

# EMPAVELI™ (pegcetacoplan) Start Form



1. Visit EMPAVELIREMS.com to enroll in the REMS program before writing your first prescription. You will only need to register once.
2. Review the REMS requirements with your patient.
3. Have your patient sign the Patient Authorizations section, section I, below.
4. Complete all remaining fields on pages 1-7.

## I. Patient Authorizations (to be completed by patient or patient caregiver/guardian)

Prior to completing the EMPAVELI Start Form, please share the Patient Authorizations section (page 8) with your patient and ask that they sign authorizations A and B below.

### A. Authorization to Share Personal Health Information (see section A on page 8)

I have read and I understand the *Authorization to Share Personal Health Information* and agree to the terms.

Signature of patient: **X** \_\_\_\_\_ Date: \_\_\_\_\_

OR signature of patient caregiver/guardian: **X** \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the disclosure of my personal health information to the following designated individual(s) (optional):

Caregiver (print name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Caregiver email: \_\_\_\_\_ Phone: \_\_\_\_\_

### B. Authorizations for Patient Support through ApellisAssist, Self-Infusion Training and Education, and Marketing Communications (see section B on page 8)

I have read and I understand the Authorizations for Patient Support and Self-Infusion Training and Education and agree to the terms.

I have read and I understand the Authorization for Marketing Communications and agree to the terms.

Signature of patient or patient representative: **X** \_\_\_\_\_ Date: \_\_\_\_\_

## II. Patient Information (to be completed by patient or patient caregiver/guardian)

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Gender:  Male  Female  Prefer not to say  
 Other \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Allow voicemail messages containing detailed medical information on this phone number

Alternative Phone Number: \_\_\_\_\_

Allow voicemail messages containing detailed medical information on this phone number

Primary Contact Method:  Call  Email  Text

Primary Language:  English  Spanish  Other \_\_\_\_\_

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Phone: 1-866-MY-APL-ASSIST | (1-866-692-7527)

Fax: 1-888-754-1285

**III. Insurance Information** (to be completed by healthcare provider)

NOTE: You may attach a copy of both sides of the patient's insurance card(s) instead of, or in addition to, the below.

No insurance

**A. Prescription Insurance**

Insurance Name: \_\_\_\_\_

Policyholder Name (First, MI, Last), if other than the patient: \_\_\_\_\_

Policyholder Date of Birth: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Rx Bin Number: \_\_\_\_\_ Rx PCN Number: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

**B. Medical Coverage**

Insurance Name: \_\_\_\_\_

Policyholder Name (First, MI, Last) if other than the patient: \_\_\_\_\_

Policyholder Date of Birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

**IV. Clinical Information** (to be completed by healthcare provider)

**Primary Diagnosis**

Paroxysmal Nocturnal Hemoglobinuria (PNH) ICD-10 D59.5

**Medical History**

Known Drug Allergies: \_\_\_\_\_

No Known Drug Allergies

**V. Current Medications** (to be completed by healthcare provider)

**Current PNH Therapy**

Soliris® (eculizumab)  Ultomiris® (ravulizumab)

Other: \_\_\_\_\_

Date of last infusion: \_\_\_\_\_

Other Current Medications: \_\_\_\_\_

**VI. Prescription for EMPAVELI™ (pegcetacoplan)**

(to be completed by healthcare provider)

Rx: EMPAVELI 1080 mg/20 mL vial

This prescription will be filled by PANTHERx® Specialty Pharmacy.

Quantity:  8 vials  \_\_\_\_\_ vials

SIG: Infuse 1080 mg (20 mL) subcutaneously twice weekly as directed

Other: \_\_\_\_\_

Refills #: \_\_\_\_\_

Dispense infusion pump and 1 month of supplies including needles, syringes, vial adaptor, and ancillary supplies necessary to administer medication.

**Prescriber Signature**

(Stamps not accepted)

Dispense as written:  \_\_\_\_\_ Date: \_\_\_\_\_

Substitution permissible:  \_\_\_\_\_ Date: \_\_\_\_\_

**VII. Prescriber Information** (to be completed by healthcare provider)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Office/Clinic/Facility Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_

State License Number: \_\_\_\_\_

Practice Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Fax

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**VIII. Prescriber Declaration and Authorization: HCP Signature Required**

(to be completed by healthcare provider)

The purpose of this form is to permit Apellis Pharmaceuticals, Inc., its affiliates, representatives, agents, and contractors ("Apellis") to provide patient support and resources to eligible patients who have been prescribed an Apellis medication. The patient support and resources include, but are not limited to, providing: i) reimbursement and financial assistance information; ii) access to the Apellis medication; and iii) disease and medication-related educational resources and communications, including self-administration training by an Apellis Care Educator ("Patient Resources").

By signing below, I certify that:

- i. The information contained in this form is complete and accurate to the best of my knowledge.
- ii. Any Patient Resource provided through Apellis on behalf of any patient is not made in exchange for any express or implied agreement or understanding that I would recommend, prescribe, or use an Apellis medication or Patient Resource for anyone. My decision to prescribe an Apellis medication was based solely on my clinical determination and medical necessity, and I will not seek reimbursement for any medication or Patient Resource provided by or through Apellis from any government program or third-party insurer.
- iii. I authorize Apellis to provide Patient Resources to my patient, including training by a Care Educator on administration of the medication. I understand that this does not include individual treatment or medical advice to my patient, and it does not replace or substitute the medical treatment and care provided by me as the patient's healthcare provider. I further certify that I have discussed this Care Educator training with my patient, and informed my patient of the risks associated with the medication and how to manage any potential side effects that may arise.

**Prescriber Signature** (Stamps not accepted)

**Sign here: X** \_\_\_\_\_ Date: \_\_\_\_\_

**IX. Patient Vaccine History/Prescription(s)**

(to be completed by healthcare provider)

The ApellisAssist program offers education and support specific to vaccination requirements outlined in EMPAVELI REMS. The EMPAVELI REMS program requires the dispensing pharmacy to assess a patient's vaccination history by contacting the prescriber and documenting the findings prior to dispensing. Completing the patient's vaccination history and/or submitting an order for vaccination(s) in the table below (pages 4-6) will reduce the need for additional follow-up with your office to meet this pharmacy EMPAVELI REMS requirement. If you submit an order for vaccination(s) for your patient in the table below, ApellisAssist will coordinate with the patient to assist in fulfillment of prescriptions for vaccines or prophylactic antibiotics based on location and insurance coverage of patient.

Please complete the table on pages 4-6 by :

- i. In the Vaccination History column, document the brand administered, administration date of the most recent dose, and the characterization of the most recent dose (dose 1, dose 2, or booster) of the indicated vaccine.
- ii. In the Vaccine Prescription column, if you would like ApellisAssist to coordinate the indicated vaccination for your patient, please provide a prescription.

