

Getting Started With the SYFOVRE[®] Copay Program

▶ Patient Eligibility Requirements

- Must be enrolled in ApellisAssist[®]
- Must have commercial insurance^a
- Must be under the care of a US-licensed physician, have an on-label diagnosis, and be prescribed SYFOVRE[®] (pegcetacoplan injection)

▶ Program Overview

Up to a maximum of \$25,000 in assistance per calendar year toward an eligible patient's drug and administration out-of-pocket copayment and/or coinsurance for SYFOVRE treatments^b

- Eligible patients may pay as little as \$0 for each SYFOVRE treatment up to the program's annual assistance limit
- Patients would be responsible for additional out-of-pocket costs that exceed the limit or are for costs that are not directly related to the cost of SYFOVRE and its administration
- Requests for reimbursement must be submitted within 180 days of date of service

▶ Patient Enrollment Overview

You can help your patients enroll by:

Section 1. Support Request

- | | | |
|---|---|--|
| <input type="checkbox"/> Benefits Investigation Only | <input checked="" type="checkbox"/> Copay Program
<i>(commercially insured patients)^a</i> | <input type="checkbox"/> Patient Assistance Program
<i>(uninsured or underinsured patients)</i> |
| <input type="checkbox"/> Prior Authorization Assistance | | |



Checking "Copay Program (commercially insured patients)" on the ApellisAssist Enrollment Form and faxing the completed form to **888-405-6966**



Enrolling electronically using the **ApellisAssist Portal**

Note: You can follow your patient's progress via the ApellisAssist Portal or by calling 888-273-5547.

Eligible patients will be automatically re-enrolled each calendar year after their benefits and eligibility have been reverified and if there is no change in the patient's commercial insurance status.

^aThe SYFOVRE Copay 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. The program assists only with the cost of SYFOVRE and its administration (injection) up to the program maximum. It does not assist with the cost of other administrations, medicines, procedures or office visits. Eligible patients residing in Massachusetts or Rhode Island can only receive assistance with the cost of SYFOVRE but not the cost of its administration. Patients receiving assistance through another program or foundation, free trial, or other similar offer or program, are not eligible for the program. Apellis reserves the right to modify or terminate the program at any time without notice.

^bSubject to combined annual limit of \$25,000. Reimbursement is not available (i) for patients covered under Medicare, Medicaid, VA/DOD, or TRICARE, or any other federal or state healthcare programs, (ii) where patient is not using insurance coverage at all, (iii) where patient's insurance plan reimburses for the entire cost of the drug, or (iv) where prohibited by law.

Copay Reimbursement Process Overview

▶ How to submit for reimbursement through the buy-and-bill process

STEP
1

If your patient is approved for the SYFOVRE Copay Program, the ApellisAssist program will notify your office about the approval via fax and the portal. This communication will also contain:

- Patient-specific copay ID number

Note: Be sure to save the patient-specific copay ID number.

STEP
2

Once SYFOVRE treatment has been administered, and after reimbursement from the patient's insurance has been received, fax the required documents to **888-405-6966**. Required documentation includes but is not limited to:

- Patient Explanation of Benefits (EOB) Form
- Copy of claim form
- Copy of the primary insurance card (front and back) (one time only per patient unless change in insurance)
- Practice or Physician W-9 form (only required for the first time you submit a request)

Note: Physician may not seek reimbursement from the patient in addition to reimbursement through the SYFOVRE Copay Program.

STEP
3

The ApellisAssist program will review the submitted paperwork to ensure appropriate, on-label billing codes are identified, then enter a request for copay reimbursement.

Note: If the copay reimbursement request is denied, your office will receive a reimbursement denial letter explaining why the claim was denied.

STEP
4

If approved, your office will receive payment via check.

▶ If your practice acquires SYFOVRE through a specialty pharmacy, simply provide the BIN and PCN to the specialty pharmacy and they will adjudicate the claim



If you have any questions about the SYFOVRE® Copay Program, please contact your Field Reimbursement Manager (FRM) or the ApellisAssist program.