

Syfovre for geographic atrophy requires changes for eye doctors

# A breakthrough drug will require big changes for eye care doctors

By Antonio Capone Jr. May 16, 2023



ADOBE

<https://www.statnews.com/2023/05/16/syfovre-geographic-atrophy-eye-doctors/> retrieved June 8, 2023

**A**dvancement in the science of eye care over the past 10 years has led to

dramatically better outcomes for many people with impaired vision. Take anti-VEGF medications for wet age-related macular degeneration (AMD) for example. Anti-VEGFs, which are injected into the eye, slow the growth of blood vessels that often lead to wet AMD, one of the leading causes of blindness in the world. In a [study](#) funded by the National Eye Institute and the National Institutes of Health, half of those with wet AMD who were injected with an anti-VEGF drug still had vision 20/40 or better after five years of treatment. Those outcomes would have been unimaginable two decades ago.

Despite all the progress, too often patients don't receive optimal care because of poor coordination between primary eye care providers — optometrists and general ophthalmologists — and the ophthalmologists providing subspecialty care.

Ideally, upon identifying a condition that needs subspecialty care, the primary eye care provider will promptly refer the patient to the appropriate specialist. The specialist gives the care needed and refers the patient back to the primary eye care provider for follow-up. As I've seen in my more than 30 years as a retinal specialist and surgeon, when effectively managed, this referral loop ensures patients receive prompt, high-quality, end-to-end care.

But all too often primary eye care providers and subspecialists work in silos, leading to fragmented care. Research shows that only [40%-55% of eye care patients](#) follow through on referrals. Without strong coordination between primary eye care providers and subspecialists, patients may fall through the cracks, resulting in poor outcomes and a higher, more costly, and often more painful level of care than initially required.

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Now, a new treatment available for individuals with geographic atrophy, an advanced form of dry age-related macular degeneration, is making it more urgent than ever to address this issue.

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It is [estimated](#) that nearly 1 million people in the U.S., and 5 million people worldwide are affected by geographic atrophy, in which sections of the retina stop functioning, leading to irreversible vision loss when central vision is involved. Until recently, patients with geographic atrophy have primarily been managed by optometrists and general ophthalmologists because the main approaches to slowing the disease progression have been diet, vitamin supplements, lifestyle changes (namely smoking cessation), and management of comorbidities like hypertension.

However, with the recent [FDA approval of Syfovre \(pegcetacoplan\)](#), a new injectable treatment shown to slow the growth of geographic atrophy, the care of these patients will shift. Patients eligible for treatment with Syfovre will receive it from a retina specialist. But while the pharma industry is rushing to [claim market share](#) in the geographic atrophy space, the ultimate success of Syfovre and its competitors, as well as the preservation of patients' vision, will depend on an effective referral loop.

Optometrists and general ophthalmologists will play a critical role in identifying candidates for the new therapy, determining their eligibility, making appropriate referrals to retina specialists, and providing education about potential benefits. In turn, retina specialists will need to inform the referring providers whether the patient is following through on getting their injections and managing their overall eye health. The longer treatment is delayed, the higher the risk that eligible geographic atrophy patients may lose vision.

To ensure that eye care patients get the seamless care they need quickly and safely, it's not just providers who need to change. We also need to improve the systems and processes that deliver patient care.

In my experience working with both optometrists and general ophthalmologists, there are three key steps needed to create integrated and efficient eye care:

## 1. Build a community-based network

Although we optometrists and ophthalmologists have historically operated in separate spheres, effectively managing referrals of patients requires that we build familiarity with other eye care providers within our communities. Understanding of the specialties of other practitioners is the foundation for collaboration. Both sides of the

patient management equation — primary providers and specialists — need to make a deliberate effort to engage with one another in order to best serve the patient. For Syfovre to reach its full potential to help people, we'll need integrated education events that cover how the drug works, who the ideal patients are, and how to use diagnostic tools to best identify eligible geographic atrophy patients and help to build a shared understanding of the geographic atrophy treatment landscape. In-person events will also allow us to build these necessary networks.

## 2. Establish shared systems and protocols

As in many specialties, the variety of electronic medical records platforms used by eye care providers makes it harder for us to share data across systems and can slow the referral process. To remove these barriers, some practices offer an online referral portal to share information and enable both referring optometrists and specialists to stay current with their patients. Technology solutions such as portals can play a vital role, but their successful implementation will ultimately depend on the willingness of eye care providers to adopt new practices and to take intentional steps to ensure that referrals of patients are managed smoothly and seamlessly.

## 3. Create a dedicated care team

Even in the best-case scenarios, managing insurance and reimbursement issues across different eye care referrals can be complex. Training a dedicated team to manage these issues can help to streamline the process. This is particularly true for geographic atrophy patients because insurance coverage for new treatments may vary significantly from plan to plan. In addition, having a dedicated call center for patients can ensure that everyone — providers, patients and support staff — are on the same page and receiving consistent communication. This will help ensure patients have the best experience and receive the care they need in a timely manner.

Experts predict that the number of Americans with visual impairments and blindness will [double](#) by 2050. As these trends continue, the health of patients with a chronic eye disease will depend on how well their providers work together. An integrated approach to eye care enables more efficient and effective health care delivery through better communication between primary eye care providers and subspecialists.

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That's a win for the system but, most of all, it's a win for the patient.

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