## IX. Patient Vaccine History/Prescription(s) (cont'd)

(to be completed by healthcare provider)

<b>ACIP Recommendation for Patients with Complement Deficiency to Begin Treatment with EMPAVELI</b> Current ACIP recommendations available at: <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>		Vaccination History	Vaccine Prescription
<b>Meningococcal Conjugate (MenACWY)</b>	<ul style="list-style-type: none"> <li>2-dose series at least 8 weeks apart</li> <li>Revaccinate every 5 years if risk remains</li> </ul>	<b>Most Recent Brand Administered:</b> _____  <b>Most Recent Dose Date:</b> _____  <b>Most Recent Dose Characterization:</b> <input type="checkbox"/> Series dose #1 <input type="checkbox"/> Series dose #2 <input type="checkbox"/> Booster  <b>If MenACWY history is not available, please select below:</b> <input type="checkbox"/> History Unknown <input type="checkbox"/> Vaccine Not Received	<b>Rx:</b> <input type="checkbox"/> Menactra® (MenACWY-D) <input type="checkbox"/> Menveo® (MenACWY-CRM) <input type="checkbox"/> MenQuadfi® (MenACWY-TT)  <b>SIG:</b> _____ _____  <b>Quantity:</b> _____  <b>Refills #:</b> _____
<b>Serogroup B Meningococcal (MenB)</b>	<ul style="list-style-type: none"> <li>2-dose primary series MenB-4C at least 1 month apart <b>or</b></li> <li>3-dose primary series MenB-FHbp at 0, 1-2, 6 months                              — If dose 2 was administered at least 6 months after dose 1, dose 3 is not needed</li> </ul> <p><i>Note: MenB-4C (Bexsero) and MenB-FHbp (Trumenba) are <b>not</b> interchangeable (use same product for all doses in series).</i></p> <ul style="list-style-type: none"> <li>1 dose booster 1 year after primary series</li> <li>Revaccinate every 2-3 years if risk remains</li> </ul>	<b>Most Recent Brand Administered:</b> _____  <b>Most Recent Dose Date:</b> _____  <b>Most Recent Dose Characterization:</b> <input type="checkbox"/> Series dose #1 <input type="checkbox"/> Series dose #2 <input type="checkbox"/> Series dose #3 (Only applicable to Trumenba) <input type="checkbox"/> Booster  <b>If MenB history is not available, please select below:</b> <input type="checkbox"/> History Unknown <input type="checkbox"/> Vaccine Not Received	<b>Rx:</b> <input type="checkbox"/> Bexsero® (MenB-4C) <input type="checkbox"/> Trumenba® (MenB-FHbp)  <b>SIG:</b> _____ _____  <b>Quantity:</b> _____  <b>Refills #:</b> _____
<b>Prescriber Signature</b> (Stamps not accepted)			
<b>Dispense as written: X</b> _____ Date: _____			
<b>Substitution permissible: X</b> _____ Date: _____			
<b>Prescriber NPI:</b> _____			

## IX. Patient Vaccine History/Prescription(s) (cont'd)

(to be completed by healthcare provider)

<b>ACIP Recommendation for Patients with Complement Deficiency to Begin Treatment with EMPAVELI</b> Current ACIP recommendations available at: <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>	<b>Vaccination History</b>	<b>Vaccine Prescription</b>
<p><b><i>Pneumococcal PCV13 &amp; PPSV23</i></b></p>	<ul style="list-style-type: none"> <li>1 dose <b>PCV13</b> followed by 1 dose <b>PPSV23</b> at least 8 weeks later</li> <li>1 dose <b>PPSV23</b> at least 5 years after previous <b>PPSV23</b> dose                             <ul style="list-style-type: none"> <li>— Age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 if 1<sup>st</sup> dose administered prior to age 65</li> </ul> </li> </ul> <p><i>Note: only 1 dose PPSV23 recommended at age 65 years or older.</i></p>	<p><b>PCV13:</b></p> <p>Dose #1 Date: _____</p> <p><b>If PCV13 history is not available, please select below:</b></p> <p><input type="checkbox"/> History Unknown</p> <p><input type="checkbox"/> Vaccine Not Received</p> <p><b>PPSV23:</b></p> <p><b>Most Recent Dose Date:</b></p> <p>_____</p> <p><b>Most Recent Dose Characterization:</b></p> <p><input type="checkbox"/> Series dose #1</p> <p><input type="checkbox"/> Series dose #2</p> <p><input type="checkbox"/> Series dose #3 (for 65+)</p> <p><b>If PPSV23 history is not available, please select below:</b></p> <p><input type="checkbox"/> History Unknown</p> <p><input type="checkbox"/> Vaccine Not Received</p>
<p><b><i>Haemophilus influenzae type B (Hib)</i></b></p>	<ul style="list-style-type: none"> <li>Recommended vaccination for adults who meet the age requirement <b>and</b> lack documentation of vaccination or lack evidence of past infection</li> <li>If patients lack documentation of childhood vaccines 1 dose of Hib is recommended</li> </ul>	<p><b>Most Recent Dose Date:</b></p> <p>_____</p> <p><b>Most Recent Dose Characterization:</b></p> <p><input type="checkbox"/> Last Dose of Pediatric Series</p> <p><input type="checkbox"/> Adult Dose #1 (for patients without childhood records)</p> <p><b>If Hib history is not available, please select below:</b></p> <p><input type="checkbox"/> History Unknown</p> <p><input type="checkbox"/> Vaccine Not Received</p>
<p><b>Prescriber Signature</b> (Stamps not accepted)</p> <p><b>Dispense as written: X</b> _____ <b>Date:</b> _____</p> <p><b>Substitution permissible: X</b> _____ <b>Date:</b> _____</p> <p><b>Prescriber NPI:</b> _____</p>		

## IX. Patient Vaccine History/Prescription(s) (cont'd)

(to be completed by healthcare provider)

<p><b>If prophylactic antibiotic was prescribed with EMPAVELI outside of this form, please indicate anticipated antibiotic start date:</b></p> <p>Date: _____</p>
<p><b>Prescription for Antibiotic:</b></p> <p>If your patient has not been vaccinated at least 2 weeks before the first dose of EMPAVELI but urgent treatment is required, 2 weeks of prophylactic antibiotics should be prescribed alongside EMPAVELI.</p> <p><b>Rx:</b> _____</p> <p><i>Prescription(s) will be filled at community pharmacies based on location and insurance coverage of patient.</i></p> <p><b>Medication:</b> _____</p> <p><b>SIG:</b> _____</p> <p><b>Quantity:</b> <input type="checkbox"/> QS 2-week supply <input type="checkbox"/> Other: _____</p> <p><b>Refills #:</b> Zero</p>
<p><b>Prescriber Signature</b> (Stamps not accepted)</p> <p><b>Dispense as written: X</b> _____ Date: _____</p> <p><b>Substitution permissible: X</b> _____ Date: _____</p> <p><b>Prescriber NPI:</b> _____</p>

**Table completed above is accurate based on my clinical and professional judgment. Please select one option:**

- I have reviewed the EMPAVELI vaccination requirements and my patient's vaccination history and certify that my patient has been or will be vaccinated or will receive prophylactic antibiotic prior to beginning treatment with EMPAVELI and PantherRx is authorized to dispense as soon as possible.
- I have reviewed the EMPAVELI vaccination requirements and my patient's vaccination history, and I request that the EMPAVELI shipment be **held**, with additional follow-up to your office to confirm appropriate timing for dispense and allow for administration of missing vaccinations, prescribed above or to alternate provider.

