EMPAVELI®
(pegcetacoplan) injection
1080 mg/20 mL solution

MAKE THE MOVE ON C3G. TARGET C3.

Indicated for the treatment of adult and pediatric patients aged 12 years and older with C3G or primary IC-MPGN, to reduce proteinuria[1]

C3G=C3 glomerulopathy; IC-MPGN=immune-complex membranoproliferative glomerulonephritis.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

EMPAVELI, a complement inhibitor, increases the risk of serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae, Neisseria meningitidis*, and *Haemophilus influenzae* type B. Life-threatening and fatal infections with encapsulated bacteria have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- Complete or update vaccination for encapsulated bacteria at least 2 weeks prior to the first dose of EMPAVELI, unless the risks of delaying therapy with EMPAVELI outweigh the risks of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria in patients receiving a complement inhibitor.
- Patients receiving EMPAVELI are at increased risk for invasive disease caused by encapsulated bacteria, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious infections and evaluate immediately if infection is suspected.

Because of the risk of serious infections caused by encapsulated bacteria, EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the EMPAVELI REMS.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

The cause and impact of C3G and primary IC-MPGN

C3G and **primary IC-MPGN** are rare glomerular diseases that can have devastating physical, mental, emotional, and financial impacts on patients and their caregivers.[2-4]

Across the US,
~5000 people are affected by C3G and primary IC-MPGN[5]

C3G and primary IC-MPGN are driven by complement overactivation, in which **C3 plays a critical role**.[2,6-8]

Without effective intervention, overactivation goes unchecked, leading to **inflammation** and **declining kidney function,** which may progress to **kidney failure**.[6,7,9-12]

Most treatment approaches focus on managing symptoms and few target the driver of disease, complement overactivation.[2,6,13]

3 key measures of disease activity

KHI KIDNEY HEALTH INITIATIVE

According to the Kidney Health Initiative, a partnership between the ASN and FDA, 3 key clinical trial endpoints are important to determine an effective therapy[13,*]:

- **Proteinuria reduction**
- **eGFR stabilization**
- **Histopathological improvement**

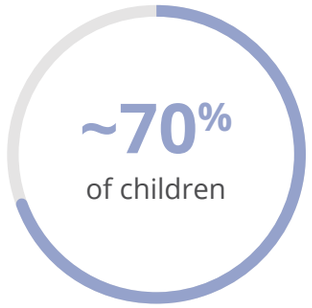
*A therapy may be deemed effective even without all 3 prespecified endpoints if there was meaningful lowering of proteinuria and stabilization or improvement in eGFR.

Nester C, Decker DA, Meier M, et al. Developing therapies for C3 glomerulopathy: report of the Kidney Health Initiative C3 Glomerulopathy Trial Endpoints Work Group. *Clin J Am Soc Nephrol*. 2024;19(9):1201-1208.

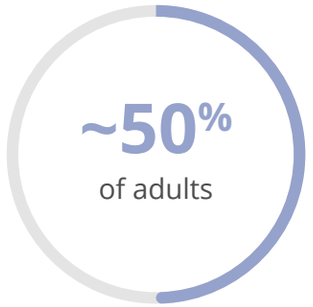
ASN=American Society of Nephrology; eGFR=estimated glomerular filtration rate; FDA=US Food and Drug Administration.

Progression to ESKD and post-transplant disease recurrence are common

Many patients progress to ESKD



and up to



with C3G progress to kidney failure within **10 years** of diagnosis[6]

Disease recurrence is common even after transplant

In a retrospective analysis of 18 adult patients with C3G who underwent transplantation

with a median recurrence of
33 days
post-transplant[14]

ESKD=end-stage kidney disease.

C3 plays a critical role in complement overactivation

The only C3 inhibitor to treat C3G and primary IC-MPGN[1]

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

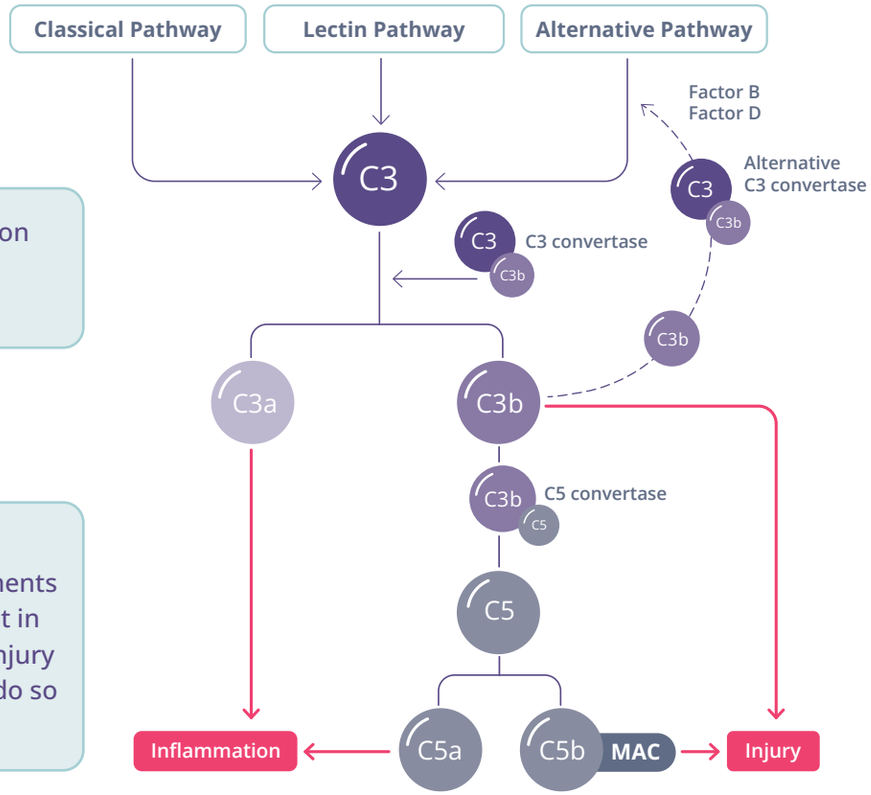
Overactivation of the complement system is the key driver of C3G and primary IC-MPGN

The complement system can be activated via 3 different pathways: **classical**, **lectin**, and **alternative**.[6,7,9-12]

- Overactivation of the **alternative pathway** is associated with C3G[9,15]
- In primary IC-MPGN, both the **alternative and classical pathways** are implicated[9,15]
- **All pathways** converge at C3[6]

Complement overactivation causes the continued breakdown of C3.[6,7,9-12]

Excessive deposition and accumulation of C3 fragments in the glomeruli can result in inflammation and renal injury in C3G and is thought to do so in primary IC-MPGN.[6,7,9-12]



