:		Lifetime Maximum Met:	
		Out-of-Pocket Maximum:		Out-of-Pocket Maximum Met:	
		Benefit Cap:		Benefit Cap Met:	
	Prior Authorization Required: [Yes/No]	Prior Authorization Process:			
	Additional Instructions:				

<b>Pharmacy Benefits</b>	Coverage for [Product Name] Available? [Yes/No/Undisclosed]	Co-pay/Co-insurance for [PRODUCT]:		Mail Order Co-pay/Co-insurance for [PRODUCT]:	
		Co-pay/Co-insurance for [INJECTION]:			
		Deductible (Individual):		Deductible (Individual) Met:	
		Deductible (Family):		Deductible (Family) Met:	
		Pharmacy Cap:		Pharmacy Cap Met:	
		Out-of-Pocket Maximum:		Out-of-Pocket Maximum Met:	
		Benefit Cap:		Benefit Cap Met:	
	Prior Authorization Required: [Yes/No]	Prior Authorization Process:			
	Additional Instructions:				

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## A Summary of Benefits includes:

- Coverage details
- PA requirements (if applicable)
- Patient out-of-pocket costs

The practice should review the Summary of Benefits to determine if a PA is required or if the patient may need financial assistance from Apellis.

## IMPORTANT SAFETY INFORMATION (cont'd)

### CONTRAINDICATIONS

- SYFOVRE is contraindicated in patients with ocular or periocular infections, and in patients with active intraocular inflammation



Please see additional Important Safety Information throughout and the full [Prescribing Information](#).



# Step 4: Obtain prior authorization if required

## The ApellisAssist program and your FRM can help guide you through the PA process

Payers may require a PA describing your patient's medical history and the reasons why SYFOVRE has been prescribed. Various health plans have different requirements. It is important to check with your patient's health plan to ensure you are using the correct form and supplying all the required information. To avoid delays, it is prudent to include a **Letter of Medical Necessity** to support the PA submission.

### PA checklist

#### Helpful reminders for the PA process

- ✓ Confirm PA requirements and how the PA should be submitted (eg, fax, phone, or online)
- ✓ Determine if the health plan has a specific form that must be used and if it is available online
- ✓ Check the health plan's policy for treating GA with SYFOVRE to ensure medical documentation addresses specific policy requirements
- ✓ Use the appropriate billing codes



The **Billing and Coding Guide** can be downloaded at [SyfovreECP.com](https://www.syfovre.com/SyfovreECP.com)

**All PA forms must be filled out and submitted by a patient's healthcare provider based on their clinical judgment and assessment of the patient's case.**

#### Letter of Medical Necessity *(some payers may require this)*

- ✓ Be specific in your request (ie, requesting approval of the PA to support the prescribed medication)
- ✓ Highlight the clinical assessments that demonstrate the patient need and that the patient meets the health plan medical policy criteria for treatment with SYFOVRE
- ✓ Include a copy of the health plan medical policy, if available
- ✓ Include the physician's contact information



A sample LMN can be downloaded at [SyfovreECP.com](https://www.syfovre.com/SyfovreECP.com)

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS

#### • Endophthalmitis and Retinal Detachments

- Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.



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# Step 4: Obtain prior authorization if required (cont'd)



## Follow up!

- ✓ Call to make sure the PA request was received
- ✓ Keep a record of your phone calls: who you talked to, when, and what was agreed to or discussed
- ✓ Document the PA approval number and duration (with written confirmation, if possible)
- ✓ Include the PA reference number on the claim form, if possible

## What happens next?

- 1** If the PA is approved, be sure to document the PA approval number/date in the patient's record and make note of the expiration date
- 2** If the PA is denied, you can file an appeal. The ApellisAssist program can support you and provide information about how your office can properly file this paperwork. The following PA denial appeal checklist may be helpful as you're preparing an appeal:
  - ✓ Review the denial letter to understand the reason for the denial and note any deadlines for next steps
  - ✓ Compile supporting medical information, documentation, and clinical assessments
  - ✓ Submit the first appeal per the health plan's process and requirements
  - ✓ If rejected, submit a second appeal that responds to the health plan's concerns, questions, or requirements
  - ✓ Many health plans' appeal policies allow up to 2 levels of internal appeal for PA denials. You may have the right to request an external appeal, which can include a review by an independent expert not affiliated with the health plan or an external review board. Be sure to note any deadlines for these additional appeals

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### • Neovascular AMD

- In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. 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.



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# Step 5: Understand patient financial assistance eligibility

Financial assistance options are available for SYFOVRE patients who are enrolled in the ApellisAssist program and meet eligibility requirements.

ApellisAssist will notify your office and patient of financial assistance eligibility.