**Prescriber Signature** (Stamps not accepted)

**Sign here: X** \_\_\_\_\_ Date: \_\_\_\_\_

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## X. Prescriber Authorization for Injection-Site Reaction Management Plan

(to be completed by healthcare provider)

The ApellisAssist program offers dedicated Care Educators to provide self-infusion training support.

Injection-site reactions (ISRs) are one of the most common side effects with EMPAVELI. For a complete list of adverse reactions (ARs) associated with EMPAVELI, please refer to the accompanying full Prescribing Information.

The following are instructions you may have provided to your patients regarding treatment of common ISRs. Should you choose to review these instructions with your patient, please sign below to indicate these are the instructions your patient should follow in the event of an ISR. Your signature authorizes the Care Educator to review your instructions below with the patient.

**I (physician) have prescribed the following checked items for my patient regarding treatment for local ISRs. This is not inclusive of all ARs:**

- OTC analgesics, gentle massage, or warm compress for pain
- Cold compress for minor bruising and redness
- OTC antihistamine or topical steroid for itching
- Warm compress or gentle massage for swelling (5-10 min)
- Other \_\_\_\_\_

**Patients will be directed to call their doctors if a local reaction:**

- Does not go away after 3 days
- Is severe: blisters, redness that is larger than 2 inches, or severe bruising, bleeding, pain, or itching
- Worsens after each injection; OR
- Other \_\_\_\_\_

I (physician) authorize the Care Educator to review the ISR management plan with the patient as indicated above. I understand the Care Educator will not provide medical advice or recommendations.

**Sign here: X** \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an AR, Care Educators follow Apellis protocols associated with AR reporting and instruct patients to call their doctors.

## Patient Authorizations

Please read through sections A and B carefully. Signing this form will allow Apellis Pharmaceuticals, Inc. to provide you or your loved one with support and resources that may include, but are not limited to:

- Financial assistance for eligible patients and reimbursement information
- Helpful resources to help you stay on track
- Education about your medication and what to expect on treatment
- Check-ins and training on how to self-infuse your medication from an Apellis Care Educator

### PATIENT AUTHORIZATIONS

#### A. Authorization to Share Personal Health Information

Please read this section carefully, and if you agree, **sign and date the Authorization to Share Personal Health Information (the "Authorization")** on page 1. You may keep a copy of this form for your records.

I authorize my healthcare team and staff, my pharmacies, and my insurance ("Health Care Providers and Insurers") to use and to share my personal health information, including information relating to my medical condition, treatment, care management, health insurance, and all information provided on any prescription form for EMPAVELI™ (pegcetacoplan) ("My Information") to Apellis Pharmaceuticals, Inc. and its affiliates, vendors, and other agents (collectively, "Apellis") for the purposes of receiving product support and resources from Apellis, including insurance verification and coverage; financial assistance; market research; internal data analyses; disease and medication-related educational resources and communications, including disease state education and training on administration of the medication by a Care Educator; and communicating with me by email or telephone about my medical condition, treatment, care management, and health insurance (the "Patient Support Program"). Once My Information has been shared with Apellis, I understand that it is outside of the control of my Health Care Providers and Insurers and it may no longer be required to be private under federal laws. However, I also understand that Apellis will protect My Information by sharing it only for the purposes needed to offer support. I understand and agree that the pharmacy that provides my EMPAVELI may receive payment from Apellis in exchange for giving My Information to Apellis.

I understand that I do not have to sign this Authorization. A decision by me not to sign this Authorization will not affect my ability to receive health insurance benefits or my ability to get my medications. However, if I do not sign this Authorization, I understand I will not be able to participate and receive services from this program. I understand that this Authorization expires ten years from the date signed below, or one year after the date of my last prescription, whichever is later. I may change my mind and cancel this Authorization at any time by calling 1-866-MY-APL-ASSIST (1-866-692-7527) or by notifying Apellis in writing at Attn: Privacy Office, Apellis Pharmaceuticals, Inc., 200 5th Avenue, Waltham, MA, 02451, or by emailing [privacy@apellis.com](mailto:privacy@apellis.com). Cancellation of this Authorization will end further uses and sharing of My Information with Apellis and my participation in the Patient Support Program, but will not affect any uses or sharing of My Information based on this Authorization before cancellation. I understand I may request a signed copy of this Authorization.

#### B. Authorizations for Patient Support through ApellisAssist, Self-Infusion Training and Education, and Marketing Communications

*Authorization to Enroll in Patient Support Program, ApellisAssist*

I authorize Apellis to collect My Information from me, my caregivers, and my Health Care Providers and Insurers, and to use and disclose My Information to provide product support and resources, including enrollment in the Patient Support Program. I also authorize Apellis to communicate with me by mail, phone, email and/or text message for the Patient Support Program.

*Authorization to Receive Infusion Training and Education*

I authorize Apellis to provide me with education and training on how to infuse my medication by a Care Educator, and to provide me with helpful information and resources about EMPAVELI and PNH, including but not limited to educational materials on self-infusion training, treatment routines, and storage solutions. I understand that this does not include medical advice and it does not replace or substitute the medical treatment and care I receive by my doctor. I further certify that I have discussed this with my doctor, and my doctor informed me of the potential risks and side effects associated with the medication and how to manage them if they occur. I also authorize the Care Educator to contact me by mail, phone, email, and/or text message for infusion training and education purposes.

*Authorization to Receive Marketing Communications*

I authorize Apellis to communicate with me (by mail and/or email) for marketing purposes or to otherwise provide me with information about Apellis products, services, and programs or other topics of interest, to conduct market research or otherwise ask me about my experience with or thoughts about such topics. I understand and agree that any information I provide may be used by Apellis to help develop new products, services, and programs.

I understand that the Authorizations will be in effect until such time as I opt-out of communications from Apellis.

I understand that I may revoke the Authorizations and choose not to receive information from Apellis by clicking the "unsubscribe" link provided in emails I receive from Apellis, calling Apellis at 1-866-MY-APL-ASSIST (1-866-692-7527), mailing a letter to Attn: Privacy Office, Apellis Pharmaceuticals, Inc., 200 5th Avenue, Waltham, MA, 02451, or emailing [privacy@apellis.com](mailto:privacy@apellis.com).



## INDICATION AND IMPORTANT SAFETY INFORMATION

### What is EMPAVELI?

EMPAVELI is a prescription medicine used to treat adults with a disease called paroxysmal nocturnal hemoglobinuria (PNH).

### What is the most important information I should know about EMPAVELI?

EMPAVELI is a medicine that can affect your immune system and can lower the ability of your immune system to fight infections.