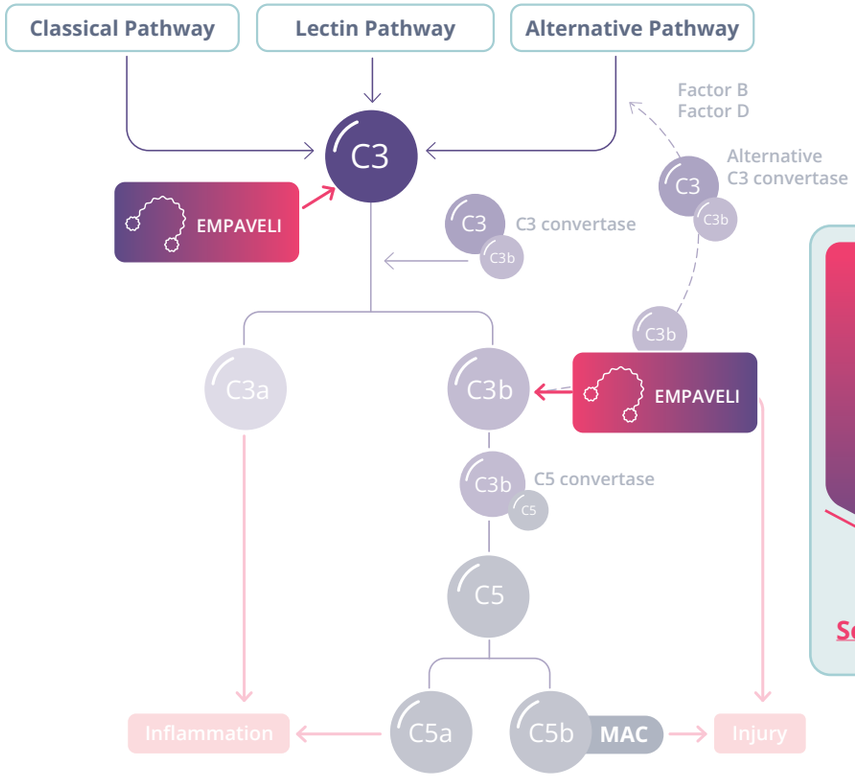
Schematic does not depict all proteins in the complement system.
MAC=membrane attack complex.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Hypersensitivity to pegcetacoplan or to any of the excipients
- For initiation in patients with unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B

EMPAVELI binds to C3 and C3b to address overactivation, the underlying cause of C3G and primary IC-MPGN[1,6,7,9-12]



EMPAVELI regulates the breakdown of C3 and downstream effectors, **reducing C3 fragment deposition** in the kidneys[1]

See EMPAVELI in action >

Schematic does not depict all proteins in the complement system.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

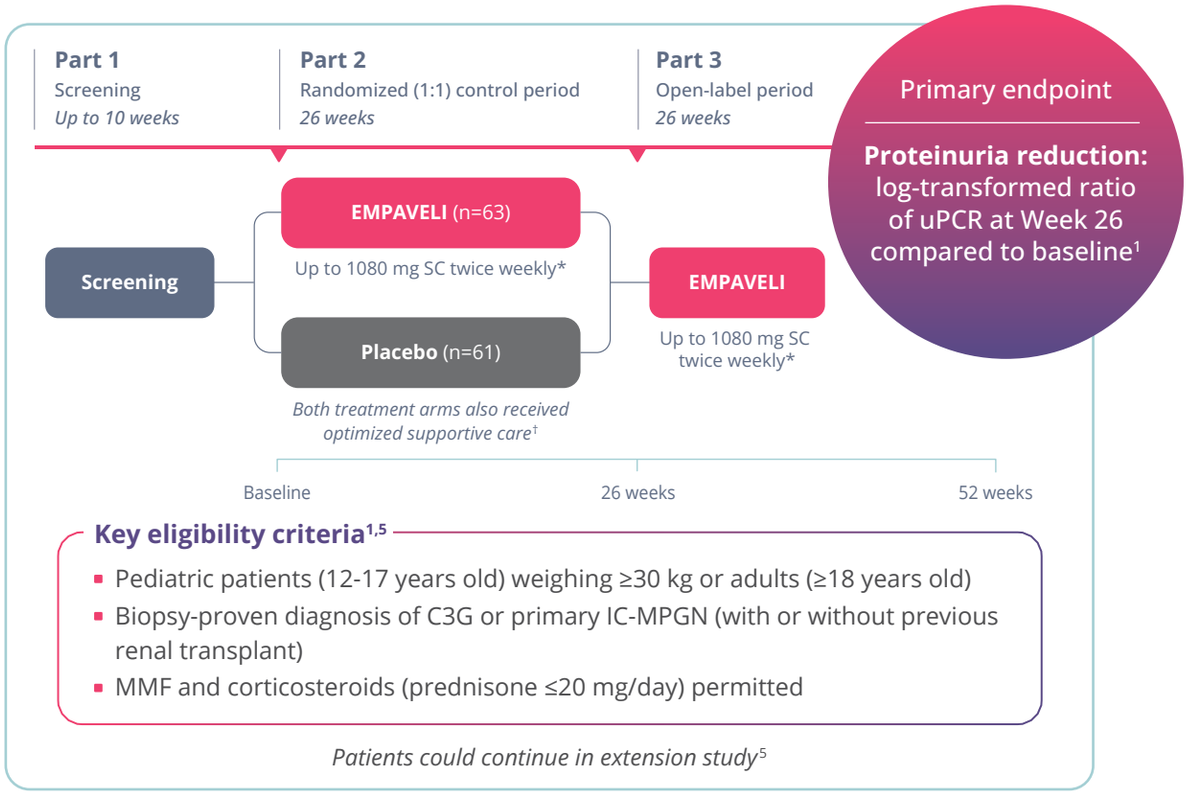
Serious Infections Caused by Encapsulated Bacteria

EMPAVELI, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis* (caused by any serogroup, including non-groupable strains), and *Haemophilus influenzae* type B. Life-threatening and fatal infections with encapsulated bacteria have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors. The initiation of EMPAVELI treatment is contraindicated in patients with unresolved serious infection caused by encapsulated bacteria.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

The largest and broadest trial in C3G and primary IC-MPGN[1,16]

VALIANT, the pivotal Phase 3 clinical trial for EMPAVELI, is the only trial that studied native kidney or post-transplant recurrent C3G, or native kidney primary IC-MPGN in both pediatric and adult patients[1,5]



Key eligibility criteria[1,5]

