SYFOVRE Payer Access[1]

SYFOVRE® (pegcetacoplan injection) 15 mg / 0.1 mL

SYFOVRE is covered for the majority of patient lives

100% SYFOVRE payer coverage for Traditional Medicare

Robust coverage for Medicare Advantage and Commercial Medical lives in the United States[a]

Of FDA-approved therapies for GA secondary to AMD:

- **Only SYFOVRE** is approved for every-other-month dosing[b]
- Many payers have placed **only SYFOVRE** in a preferred position, which could mean:
  - Access to nonpreferred brands generally requires a trial and failure of SYFOVRE
  - Only SYFOVRE can be used first-line without medical exception

For more information about SYFOVRE access, visit AccessSupportNavigator.SyfovreECP.com

Contact your Field Reimbursement Manager or ApellisAssist at 888-APELLIS

[a]Data as of January 2025.
[b]The recommended dose for SYFOVRE is 15 mg (0.1 mL of 150 mg/mL solution) administered by intravitreal injection to each affected eye once every 25 to 60 days.[2]

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, in patients with active intraocular inflammation, and in patients with hypersensitivity to pegcetacoplan or any of the excipients in SYFOVRE. Systemic hypersensitivity reactions (e.g., anaphylaxis, rash, urticaria) have occurred.

Please see additional Important Safety Information and full Prescribing Information for more information.

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.
- **Retinal Vasculitis and/or Retinal Vascular Occlusion**
  - Retinal vasculitis and/or retinal vascular occlusion, typically in the presence of intraocular inflammation, have been reported with the use of SYFOVRE. Cases may occur with the first dose of SYFOVRE and may result in severe vision loss. Discontinue treatment with SYFOVRE in patients who develop these events. Patients should be instructed to report any change in vision without delay.
- **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 ≥5%) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.

Please see accompanying full Prescribing Information for more information.

References: 1. Data on file. Apellis Pharmaceuticals, Inc; 2024. **2.** Syfovre. Prescribing information. Apellis Pharmaceuticals, Inc; 2024.

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(pegcetacoplan injection)
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