- ▶ EMPAVELI may increase your chance of getting serious and life-threatening meningococcal infections that may quickly become life-threatening and cause death if not recognized and treated early.
- ▶ EMPAVELI may also increase the risk of getting serious infections caused by certain bacteria such as *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B. Serious infections may quickly become life-threatening and cause death if not recognized and treated early.
  1. You must be vaccinated against these bacteria at least 2 weeks before your first dose of EMPAVELI if you have not already had these vaccines.
  2. If your healthcare provider decides that urgent treatment with EMPAVELI is needed, you should receive the required vaccinations as soon as possible.
  3. If you have not been vaccinated and EMPAVELI therapy must be initiated immediately, you should also receive 2 weeks of antibiotics with your vaccinations.
  4. If you have been vaccinated against these bacteria in the past, you might need additional vaccinations before starting EMPAVELI. Your healthcare provider will decide if you need additional vaccinations.
  5. Vaccines reduce the risk of serious infections, but do not prevent all serious infections. Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a serious infection:
    - ▶ fever with or without shivers or the chills
    - ▶ fever and a rash
    - ▶ shortness of breath
    - ▶ extreme pain or discomfort
    - ▶ headache with nausea or vomiting
    - ▶ high heart rate
    - ▶ headache and a fever
    - ▶ headache with a stiff neck or stiff back
    - ▶ confusion
    - ▶ muscle aches with flu-like symptoms
    - ▶ clammy skin
    - ▶ eyes sensitive to light

**Your healthcare provider will give you a Patient Safety Card about the risk of serious infections.** Carry it with you at all times during treatment and for 2 months after your last EMPAVELI dose. It is important to show this card to any healthcare provider to help them diagnose and treat you quickly.

### EMPAVELI is only available through a program called the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS).

Before you can take EMPAVELI, your healthcare provider must enroll in the EMPAVELI REMS program, counsel you about the risk of serious infections caused by certain bacteria, give you information about the symptoms of serious infections, give you a Patient Safety Card about your risk of serious infections, and make sure that you are vaccinated.

### Who should NOT take EMPAVELI?

Do not take EMPAVELI if you:

- ▶ are allergic to pegcetacoplan or any of the ingredients in EMPAVELI.
- ▶ have not been vaccinated against *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B, unless your healthcare provider decides that urgent treatment with EMPAVELI is needed.
- ▶ have a serious infection caused by the bacteria above.

## INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

**Before you take EMPAVELI, tell your healthcare provider about all of your medical conditions, including if you:**

- ▶ have an infection or fever.
- ▶ are pregnant or plan to become pregnant. EMPAVELI may harm your unborn baby. Females who are able to become pregnant should have a pregnancy test before starting treatment with EMPAVELI and use an effective method of birth control during treatment with EMPAVELI and for 40 days after the final dose.
- ▶ are breastfeeding or plan to breastfeed. It is not known if EMPAVELI passes into your breast milk. You should not breastfeed during treatment with EMPAVELI and for 40 days after the final dose.

Tell your healthcare provider about all the vaccines you receive and medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements which could affect your treatment.

**If you stop taking EMPAVELI, your healthcare provider will need to monitor you closely for at least 8 weeks after stopping EMPAVELI. Stopping treatment with EMPAVELI may cause a breakdown of red blood cells due to PNH.**

Symptoms or problems that can happen due to red blood cell breakdown include:

- ▶ decreased hemoglobin level in your blood
- ▶ tiredness
- ▶ blood in your urine
- ▶ pain in the stomach (abdomen)
- ▶ shortness of breath
- ▶ blood clots
- ▶ trouble swallowing
- ▶ erectile dysfunction (ED)

### What are the possible side effects of EMPAVELI?

**EMPAVELI can cause serious side effects including allergic reactions.** Allergic reactions can happen during your EMPAVELI infusion. Stop your EMPAVELI infusion and tell your healthcare provider or get emergency medical care right away if you get any of these symptoms during your EMPAVELI infusion:

- ▶ chest pain
- ▶ trouble breathing or shortness of breath
- ▶ swelling of your face, tongue, or throat
- ▶ feel faint or pass out

The most common side effects in people with PNH treated with EMPAVELI include injection-site reactions, infections, diarrhea, pain in the stomach (abdomen), respiratory tract infection, viral infection, and tiredness.

These are not all of the possible side effects of EMPAVELI. Tell your healthcare provider about any side effect that bothers you or that does not go away.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**Please see full [Prescribing Information](#), including **Boxed WARNING** regarding risk of serious infections, and [Medication Guide](#) for additional information.**

- Fax the completed EMPAVELI Start Form to 1-888-754-1285
- Call ApellisAssist at 1-866-MY-APL-ASSIST (1-866-692-7527) from 8 AM-8 PM ET, Monday-Friday, to speak with a 24-hour on-call pharmacist
- For more information, visit [EMPAVELI.com](http://EMPAVELI.com)

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use EMPAVELI safely and effectively. See full prescribing information for EMPAVELI.

EMPAVELI™ (pegcetacoplan) injection, for subcutaneous use  
Initial U.S. Approval: 2021

### WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

See full prescribing information for complete boxed warning.

Meningococcal infections may occur in patients treated with EMPAVELI and may become rapidly life-threatening or fatal if not recognized and treated early. Use of EMPAVELI may predispose individuals to serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B. (5.1)

- Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria. (5.1)
- Vaccinate patients against encapsulated bacteria as recommended at least 2 weeks prior to administering the first dose of EMPAVELI unless the risks of delaying EMPAVELI therapy outweigh the risks of developing a serious infection. See *Warnings and Precautions* (5.1) for additional guidance on managing the risk of serious infections.
- Vaccination reduces, but does not eliminate, the risk of serious infections. Monitor patients for early signs of serious infections and evaluate immediately if infection is suspected. (5.1)

EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the EMPAVELI REMS, prescribers must enroll in the program. (5.2)

### INDICATIONS AND USAGE

EMPAVELI is a complement inhibitor indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH). (1)

### DOSAGE AND ADMINISTRATION

- Recommended dosage is 1,080 mg by subcutaneous infusion twice weekly via a commercially available pump. (2.2)
- See Full Prescribing Information for instructions on preparation and administration. (2.2, 2.3)

### DOSAGE FORMS AND STRENGTHS

- Injection: 1,080 mg/20 mL (54 mg/mL) in a single-dose vial. (3)

### CONTRAINDICATIONS

EMPAVELI is contraindicated in:

- Patients with hypersensitivity to pegcetacoplan or any of the excipients. (4)
- Patients who are not currently vaccinated against certain encapsulated bacteria unless the risks of delaying EMPAVELI treatment outweigh the risks of developing a serious bacterial infection with an encapsulated organism. (4, 5.1)
- Patients with unresolved serious infection caused by encapsulated bacteria. (4)

### WARNINGS AND PRECAUTIONS

Use caution when administering EMPAVELI to patients with:

- Serious infections caused by encapsulated bacteria. (5.1)
- Infusion-Related Reactions: Monitor patients for infusion-related reactions and institute appropriate medical management as needed. (5.3)
- Interference with Laboratory Tests: Use of silica reagents in coagulation panels may result in artificially prolonged activated partial thromboplastin time (aPTT). (5.5)

### ADVERSE REACTIONS

Most common adverse reactions in patients with PNH (incidence ≥10%) were injection-site reactions, infections, diarrhea, abdominal pain, respiratory tract infection, viral infection, and fatigue. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Apellis Pharmaceuticals, Inc. at 1-833-866-3346 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 05/2021

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## FULL PRESCRIBING INFORMATION

### WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

Meningococcal infections may occur in patients treated with EMPAVELI and may become rapidly life-threatening or fatal if not recognized and treated early. Use of EMPAVELI may predispose individuals to serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B [see *Warnings and Precautions* (5.1)].

- Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria in patients with altered immunocompetence associated with complement deficiencies.
- Vaccinate patients against encapsulated bacteria as recommended at least 2 weeks prior to administering the first dose of EMPAVELI unless the risks of delaying therapy with EMPAVELI outweigh the risk of developing a serious infection. See *Warnings and Precautions* (5.1) for additional guidance on the management of the risk of serious infections.
- Vaccination reduces, but does not eliminate, the risk of serious infections. Monitor patients for early signs of serious infections and evaluate immediately if infection is suspected.

EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the EMPAVELI REMS, prescribers must enroll in the program [see *Warnings and Precautions* (5.2)]. Enrollment in the EMPAVELI REMS program and additional information are available by telephone: 1-888-343-7073 or at [www.empavelirems.com](http://www.empavelirems.com).

## 1 INDICATIONS AND USAGE

EMPAVELI™ is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Recommended Vaccination and Prophylaxis

Vaccinate patients against encapsulated bacteria, including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B at least 2 weeks prior to initiation of EMPAVELI therapy according to current ACIP guidelines [see *Warnings and Precautions* (5.1)].

Provide 2 weeks of antibacterial drug prophylaxis to patients if EMPAVELI must be initiated immediately and vaccines are administered less than 2 weeks before starting therapy with EMPAVELI.

Healthcare professionals who prescribe EMPAVELI must enroll in the REMS for EMPAVELI [see *Warnings and Precautions* (5.2)].

### 2.2 Dosage

The recommended dose of EMPAVELI is 1,080 mg by subcutaneous infusion twice weekly via a commercially available infusion pump with a reservoir of at least 20 mL.

#### Dosage for patients switching to EMPAVELI from C5 inhibitors

To reduce the risk of hemolysis with abrupt treatment discontinuation:

- For patients switching from eculizumab, initiate EMPAVELI while continuing eculizumab at its current dose. After 4 weeks, discontinue eculizumab before continuing on monotherapy with EMPAVELI.
- For patients switching from ravulizumab, initiate EMPAVELI no more than 4 weeks after the last dose of ravulizumab.

#### Dose Adjustment

- For lactate dehydrogenase (LDH) levels greater than 2 × the upper limit of normal (ULN), adjust the dosing regimen to 1,080 mg every three days.
- In the event of a dose increase, monitor LDH twice weekly for at least 4 weeks.

#### Missed Dose

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

### **2.3 Administration**

#### **EMPAVELI is for subcutaneous infusion using an infusion pump.**

EMPAVELI is intended for use under the guidance of a healthcare professional. After proper training in subcutaneous infusion, a patient may self-administer, or the patient's caregiver may administer EMPAVELI, if a healthcare provider determines that it is appropriate.

- Refer to the EMPAVELI Instructions for Use and the infusion pump manufacturer's instructions for full preparation and administration information.
- Use aseptic technique when preparing and administering EMPAVELI.
- Prior to use, allow EMPAVELI to reach room temperature for approximately 30 minutes. Keep the vial in the carton until ready for use to protect from light.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. EMPAVELI is a clear, colorless to slightly yellowish solution. Do not use if the liquid looks cloudy, contains particles, or is dark yellow.
- Use a needleless transfer device (such as a vial adapter) or a transfer needle to fill the syringe.
- Rotate infusion sites (i.e., abdomen, thighs, hips, upper arms) from one infusion to the next. Do not infuse where the skin is tender, bruised, red, or hard. Avoid infusing into tattoos, scars, or stretch marks.
- If multi-infusion sets are needed, ensure the infusion sites are at least 3 inches apart.
- The typical infusion time is approximately 30 minutes (if using two infusion sites) or approximately 60 minutes (if using one infusion site).
- Discard any unused portion.

### **3 DOSAGE FORMS AND STRENGTHS**

Injection: 1,080 mg/20 mL (54 mg/mL) clear, colorless to slightly yellowish solution in a single-dose vial.

### **4 CONTRAINDICATIONS**

EMPAVELI is contraindicated in:

- Patients with hypersensitivity to pegcetacoplan or to any of the excipients.
- Patients who are not currently vaccinated against certain encapsulated bacteria, unless the risks of delaying EMPAVELI treatment outweigh the risks of developing a bacterial infection with an encapsulated organism [see *Warnings and Precautions (5.1)*].
- Patients with unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae*.

### **5 WARNINGS AND PRECAUTIONS**

#### **5.1 Serious Infections Caused by Encapsulated Bacteria**

The use of EMPAVELI may predispose individuals to serious, life-threatening, or fatal infections caused by encapsulated bacteria including *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B (Hib). To reduce the risk of infection, all patients must be vaccinated against these bacteria according to the most current ACIP recommendations for patients with altered

immunocompetence associated with complement deficiencies. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with EMPAVELI.

For patients without known history of vaccination, administer required vaccines at least 2 weeks prior to receiving the first dose of EMPAVELI. If immediate therapy with EMPAVELI is indicated, administer required vaccine as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.

Closely monitor patients for early signs and symptoms of serious infection and evaluate patients immediately if an infection is suspected. Promptly treat known infections. Serious infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider discontinuation of EMPAVELI in patients who are undergoing treatment for serious infections.

## **5.2 EMPAVELI REMS**

Because of the risk of serious infections, EMPAVELI is available only through a restricted program under a REMS. Under the EMPAVELI REMS, prescribers must enroll in the program.

Prescribers must counsel patients about the risk of serious infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated against encapsulated bacteria.

Enrollment in the EMPAVELI REMS and additional information are available by telephone: 1-888-343-7073 or at [www.empavelirems.com](http://www.empavelirems.com).

## **5.3 Infusion-Related Reactions**

Systemic hypersensitivity reactions (e.g., facial swelling, rash, urticaria) have occurred in patients treated with EMPAVELI. One patient (less than 1% in clinical studies) experienced a serious allergic reaction which resolved after treatment with antihistamines. 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.

## **5.4 Monitoring PNH Manifestations after Discontinuation of EMPAVELI**

After discontinuing treatment with EMPAVELI, closely monitor for signs and symptoms of hemolysis, identified by elevated LDH levels along with sudden decrease in PNH clone size or hemoglobin, or reappearance of symptoms such as fatigue, hemoglobinuria, abdominal pain, dyspnea, major adverse vascular events (including thrombosis), dysphagia, or erectile dysfunction. Monitor any patient who discontinues EMPAVELI for at least 8 weeks to detect hemolysis and other reactions. If hemolysis, including elevated LDH, occurs after discontinuation of EMPAVELI, consider restarting treatment with EMPAVELI.

## **5.5 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.

## **6 ADVERSE REACTIONS**

The following clinically significant adverse reactions are discussed in greater detail in other sections of the labeling:

- Serious Infections Caused by Encapsulated Bacteria [*see Warnings and Precautions (5.1)*]
- Infusion-Related Reactions [*see Warnings and Precautions (5.3)*]

### **6.1 Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

## Paroxysmal Nocturnal Hemoglobinuria

The data described below reflect the exposure of EMPAVELI in 80 adult patients with PNH who received EMPAVELI (n=41) or eculizumab (n=39) at the recommended dosing regimens for 16 weeks. Serious adverse events were reported in 7 (17%) patients with PNH receiving EMPAVELI. The most common serious adverse reaction in patients treated with EMPAVELI was infections (5%). The most common adverse reactions ( $\geq 10\%$ ) with EMPAVELI were injection-site reactions, infections, diarrhea, abdominal pain, respiratory tract infection, viral infection, and fatigue.