- Pediatric patients (12-17 years old) weighing ≥30 kg or adults (≥18 years old)
- Biopsy-proven diagnosis of C3G or primary IC-MPGN (with or without previous renal transplant)
- MMF and corticosteroids (prednisone ≤20 mg/day) permitted

Patients could continue in extension study[5]

*All adults and pediatric patients weighing ≥50 kg self-administered 1080 mg/20 mL. Pediatric patients weighing 35 kg to <50 kg received 648 mg/12 mL for the first dose, then 810 mg/15 mL thereafter. Pediatric patients weighing 30 kg to <35 kg received 540 mg/10 mL for the first 2 doses, then 648 mg/12 mL thereafter.[1]

†Stable, optimized antiproteinuric regimens: ACEis, ARBs, SGLT2is; immunosuppressant doses (eg, steroids ≤20 mg daily, MMF, tacrolimus) had to be stable during the 26-week trial and ≥12 weeks beforehand.[1]

Key secondary endpoints at Week 26 included[1,5]

- Proportion of participants achieving a **composite renal endpoint**: a ≥50% reduction in uPCR and stable eGFR (≤15% reduction from baseline)
- **Change in eGFR** from baseline

Pharmacodynamic data[1]

- Proportion of participants with evaluable renal biopsies‡ showing a **decrease in C3 staining** intensity (by ≥2 orders of magnitude) from baseline to Week 26

‡Evaluable renal biopsies were from adult patients only. Biopsies were not performed on pediatric patients.

ACEi=angiotensin-converting enzyme inhibitors; ARB=angiotensin II receptor blockers; C3GN=C3 glomerulonephritis; DDD=dense deposit disease; FMU=first morning urine; MMF=mycophenolate mofetil; SC=subcutaneous; SGLT2i=sodium-glucose co-transporter 2 inhibitor; uPCR=urine protein-to-creatinine ratio.

The VALIANT trial included a range of patient types[1,5]

Demographics, baseline disease characteristics, and concomitant medications were generally balanced between treatment arms[1,5]

Baseline demographics

Mean age	26 years (range 12-74 years)
Gender	57% female
Race/ethnicity	73% White, 15% Asian, 1% Black or African American, 11% others
Concomitant medications	• 91% ACEi/ARB • 72% immunosuppressants • 40% systemic corticosteroids • 11% SGLT2i
Mean baseline uPCR from triplicate FMU collection	3.1 g/g EMPAVELI, 2.5 g/g placebo
eGFR (mL/min/1.73 m²)	79 EMPAVELI, 87 placebo
C3G (native kidney)	71%
C3GN	69%
DDD	7%
Undetermined	~1%
Primary IC-MPGN (native kidney)	22%
Post-transplant C3G	6%

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Serious Infections Caused by Encapsulated Bacteria (cont'd)

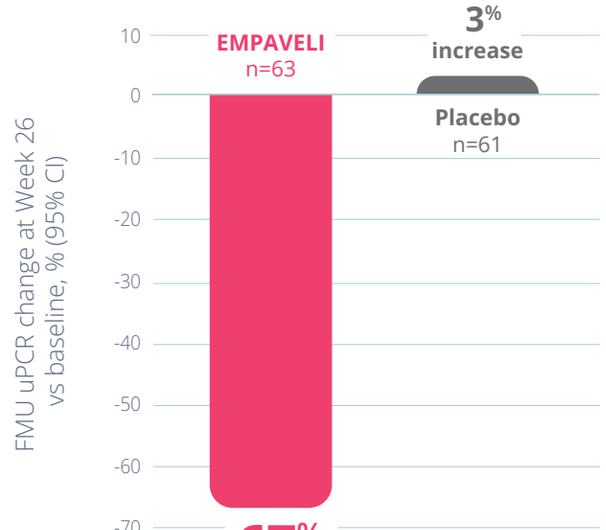
Complete or update vaccination against encapsulated bacteria at least 2 weeks prior to administration of the first dose of EMPAVELI, according to the most current ACIP recommendations for patients receiving a complement inhibitor. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with EMPAVELI. Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information. If urgent EMPAVELI therapy is indicated in a patient who is not up to date with vaccines against encapsulated bacteria according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer these vaccines as soon as possible. The benefits and risks of treatment with EMPAVELI, as well as the benefits and risks of antibacterial drug prophylaxis in unvaccinated or vaccinated patients, must be considered against the known risks for serious infections caused by encapsulated bacteria.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

1 Statistically significant **proteinuria reduction** at Week 26, with reduction observed as early as Week 4[1,5]

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

Primary endpoint: change in uPCR from baseline at Week 26[1,5]



68% reduction in uPCR from baseline vs placebo[1]

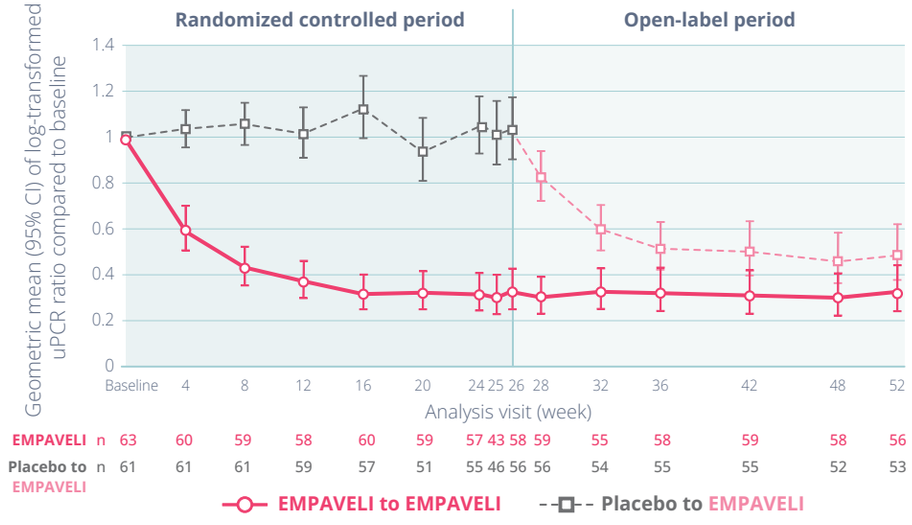
(*P*<0.0001)

- Geometric means at Week 26 vs baseline (95% CI): 0.33 (CI: 0.25, 0.43) with EMPAVELI vs 1.03 (CI: 0.91, 1.16) with placebo[1]

Proteinuria reductions over 52 weeks[5]

Following the 26-week randomized controlled period (RCP), a 26-week open-label period (OLP) was conducted in which all patients received EMPAVELI.

uPCR over **52 weeks**



Based on the geometric mean of uPCR compared to baseline.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Serious Infections Caused by Encapsulated Bacteria (cont'd)

Vaccination does not eliminate the risk of serious encapsulated bacterial infections, despite development of antibodies following vaccination. Closely monitor patients for early signs and symptoms of serious infection and evaluate patients immediately if an infection is suspected.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Serious Infections Caused by Encapsulated Bacteria (cont'd)

Inform patients of these signs and symptoms and instruct patients to seek immediate medical care if these signs and symptoms occur. Promptly treat known infections. Serious infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider interruption of EMPAVELI in patients who are undergoing treatment for serious infections.

