# [ORIGINAL LETTER]

Subject: SYFOVRE® (pegcetacoplan) milestone - over 200,000 injections administered

February 2, 2024

Dear Retina Community,

We are excited to share that over 200,000 injections of SYFOVRE® (pegcetacoplan injection) have been administered to date, including clinical trial injections. With this milestone and the one-year anniversary of the FDA approval of SYFOVRE later this month, we wanted to share an update on the experience and use of SYFOVRE since launch.

We have seen continued weekly double-digit growth in the number of new sites ordering SYFOVRE for the first time, in addition to strong access and reimbursement with the permanent J-Code as of October 2023.<sup>1</sup> This has resulted in continued growth in the utilization and experience with SYFOVRE.



Following Angiogenesis, Exudation and Degeneration 2024, we look forward to the Annual Meeting of the Macula Society where we will share data reinforcing the long-term efficacy and safety of SYFOVRE which showed:

- Up to 42% reduction of GA growth in year 3 for patients with non-subfoveal lesions vs projected sham in the GALE extension study, further reinforcing SYFOVRE's increasing effects over time.
  - In all GA patients regardless of lesion location, SYFOVRE reduced GA growth by 20% monthly and 17% every other month (EOM) over 24 months in DERBY and OAKS.
- Based on over 200k injections, the risk of developing retinal vasculitis remains rare at an estimated rate of less than 0.01% per injection.<sup>2</sup> All confirmed cases have occurred following the first injection, with an estimated 70,000-75,000 first injections administered to date.<sup>3</sup>

Thank you for your continued collaboration. We remain committed to providing the retina community with timely and transparent communications to help you make informed treatment decisions for your patients. Should you have any questions, feel free to reach out to your Apellis representative.

## INDICATION

SYFOVRE<sup>®</sup> (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.
- 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 full <u>Prescribing Information</u> for more information.

Sincerely,

# Caroline Baumal Chief Medical Officer

Adam Townsend Chief Operating Officer

- 1. ECP vial shipment data on file.
- 2. To date, including clinical trial injections.
- 3. These patient estimates are derived and extrapolated from available data representative of approximately half of the geographic atrophy (GA) market.

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