Table 1 describes the adverse reactions that occurred in  $\geq 5\%$  of patients treated with EMPAVELI in Study APL2-302.

**Table 1: Adverse Reactions Reported in  $\geq 5\%$  of Patients Treated with EMPAVELI**

Adverse Reaction	EMPAVELI (N=41) n (%)	Eculizumab (N=39) n (%)
<b>General disorders and administration site conditions</b>		
Injection-site reaction*	16 (39)	2 (5)
Fatigue*	5 (12)	9 (23)
Chest pain*	3 (7)	1 (3)
<b>Infections and infestations</b>		
Infections*	12 (29)	10 (26)
Respiratory tract infection*	6 (15)	5 (13)
Viral Infection*	5 (12)	3 (8)
<b>Gastrointestinal disorders</b>		
Diarrhea	9 (22)	1 (3)
Abdominal pain*	8 (20)	4 (10)
<b>Musculoskeletal disorders</b>		
Back pain*	3 (7)	4 (10)
<b>Nervous system disorders</b>		
Headache	3 (7)	9 (23)
<b>Vascular disorders</b>		
Systemic hypertension*	3 (7)	1 (3)

\*The following terms were combined:

**Abdominal pain** includes: abdominal pain upper, abdominal discomfort, abdominal pain, abdominal pain lower, abdominal tenderness, epigastric discomfort

**Back pain** includes: back pain, sciatica

**Chest pain** includes: chest discomfort, non-cardiac chest pain, musculoskeletal chest pain, chest pain

**Fatigue** includes: asthenia, lethargy, fatigue

**Infections** include: oral herpes, bacterial infection, fungal infection, gastrointestinal infection, gastrointestinal viral infection, influenza-like illness, nasopharyngitis, pulpitis dental, rhinitis, tonsillitis, tonsillitis bacterial, vulvovaginal mycotic infection, hordeolum, sepsis, furuncle, otitis externa, viral respiratory tract infection, gastroenteritis, upper respiratory tract infection, bronchitis, ear infection, respiratory tract infection, rhinovirus infection, sinusitis, urinary tract infection

**Injection-site reaction** includes: injection-site erythema, injection-site reaction, injection-site swelling, injection-site induration, injection-site bruising, injection-site pain, injection-site pruritus, vaccination-site reaction, administration-site swelling, injection-site hemorrhage, injection-site edema, injection-site warmth, administration-site pain, application-site pain, injection-site mass, injection-site rash, vaccination-site pain

**Respiratory tract infection** includes: influenza-like illness, nasopharyngitis, rhinitis, tonsillitis, viral upper respiratory tract infection, upper respiratory tract infection, respiratory tract infection, sinusitis

**Systemic hypertension** includes: hypertension

**Viral infection** includes: oral herpes, gastrointestinal viral infection, viral upper respiratory tract infection, rhinovirus infection

Clinically relevant adverse reactions in less than 5% of patients include:

- Intestinal ischemia
- Biliary sepsis
- Hypersensitivity pneumonitis

## Description of Select Adverse Reactions

### *Injection-Site Reactions*

Injection/infusion-site reactions (e.g., erythema, swelling, induration, pruritis, and pain) have been reported during Study APL2-302. These reactions were mild or moderate in severity.

### *Diarrhea*

Nine cases of diarrhea have been reported during Study APL2-302. All cases were mild.

## **6.2 Immunogenicity**

As with all therapeutic peptides, there is a potential for immunogenicity. Immunogenicity data are highly dependent on the sensitivity and specificity of the assay. The available methodology and data on anti-pegcetacoplan antibody formation were not adequate to fully assess the incidence of anti-drug antibodies or their effect on pharmacokinetics, pharmacodynamics, safety, or effectiveness of pegcetacoplan.

## **8 USE IN SPECIFIC POPULATIONS**

### **8.1 Pregnancy**

#### Risk Summary

There are insufficient data on EMPAVELI use in pregnant women to inform a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. There are risks to the mother and fetus associated with untreated PNH in pregnancy (*see Clinical Considerations*). The use of EMPAVELI may be considered following an assessment of the risks and benefits.

Treatment of pregnant cynomolgus monkeys with pegcetacoplan at a subcutaneous dose of 28 mg/kg/day (2.9 times human exposure based on AUC) from the gestation period through parturition resulted in a statistically significant increase in abortions or stillbirths compared to controls (*see Data*).

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of major birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriages in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

#### Clinical Considerations

##### *Disease-associated maternal and/or fetal/neonatal risk*

PNH in pregnancy is associated with adverse maternal outcomes, including worsening cytopenias, thrombotic events, infections, bleeding, miscarriages and increased maternal mortality, and adverse fetal outcomes, including fetal death and premature delivery.

#### Data

##### *Animal Data*

Animal reproduction studies with pegcetacoplan were conducted in cynomolgus monkeys. Pegcetacoplan treatment of pregnant cynomolgus monkeys at a subcutaneous dose of 28 mg/kg/day (2.9 times human exposure based on AUC) from the gestation period through parturition resulted in a statistically significant increase in abortions and stillbirths compared to controls. No increase in abortions or stillbirths occurred at a dose of 7 mg/kg/day (1.3 times human exposure based on AUC). No maternal toxicity or teratogenic effects were observed in offspring delivered at term. No developmental effects were observed in infants up to 6 months postpartum. Systemic exposure to pegcetacoplan of less than 1% of maternal levels was detected in fetuses from monkeys treated with 28 mg/kg/day from the period of organogenesis through the second trimester.

### **8.2 Lactation**

#### Risk Summary



It is not known whether pegcetacoplan is secreted in human milk or whether there is potential for absorption and harm to the infant. There are no data on the effects of pegcetacoplan on milk production. Pegcetacoplan is present in milk of lactating monkeys (*see Animal Data*). Since many medicinal products are secreted into human milk, and because of the potential for serious adverse reaction in a breastfeeding child, breastfeeding should be discontinued during treatment and for 40 days after the last dose.

## Data

### Animal Data

Pegcetacoplan was detectable in milk of lactating monkeys at less than 1% concentration of serum levels but was not detectable in the serum of nursing infants.

## 8.3 Females and Males of Reproductive Potential

### Contraception

#### Females

EMPAVELI may cause embryo-fetal harm when administered to pregnant women [*see Use in Specific Populations (8.1)*]. 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.

## 8.4 Pediatric Use

Safety and effectiveness have not been established.