EMPAVELI is available only through a restricted program under a REMS.

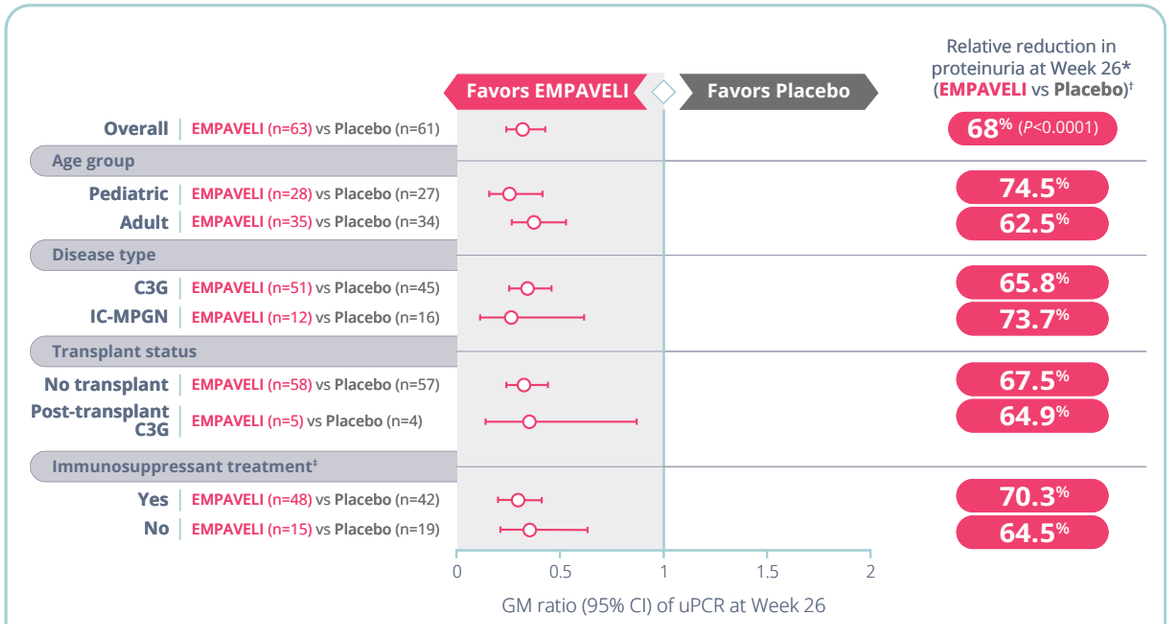
Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

Proteinuria reduction in prespecified and post hoc subgroups[1,5,17]

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

Proteinuria reductions observed across patient types[1,17]

These prespecified subgroup analyses were not powered to detect differences between treatment and placebo in these subgroups and results were not included in the study's formal multiplicity-controlled testing hierarchy. Therefore, findings should be considered exploratory and interpreted descriptively. No formal statistical conclusions can be drawn.



Safety and effectiveness of EMPAVELI in patients with recurrent IC-MPGN following kidney transplant have not been established.[1]

*Using an equal weighted average over Weeks 24, 25, and 26 compared to baseline.[1,5]
†Percentages calculated by converting the ratio of GMs to percentages.[1,5]
‡Based on immunosuppressants and/or corticosteroids for systemic use per Anatomical Therapeutic Chemical level 2.
GM=geometric mean.

IMPORTANT SAFETY INFORMATION (cont'd)

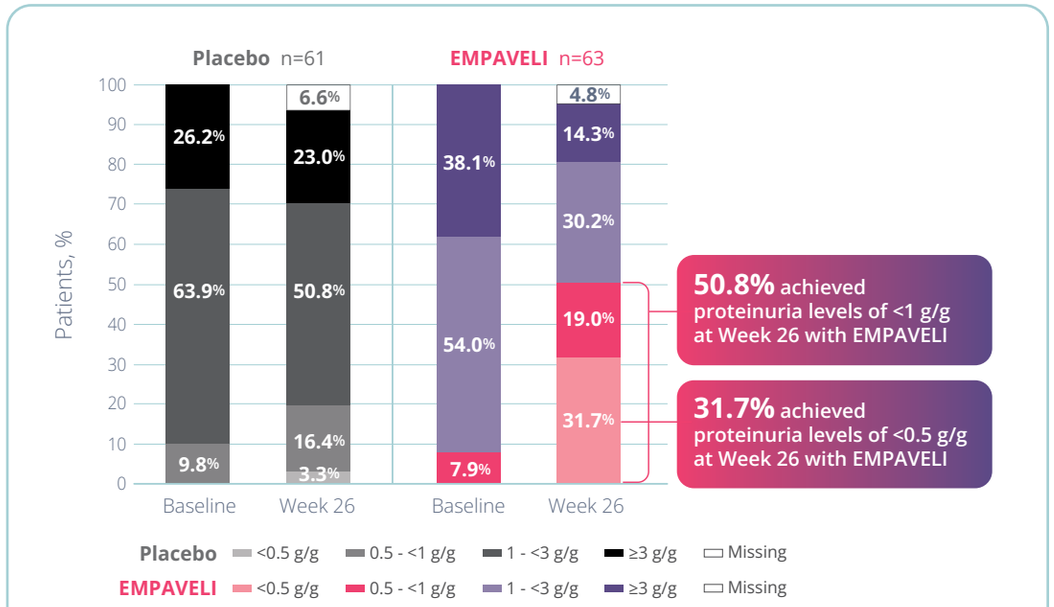
WARNINGS AND PRECAUTIONS (cont'd)

EMPAVELI REMS

EMPAVELI is available only through a restricted program under a REMS called EMPAVELI REMS, because of the risk of serious infections caused by encapsulated bacteria. Notable requirements of the EMPAVELI REMS include the following:

Post hoc analysis: **proteinuria shifts** from baseline to Week 26[5]

Consider these post hoc subgroup analysis findings exploratory and interpret with caution, as these analyses were not prespecified. The study was not designed or powered to detect differences between treatment and placebo in these subgroups, and multiple comparisons increase the risk of findings due to chance. No formal conclusions can be drawn, and further prospective studies are needed to confirm these observations.



IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

EMPAVELI REMS (cont'd)

Under the EMPAVELI REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risks, signs, and symptoms of serious infections caused by encapsulated bacteria, provide patients with the REMS educational materials, ensure patients are vaccinated against encapsulated bacteria at least 2 weeks prior to the first dose of EMPAVELI, prescribe antibacterial drug prophylaxis if patients' vaccine status is not up to date and treatment must be started urgently, and provide instructions to always carry the Patient Safety Card both during treatment, as well as for 2 months following last dose of EMPAVELI. Pharmacies that dispense EMPAVELI must be certified in the EMPAVELI REMS and must verify prescribers are certified.

Further information is available at **www.empavelirems.com** or 1-888-343-7073.

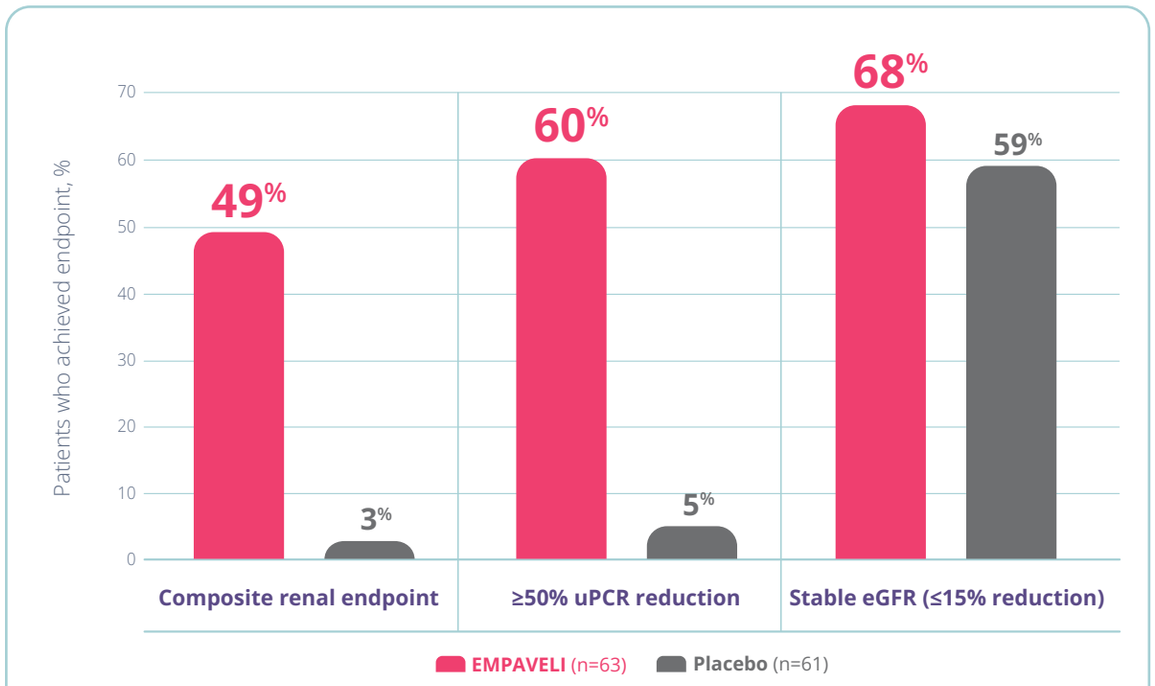
Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

2 Powerful **kidney protection** by slowing disease progression

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

Key secondary endpoint: a statistically significant proportion of patients met composite renal endpoint at Week 26 with EMPAVELI[1]

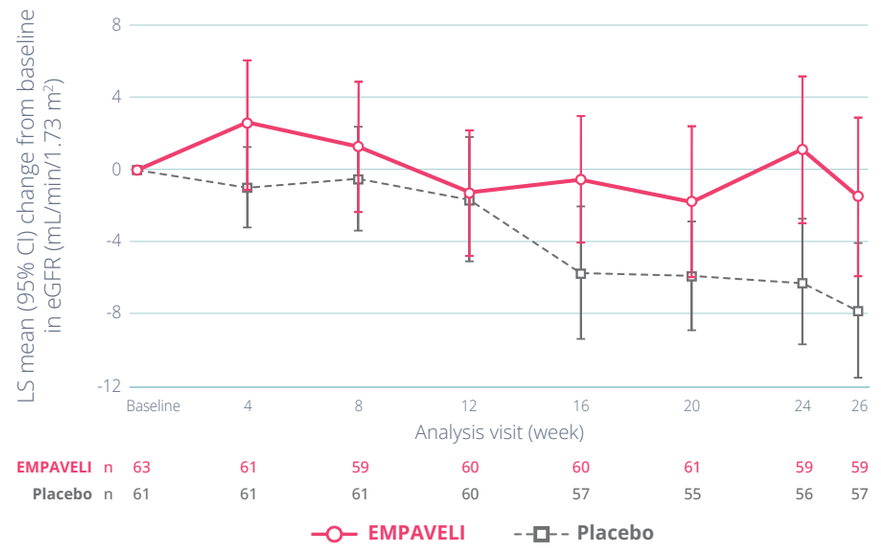
Composite renal endpoint was defined as ≥50% reduction in uPCR + stable eGFR (≤15% reduction from baseline)[1]



27x higher odds of achieving composite renal endpoint with EMPAVELI than placebo (*P*<0.0001) (95% CI: 6, 124)[1]

Odds ratio (EMPAVELI vs placebo)

Key secondary endpoint: change in eGFR from baseline through Week 26[1]



Difference in EMPAVELI vs placebo at Week 26[1]
+6.31 mL/min/1.73 m²
(95% CI: 0.50, 12.12)

LS=least squares.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

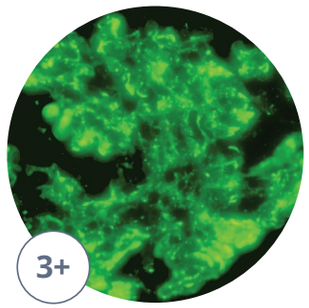
Infusion-Related Reactions

Systemic hypersensitivity reactions (eg, facial swelling, rash, urticaria, pyrexia) have occurred in patients treated with EMPAVELI, which may resolve after treatment with antihistamines. Cases of anaphylaxis leading to treatment discontinuation have been reported. If a severe hypersensitivity reaction (including anaphylaxis) occurs, discontinue EMPAVELI infusion immediately, institute appropriate treatment, per standard of care, and monitor until signs and symptoms are resolved.