## Financial Assistance Programs include:



### Patient Assistance Program<sup>a</sup>

A program for patients who are uninsured (no insurance), underinsured (limited or no pharmacy/medical benefit), or functionally uninsured (denied coverage by their insurance)



### Co-pay Assistance<sup>b</sup>

A program for commercially insured patients that assists with co-pay and co-insurance expenses

<sup>a</sup>Program eligibility criteria, including annual household income limits, apply.

<sup>b</sup>The SYFOVRE Co-pay Program is for eligible patients who are enrolled in the ApellisAssist program, are commercially insured, and are not covered under government insurance programs such as Medicare, Medicaid, VA/DoD, or TRICARE. Apellis reserves the right to modify or terminate the program at any time without notice.

# Step 6: Confirm product acquisition method



SYFOVRE is typically acquired via buy and bill, which means your office buys product from your specialty distributor, administers the product, and then bills the payer.

Alternatively, in some cases, SYFOVRE may be acquired via a specialty pharmacy.



More information on distributors and methods of acquisition can be found in the SYFOVRE **Product Ordering Guide** located at [SyfovreECP.com](https://www.syfovre.com/SyfovreECP.com)

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### • Intraocular Inflammation

- In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves, patients may resume treatment with SYFOVRE.

#### • Increased Intraocular Pressure

- Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.



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## Step 7: Submit the claim

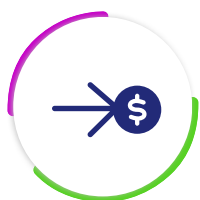


Billing information, including codes and tips on completing forms accurately and completely, is available in the SYFOVRE **Billing and Coding Guide** located at [SyfovreECP.com](https://www.syfovre.com/SyfovreECP.com)

Note that coding information provided in the **Billing and Coding Guide** is for informational purposes only and is subject to change.

- Codes may not apply to all patients or all payers. Providers should use their own independent and clinical judgment when selecting coding information
- Practices should contact the patient's health plan for specific information on coverage, coding, and reimbursement policies

## Step 8: Understand and manage reimbursement



It is important to understand the processes related to reimbursement for your practice. To do this, you can:

- Determine the reimbursement rate based on the plan contract and published fee schedules
- Establish a reconciliation process to ensure all inventory is captured in the billing process
- Track claims to ensure appropriate payment is received

### IMPORTANT SAFETY INFORMATION (cont'd)

#### ADVERSE REACTIONS

- Most common adverse reactions (incidence  $\geq 5\%$ ) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.

# Step 9: Appeal denied claims

## The ApellisAssist program and your FRM can help guide you through the appeals process

If the claim is denied, follow the appeals process, which may involve a series of steps. Various health plans have different processes, and it is important to check with your patient's plan to confirm their requirements.

### Appeal checklist

- ✓ Review the denial letter to understand the reason for the denial and note any deadlines for next steps
- ✓ Compile supporting medical information, documentation, and clinical assessments
- ✓ Submit the first appeal per the health plan's process and requirements
- ✓ If rejected, submit a second appeal that responds to the health plan's concerns, questions, or requirements
- ✓ Many health plans' appeal policies allow up to 2 levels of internal appeal for claim denials. You may have the right to request an external appeal, which can include a review by an independent expert not affiliated with the health plan or an external review board. Note any deadlines for these additional appeals

All forms must be filled out and submitted by a patient's healthcare provider based on their clinical judgment and assessment of the patient's case.



A sample Appeals Letter can be downloaded at [SyfovreECP.com](https://www.syfovre.com)

# Step 10: Prepare for PA reauthorization (if applicable)

## The ApellisAssist program is available to help determine payer reauthorization requirements and criteria

- Depending on your patient's health plan medical policy, reauthorization for SYFOVRE may be required after 6–12 months of treatment. ApellisAssist is available to help determine payer reauthorization requirements and criteria (eg, upon PA expiration or yearly), which may be subject to change without notice
- Consider making a note in your patient's medical record to initiate the reauthorization process early enough to maintain continuity of treatment



# SYFOVRE™

(pegcetacoplan injection)  
15 mg / 0.1 mL

## INDICATION

SYFOVRE™ (pegcetacoplan injection) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

- SYFOVRE is contraindicated in patients with ocular or periocular infections, and in patients with active intraocular inflammation

### WARNINGS AND PRECAUTIONS

#### • Endophthalmitis and Retinal Detachments

- Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.

#### • Neovascular AMD

- In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. 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.

#### • Intraocular Inflammation

- In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves, patients may resume treatment with SYFOVRE.

#### • Increased Intraocular Pressure

- Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

### ADVERSE REACTIONS

- Most common adverse reactions (incidence  $\geq 5\%$ ) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.

Please see full [Prescribing Information](#) for more information.