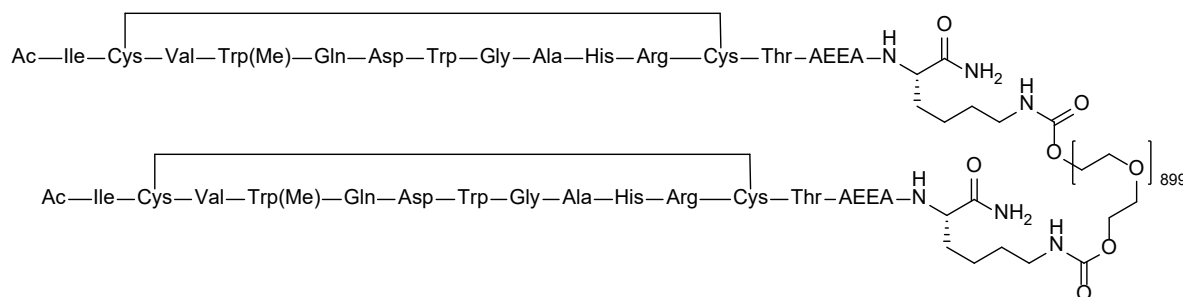
## 8.5 Geriatric Use

Clinical studies of EMPAVELI did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between geriatric and younger patients.

## 11 DESCRIPTION

EMPAVELI contains pegcetacoplan, a complement inhibitor. Pegcetacoplan is a symmetrical molecule comprised of two identical pentadecapeptides covalently bound to the ends of a linear 40-kiloDalton (kDa) PEG molecule. The peptide portions of pegcetacoplan contain 1-methyl-L-tryptophan (Trp(Me)) in position 4 and amino(ethoxyethoxy)acetic acid (AEEA) in position 14.

The molecular weight of pegcetacoplan is approximately 43.5 kDa. The molecular formula is  $C_{1970}H_{3848}N_{50}O_{947}S_4$ . The structure of pegcetacoplan is shown below.



EMPAVELI injection is a sterile, clear, colorless to slightly yellowish aqueous solution for subcutaneous use and is supplied in a 20-mL single-dose vial. Each 1 mL of solution contains 54 mg of pegcetacoplan, 41 mg of sorbitol, 0.384 mg of glacial acetic acid, 0.490 mg of sodium acetate trihydrate, and Water for Injection USP. EMPAVELI may also contain sodium hydroxide and/or additional glacial acetic acid for adjustment to a target pH of 5.0.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Pegcetacoplan binds to complement protein C3 and its activation fragment C3b, thereby regulating the cleavage of C3 and the generation of downstream effectors of complement activation. In PNH, extravascular hemolysis (EVH) is facilitated by C3b opsonization while intravascular hemolysis (IVH) is mediated by the downstream membrane attack complex (MAC). Pegcetacoplan acts proximally in the complement cascade controlling both C3b-mediated EVH and terminal complement-mediated IVH.

### 12.2 Pharmacodynamics

The mean C3 concentration increased from 0.94 g/L at baseline to 3.83 g/L at Week 16 in patients with PNH administered multiple doses of pegcetacoplan. The baseline percentage of PNH Type II + III RBCs was 66.8%, which increased to 93.9% at Week 16. The mean percentage of PNH Type II + III RBCs with C3 deposition was 17.7% at baseline and decreased to 0.20% at Week 16.

#### Cardiac Electrophysiology

At the recommended dose of EMPAVELI, no large mean increases in QTc interval (i.e., greater than 20 msec) were observed.

### 12.3 Pharmacokinetics

Steady-state serum pegcetacoplan concentrations were achieved approximately 4 to 6 weeks following the first dose and mean (%CV) steady-state trough serum concentrations ranged between 655 (18.6%) to 706 (15.1%) mcg/mL in patients with PNH treated for 16 weeks. Exposure of pegcetacoplan increases proportionally over a dosage range from 45 to 1,440 mg (0.04 to 1.33 times the approved recommended dose).

#### Absorption

The median  $T_{max}$  of pegcetacoplan is between 108 and 144 hours (4.5 to 6.0 days).

#### Distribution

The mean (%CV) volume of distribution of pegcetacoplan is approximately 3.9 L (35%) in patients with PNH.

#### Elimination

The estimated mean (CV%) of clearance (CL) is 0.37 L/day (28%) and median effective half-life of elimination ( $t_{1/2}$ ) is 8.0 days in patients with PNH.

#### Metabolism

Pegcetacoplan is expected to be metabolized into small peptides and amino acids by catabolic pathways.

#### Specific Populations

There were no clinically significant differences on the pharmacokinetics of pegcetacoplan based on age (19 to 81 years old), sex, race (Asian vs. non-Asian), renal impairment, and hepatic function as evaluated by total bilirubin (0.3-4.3 mg/dL), albumin (3.6-4.9 g/dL), aspartate aminotransferase (13-116 IU/L), or alanine aminotransferase (9-61 IU/L).

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal carcinogenicity studies of pegcetacoplan have not been conducted.

Pegcetacoplan was not mutagenic when tested in an *in vitro* bacterial reverse mutation (Ames) and was not genotoxic in an *in vitro* assay in human TK6 cells or in an *in vivo* micronucleus assay in mice.

Effects of pegcetacoplan on fertility have not been studied in animals. There were no microscopic abnormalities in male or female reproductive organs in toxicity studies in rabbits and monkeys.

### 13.2 Animal Toxicology and/or Pharmacology

In toxicology studies in rabbits and cynomolgus monkeys, epithelial vacuolation and infiltrates of vacuolated macrophages were observed in multiple tissues, including the renal tubules, following daily subcutaneous doses of pegcetacoplan up to 7 times the human dose. These findings are attributable to uptake of the PEG moieties of pegcetacoplan. Renal degeneration was observed microscopically in rabbits at exposures ( $C_{max}$  and AUC) less than those for the human dose, and in monkeys at exposures approximately 2.7-fold those for the human dose. The clinical significance of these findings is uncertain.

## 14 CLINICAL STUDIES

### 14.1 Paroxysmal Nocturnal Hemoglobinuria

The efficacy and safety of EMPAVELI in patients with PNH were assessed in a randomized, open-label, active comparator-controlled, 16-week Phase 3 study (Study APL2-302; NCT03500549). The study enrolled patients with PNH who had been treated with a stable dose of eculizumab for at least the previous 3 months and with Hb levels less than 10.5 g/dL.

Eligible patients entered a 4-week run-in period during which they received EMPAVELI 1,080 mg subcutaneously twice weekly in addition to their current dose of eculizumab. Patients were then randomized in a 1:1 ratio to receive either 1,080 mg of EMPAVELI twice weekly or their current dose of eculizumab through the duration of the 16-week randomized controlled period (RCP). If required, the dose of EMPAVELI could be adjusted to 1,080 mg every 3 days. EMPAVELI was administered as a subcutaneous infusion; the infusion time was approximately 20 to 40 minutes.

Randomization was stratified based on the number of packed red blood cell (PRBC) transfusions within the 12 months prior to Day -28 (<4; ≥4) and platelet count at screening (<100,000/mm<sup>3</sup>; ≥100,000/mm<sup>3</sup>). Following completion of the RCP, all patients entered a 32-week open-label period and received monotherapy with EMPAVELI. All patients who completed the 48-week period were eligible to enroll in a separate long-term extension study.

Patients were vaccinated against *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B (Hib), either within 2 years prior to Day 1 or within 2 weeks after starting treatment with EMPAVELI. Patients vaccinated after initiation of treatment with EMPAVELI received prophylactic treatment with appropriate antibiotics until 2 weeks after vaccination. In addition, prophylactic antibiotic therapy was administered at the discretion of the investigator in accordance with local treatment guidelines for patients with PNH receiving treatment with a complement inhibitor.