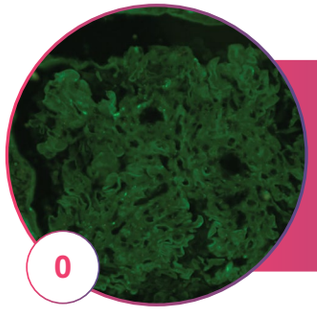
Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

3 Pharmacodynamic data: clearing of excessive **C3 deposits**

Reduction of C3 staining by ≥2 orders of magnitude (OOM) in evaluable patients* taking EMPAVELI (n=35).[1,5]



Baseline



Week 26

74% had reduction in C3 staining by ≥2 OOM at Week 26 compared to 12% with placebo (n=34)[1,5]

27x higher odds of achieving ≥2 OOM reduction in C3 staining (95% CI: 6, 116).[5]

Based on an additional analysis of these pharmacodynamic data, **71.4%** (n=35) saw complete clearance (0 intensity staining) vs 8.8% with placebo (n=34) at Week 26.[5]

*Evaluable patients included only adult patients. Baseline renal biopsies were not required for pediatric patients.

1 OOM=10x; 2 OOM=100x.

Renal biopsies from a patient with post-transplant recurrent C3G. Images courtesy of Patrick D. Walker, MD, Senior Renal Pathologist at Arkana Laboratories.

View results in pediatric and post-transplant C3G patients ›

Safety data in these subgroups are also available.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Interference with Laboratory Tests

There may be interference between silica reagents in coagulation panels and EMPAVELI that results in artificially prolonged activated partial thromboplastin time (aPTT); therefore, avoid the use of silica reagents in coagulation panels.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

Adverse reactions reported in ≥5% of patients (adult and pediatric) treated with EMPAVELI and greater than placebo[1]

Adverse reaction	EMPAVELI (n=63) n (%)	Placebo (n=61) n (%)
General disorders and administration site conditions		
Infusion-site reactions†	16 (25)	14 (23)
Pyrexia	12 (19)	6 (10)
Fatigue	4 (6)	1 (2)
Infections and infestations		
Nasopharyngitis	11 (18)	7 (12)
Influenza	7 (11)	3 (5)
Gastrointestinal disorders		
Nausea	6 (10)	4 (7)
Respiratory, thoracic, and mediastinal disorders		
Cough	6 (10)	1 (2)

†Term includes the following reactions at the infusion site: erythema, pruritus, swelling, bruising, induration, pain, hemorrhage, discomfort, edema, rash, and hypoesthesia.

- Serious adverse reactions due to viral infections resulting in hospitalizations occurred in 2 patients (3%) with C3G or primary IC-MPGN receiving EMPAVELI and 1 patient (2%) on placebo[1]
- One patient (2%) on EMPAVELI with native kidney C3G died because of respiratory failure due to COVID-19 pneumonia; there were no deaths in the placebo arm[1]
- The placebo-controlled period of VALIANT was followed by a 26-week open-label period (OLP). During the OLP, 1 patient with native kidney C3G had a serious adverse event of pneumonia secondary to *Streptococcus pneumoniae*, and 1 patient with recurrent C3G following kidney transplant developed herpes zoster meningoencephalitis while on concomitant immunosuppression, leading to treatment discontinuation[1]
- In the Phase 2 study in 13 adults with recurrent C3G or primary IC-MPGN after kidney transplant, 1 patient with primary IC-MPGN experienced a serious adverse event of *Pneumocystis jirovecii* pneumonia while on EMPAVELI and concurrent immunosuppressive medications[1]
- No cases of encapsulated meningococcal infection were reported in any C3G or primary IC-MPGN patient treated with EMPAVELI in the VALIANT trial. Patients were vaccinated according to Advisory Committee on Immunization Practices (ACIP) guidelines prior to treatment with EMPAVELI[1,5]

Designed for at-home administration with a compact, **on-body device**

Streamlined self-administration process

EMPAVELI is self-administered subcutaneously, twice a week. Each dose is administered via the EMPAVELI Injector device and takes about 30 to 60 minutes.[1]

Before the first dose, your patient and/or their caregiver must be trained by a healthcare professional on how to administer EMPAVELI.[1] Apellis Care Educators (ACEs) can provide 1-on-1 training and support to those enrolled in ApellisAssist®.*

Compact, on-body EMPAVELI Injector[1]

2x weekly dosing[1]

~30- to 60-minute duration[1]

>97% compliance with at-home administration[5,†]

*ACEs do not provide medical advice.

†Compliance calculated by medical possession ratio of >350 US patients taking EMPAVELI. Data as of 03/31/2025.

Push button starts injection and pops up when injection is complete[18]

The gauge shows the injection progress[18]

The thin 7-mm needle, which is about the same size as an insulin needle, is never seen[18]

Dosing regimens for adults and pediatric patients 12 years to <18 years of age[1]

For adults (≥18 years old), the recommended dose of EMPAVELI is 1080 mg (20 mL) twice weekly.

For pediatric patients (12 years to <18 years of age), dosing and volume are weight based, according to the following schedule:

Patient body weight	First dose (volume)	Second dose (volume)	Maintenance dose (volume)
≥50 kg	1080 mg (20 mL)	1080 mg (20 mL)	1080 mg (20 mL) twice weekly
35 to <50 kg	648 mg (12 mL)	810 mg (15 mL)	810 mg (15 mL) twice weekly
<35 kg	540 mg (10 mL)	540 mg (10 mL)	648 mg (12 mL) twice weekly

EMPAVELI can be self-administered using[1]:

The EMPAVELI Injector **OR** A commercially available infusion pump with a reservoir of at least 20 mL

Missed dose[1]

Administer EMPAVELI as soon as possible after a missed dose. Resume the regular dosing schedule following administration of the missed dose.

With EMPAVELI, the median half-life is 10.2 days in patients with C3G and 10.8 days in patients with primary IC-MPGN.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

Most common adverse reactions in adult and pediatric patients 12 years of age and older with C3G or primary IC-MPGN (incidence ≥10%) were infusion-site reactions, pyrexia, nasopharyngitis, influenza, cough, and nausea.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

Vaccinations and EMPAVELI REMS

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

What to know before prescribing EMPAVELI[1]

- EMPAVELI, a complement inhibitor, increases the risk of serious, life-threatening, or fatal infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B
- Life-threatening and fatal infections with encapsulated bacteria have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors
- These infections may become rapidly life-threatening or fatal if not recognized and treated early
- The initiation of EMPAVELI treatment is contraindicated in patients with unresolved serious infection caused by encapsulated bacteria
- Before starting treatment with EMPAVELI, your patient will be required to receive specific vaccines to reduce the risk of certain serious infections

Recommended vaccines and prophylaxis[1]

- Vaccinate patients against encapsulated bacteria, including *Streptococcus pneumoniae* and *Neisseria meningitidis* (serogroups A, C, W, Y, and B), according to current ACIP recommendations at least 2 weeks prior to initiation of EMPAVELI therapy
- If urgent EMPAVELI therapy is indicated in a patient who is not up to date with these vaccines, according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer these vaccines as soon as possible

Vaccination support is available via ApellisAssist to help your patients obtain recommended vaccines.

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS

Females of Reproductive Potential

EMPAVELI may cause embryo-fetal harm when administered to pregnant women. Pregnancy testing is recommended for females of reproductive potential prior to treatment with EMPAVELI. Advise female patients of reproductive potential to use effective contraception during treatment with EMPAVELI and for 40 days after the last dose.

REMS program for EMPAVELI[1]

EMPAVELI is available only through a restricted program under a REMS called EMPAVELI REMS, because of the risk of serious infections caused by encapsulated bacteria.

Notable requirements of the EMPAVELI REMS include the following:

- Prescribers must enroll in the REMS
- Prescribers must counsel patients about the risk of serious infections caused by encapsulated bacteria
- Prescribers must provide the patients with the REMS educational materials
- Prescribers must assess patient vaccination status for encapsulated bacteria and vaccinate if needed according to current ACIP recommendations 2 weeks prior to the first dose of EMPAVELI
- Prescribers must provide a prescription for antibacterial drug prophylaxis if treatment must be started urgently, and the patient is not up to date with vaccinations against encapsulated bacteria according to current ACIP recommendations at least 2 weeks prior to the first dose of EMPAVELI
- Pharmacies that dispense EMPAVELI must be certified in the EMPAVELI REMS and must verify prescribers are certified
- Patients must receive counseling from the prescriber about the need to receive vaccinations against encapsulated bacteria per ACIP recommendations, the need to take antibiotics as directed by the prescriber, and the signs and symptoms of serious infections
- Patients must be instructed to carry the Patient Safety Card with them at all times during and for 2 months following treatment discontinuation with EMPAVELI

Further information is available at **www.empavelirems.com** or **1-888-343-7073**.

REMS=Risk Evaluation and Mitigation Strategy.

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

ApellisAssist is committed to **access** and continuous **support**

EMPAVELI® (pegcetacoplan) injection 1080 mg/20 mL solution

Getting started

1 REMS enrollment

Typically takes <10 minutes to complete the form

This one-time certification is required before prescribing EMPAVELI due to the risk of serious infections. Enroll in the EMPAVELI REMS at **www.empavelirems.com**.

Vaccination support for your patients

Certain vaccines are required before starting EMPAVELI.

Through ApellisAssist, a **Vaccine Coordinator** can help your patient with this process.

2 Start Form enrollment

Two ways to get started: online or via downloadable form.

Complete the Start Form online >

Downloadable option also available on **EMPAVELIHCP.com**.

3 ApellisAssist enrollment

Your office will receive a status update on your patient's enrollment within 1 business day of Start Form submission

As part of the Start Form, patients can consent to being enrolled in ApellisAssist, which supports your patients and your practice.

Comprehensive support from the very start

Care Coordinator

- Insurance support
- Financial assistance for eligible patients
- Coordination of medication shipments

Apellis Care Educator

- Self-administration training
- Disease state education
- Ongoing product support

Your practice receives the support of a **Field Access Manager** (FAM). Your FAM will:

- Work directly with your office to address patient-specific access issues
- Provide education on available ApellisAssist support programs
- Proactively analyze access and reimbursement issues and address challenges

4 Financial assistance

ApellisAssist completes the benefits investigation and contacts the patient to review details and discuss financial assistance options the patient may be eligible for.

With our Copay Program, eligible patients may pay as little as **$0** for EMPAVELI[5,*]

*Terms and conditions apply. Program terms subject to change. Subject to annual benefit limit.

5 Self-administration training

For patients enrolled in ApellisAssist, an ACE will schedule and provide 1-on-1 self-administration training to patients and/or their caregivers.

"What I love about being an ACE are the ongoing relationships I build with patients through education and support."

Tracey, an Apellis Care Educator

Tracey is just one of the members of our ACE team.

ACEs do not give medical advice. Patients should talk to their doctor for treatment-related questions.

Call the ApellisAssist team at 1-866-MY-APL-ASSIST (1-866-692-7527) from 8 AM-8 PM ET, Monday-Friday.

ApellisAssist can also connect you and your patients to a pharmacist who is available 24 hours a day.

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

- Hypersensitivity to pegcetacoplan or to any of the excipients
- For initiation in patients with unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B

Please see full Important Safety Information on pages 22-23 and accompanying full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

EMPAVELI, a complement inhibitor, increases the risk of serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae, Neisseria meningitidis*, and *Haemophilus influenzae* type B. Life-threatening and fatal infections with encapsulated bacteria have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update vaccination for encapsulated bacteria at least 2 weeks prior to the first dose of EMPAVELI, unless the risks of delaying therapy with EMPAVELI outweigh the risks of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria in patients receiving a complement inhibitor.**
- **Patients receiving EMPAVELI are at increased risk for invasive disease caused by encapsulated bacteria, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious infections and evaluate immediately if infection is suspected.**

Because of the risk of serious infections caused by encapsulated bacteria, EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the EMPAVELI REMS.

CONTRAINDICATIONS

- Hypersensitivity to pegcetacoplan or to any of the excipients
- For initiation in patients with unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B

WARNINGS AND PRECAUTIONS

Serious Infections Caused by Encapsulated Bacteria

EMPAVELI, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis* (caused by any serogroup, including non-groupable strains), and *Haemophilus influenzae* type B. Life-threatening and fatal infections with encapsulated bacteria have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors. The initiation of EMPAVELI treatment is contraindicated in patients with unresolved serious infection caused by encapsulated bacteria.

Complete or update vaccination against encapsulated bacteria at least 2 weeks prior to administration of the first dose of EMPAVELI, according to the most current ACIP recommendations for patients receiving a complement inhibitor. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with EMPAVELI. Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information. If urgent EMPAVELI therapy is indicated in a patient who is not up to date with vaccines against encapsulated bacteria according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer these vaccines as soon as possible. The benefits and risks of treatment with EMPAVELI, as well as the benefits and risks of antibacterial drug prophylaxis in unvaccinated or vaccinated patients, must be considered against the known risks for serious infections caused by encapsulated bacteria.

Vaccination does not eliminate the risk of serious encapsulated bacterial infections, despite development of antibodies following vaccination. Closely monitor patients for early signs and symptoms of serious infection and evaluate patients immediately if an infection is suspected. Inform patients of these signs and symptoms and instruct patients to seek immediate medical care if these signs and symptoms occur. Promptly treat known infections. Serious infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider interruption of EMPAVELI in patients who are undergoing treatment for serious infections.

EMPAVELI is available only through a restricted program under a REMS.

EMPAVELI REMS

EMPAVELI is available only through a restricted program under a REMS called EMPAVELI REMS, because of the risk of serious infections caused by encapsulated bacteria. Notable requirements of the EMPAVELI REMS include the following:

Under the EMPAVELI REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risks, signs, and symptoms of serious infections caused by encapsulated bacteria, provide patients with the REMS educational materials, ensure patients are vaccinated against encapsulated bacteria at least 2 weeks prior to the first dose of EMPAVELI, prescribe antibacterial drug prophylaxis if patients' vaccine status is not up to date and treatment must be started urgently, and provide instructions to always carry the Patient Safety Card both during treatment, as well as for 2 months following last dose of EMPAVELI. Pharmacies that dispense EMPAVELI must be certified in the EMPAVELI REMS and must verify prescribers are certified.

Further information is available at **www.empavelirems.com** or 1-888-343-7073.

Infusion-Related Reactions

Systemic hypersensitivity reactions (eg, facial swelling, rash, urticaria, pyrexia) have occurred in patients treated with EMPAVELI, which may resolve after treatment with antihistamines. Cases of anaphylaxis leading to treatment discontinuation have been reported. If a severe hypersensitivity reaction (including anaphylaxis) occurs, discontinue EMPAVELI infusion immediately, institute appropriate treatment, per standard of care, and monitor until signs and symptoms are resolved.

Interference with Laboratory Tests

There may be interference between silica reagents in coagulation panels and EMPAVELI that results in artificially prolonged activated partial thromboplastin time (aPTT); therefore, avoid the use of silica reagents in coagulation panels.

ADVERSE REACTIONS

Most common adverse reactions in adult and pediatric patients 12 years of age and older with C3G or primary IC-MPGN (incidence ≥10%) were infusion-site reactions, pyrexia, nasopharyngitis, influenza, cough, and nausea.

USE IN SPECIFIC POPULATIONS

Females of Reproductive Potential

EMPAVELI may cause embryo-fetal harm when administered to pregnant women. Pregnancy testing is recommended for females of reproductive potential prior to treatment with EMPAVELI. Advise female patients of reproductive potential to use effective contraception during treatment with EMPAVELI and for 40 days after the last dose.

Please see full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

References: 1. EMPAVELI [prescribing information]. Waltham, MA: Apellis Pharmaceuticals, Inc.; 2025. **2.** National Kidney Foundation. Voice of the patient. Accessed May 15, 2025. https://www.kidney.org/sites/default/files/C3G_EL-PFDD_VoP-Report_3-29-18.pdf **3.** American Kidney Fund. Mental health and kidney disease. Accessed May 15, 2025. https://www.kidneyfund.org/living-kidney-disease/mental-health-and-kidney-disease **4.** Golestaneh L, Alvarez PJ, Reaven NL, et al. All-cause costs increase exponentially with increased chronic kidney disease stage. *Am J Manag Care*. 2017;23(suppl 10):S163-S172. **5.** Data on file. Apellis Pharmaceuticals, Inc., Waltham, MA. **6.** Smith RJH, Appel GB, Blom AM, et al. C3 glomerulopathy — understanding a rare complement-driven renal disease. *Nat Rev Nephrol*. 2019;15(3):129-143. **7.** Caravaca-Fontán F, Lucientes L, Cavero T, Praga M. Update on C3 glomerulopathy: a complement-mediated disease. *Nephron*. 2020;144(6):272-280. **8.** Noris M, Daina E, Remuzzi G. Membranoproliferative glomerulonephritis: no longer the same disease and may need very different treatment. *Nephrol Dial Transplant*. 2023;38(2):283-290. **9.** Donadelli R, Pulieri P, Piras R, et al. Unraveling the molecular mechanisms underlying complement dysregulation by nephritic factors in C3G and IC-MPGN. *Front Immunol*. 2018;9:2329. **10.** Mastrangelo A, Serafinelli J, Giani M, Montini G. Clinical and pathophysiological insights into immunological mediated glomerular diseases in childhood. *Front Pediatr*. 2020;8:205. **11.** Fakhouri F, Le Quintrec M, Frémeaux-Bacchi V. Practical management of C3 glomerulopathy and Ig-mediated MPGN: facts and uncertainties. *Kidney Int*. 2020;98(5):1135-1148. **12.** Sethi S, Fervenza FC. Membranoproliferative glomerulonephritis — a new look at an old entity. *N Engl J Med*. 2012;366(12):1119-1131. **13.** Nester C, Decker DA, Meier M, et al. Developing therapies for C3 glomerulopathy: report of the Kidney Health Initiative C3 Glomerulopathy Trial Endpoints Work Group. *Clin J Am Soc Nephrol*. 2024;19(9):1201-1208. **14.** Tarragón B, Peleg Y, Jagannathan G, et al. C3 glomerulopathy recurs early after kidney transplantation in serial biopsies performed within the first 2 years after transplantation. *Clin J Am Soc Nephrol*. 2024;19(8):1005-1015. **15.** Bomback AS, Charu V, Fakhouri F. Challenges in the diagnosis and management of immune complex-mediated membranoproliferative glomerulonephritis and complement 3 glomerulopathy. *Kidney Int Rep*. 2024;10(1):17-28. **16.** FDA approves Apellis' EMPAVELI® (pegcetacoplan) as the first C3G and primary IC-MPGN treatment for patients 12 and older. July 28, 2025. Accessed July 29, 2025. https://investors.apellis.com/news-releases/news-release-details/fda-approves-apellis-empavelir-pegcetacoplan-first-c3g-and **17.** Nester CM, Bomback AS, Ariceta Iraola MG, et al. VALIANT: phase 3 trial of pegcetacoplan for patients with native or post-transplant recurrent C3G or primary IC-MPGN. ASN Kidney Week. 2024. **18.** EMPAVELI Injector Instructions for Use. Waltham, MA: Apellis Pharmaceuticals, Inc.; 2025.

EMPAVELI®
(pegcetacoplan) injection
1080 mg/20 mL solution

SET YOUR STRATEGY AGAINST C3G AND PRIMARY IC-MPGN WITH EMPAVELI

CONTROL
of complement overactivation at C3[1]

COMPREHENSIVE
data across the trifecta of key measures and multiple patient types[1]

COMMITTED
to exquisite support

Indicated for the treatment of adult and pediatric patients aged 12 years and older with C3G or primary IC-MPGN, to reduce proteinuria[1]

Sign up for updates >

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Apellis