A total of 80 patients were randomized to receive treatment, 41 to EMPAVELI and 39 to eculizumab. Demographics and baseline disease characteristics were generally well balanced between treatment groups (see Table 2). The median times from PNH diagnosis to Day -28 were 6.0 and 9.7 years, respectively, for EMPAVELI and eculizumab. The baseline mean total PNH RBC clone sizes (Type III) were 47% for EMPAVELI and 50% for eculizumab. Twenty-nine percent and 23% of patients had a history of major adverse vascular events, and 37% and 26% had a history of thrombosis for patients receiving EMPAVELI or eculizumab, respectively. Within 28 days prior to the first dose of EMPAVELI or eculizumab, respectively, 34% and 31% of subjects used anti-thrombotic agents (anti-platelet and/or anticoagulants). During Study APL2-302, 37% and 36% of subjects on EMPAVELI and eculizumab, respectively, used antithrombotic agents. A total of 38 patients in the group treated with EMPAVELI and 39 patients in the eculizumab group completed the 16-week RCP and continued into the 32-week open-label period. Because of adverse events of hemolysis, 3 patients were discontinued from the EMPAVELI group during the RCP. Two out of 41 patients in the EMPAVELI group needed the dose adjustment to 1,080 mg every 3 days.

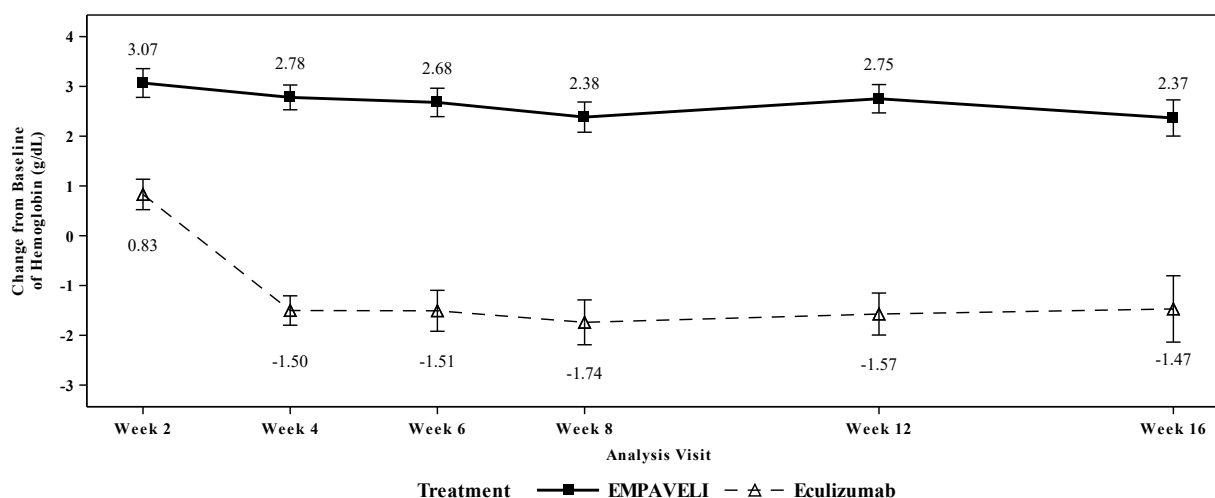
**Table 2: Patient Baseline Demographics and Characteristics in Study APL2-302**

Parameter	Statistics	EMPAVELI (n=41)	Eculizumab (n=39)
Age (years)	Mean (SD)	50.2 (16.3)	47.3 (15.8)
Sex			
Female	n (%)	27 (65.9)	22 (56.4)
Race			
Asian	n (%)	5 (12.2)	7 (17.9)
Black or African American	n (%)	2 (4.9)	0
White	n (%)	24 (58.5)	25 (64.1)
Other	n (%)	0	1 (2.6)
Not reported	n (%)	10 (24.4)	6 (15.4)
Ethnicity			
Hispanic or Latino	n (%)	2 (4.9)	1 (2.6)
Not Hispanic or Latino	n (%)	29 (70.7)	32 (82.1)
Not reported	n (%)	10 (24.4)	6 (15.4)
Hemoglobin level (g/dL)	Mean (SD)	8.7 (1.1)	8.7 (0.9)
Absolute reticulocyte count (10 <sup>9</sup> cells/L)	Mean (SD)	218 (75.0)	216 (69.1)
LDH level (U/L)	Mean (SD)	257.5 (97.7)	308.6 (284.8)
Number of transfusions in last 12 months prior to Day -28	Mean (SD)	6.1 (7.3)	6.9 (7.7)
<4	n (%)	20 (48.8)	16 (41.0)
≥4	n (%)	21 (51.2)	23 (59.0)

The efficacy of EMPAVELI was based on change from baseline to Week 16 (during RCP) in hemoglobin level. Baseline was defined as the average of measurements recorded prior to taking the first dose of EMPAVELI. Supportive efficacy data included transfusion avoidance, defined as the proportion of patients who did not require a transfusion during the RCP, and change from baseline to Week 16 in absolute reticulocyte count (ARC).

EMPAVELI was superior to eculizumab for the change from baseline in hemoglobin level at Week 16 ( $P<0.0001$ ). The adjusted mean change from baseline in hemoglobin level was 2.37 g/dL in the group treated with EMPAVELI versus -1.47 g/dL in the eculizumab group (Figure 1), demonstrating an adjusted mean increase of 3.84 g/dL with EMPAVELI compared to eculizumab at Week 16 (95% CI, 2.33-5.34).

**Figure 1: Adjusted Mean ( $\pm$  SE) Change from Baseline to Week 16 in Hemoglobin (g/dL)\***



\*Treatment effect estimates from a mixed model are shown. The mixed model contained the categorical effects of treatment, visit, treatment by visit interaction, and stratification factors (transfusion history and platelet count at screening), and the continuous covariate of baseline value.

Non-inferiority was demonstrated in the endpoints of transfusion avoidance and change from baseline in ARC.

The adjusted means, treatment differences, and confidence intervals (CIs) for additional efficacy results are shown in Table 3.

**Table 3: Additional Efficacy Results**

	<b>EMPAVELI (n=41)</b>	<b>Eculizumab (n=39)</b>	<b>Difference (95% CI)</b>
<b>Transfusion avoidance, n (%)</b>	35 (85%)	6 (15%)	63%* (48%, 77%)
<b>Change from baseline in ARC (10<sup>9</sup> cells/L), LS<sup>†</sup> mean (SE)<sup>‡</sup></b>	-136 (6.5)	28 (11.9)	-164 (-189.9, -137.3)

\*Difference in percentages and 95% CI were based on the stratified Miettinen–Nurminen method.

<sup>†</sup>LS = Least square

<sup>‡</sup>SE = Standard error

Efficacy was generally similar across subgroups based on sex, race, and age.

The results of the controlled trial of EMPAVELI in patients with PNH are supported by 2 uncontrolled studies in patients with PNH who were not receiving a complement inhibitor: Study APL2-202 (NCT03593200) and Study APL2-CP-PNH-204 (NCT02588833). These studies enrolled a total of 24 patients with PNH who had a PNH clone size of at least 10%, an LDH at least 2 times the upper limit of normal, and at least 1 transfusion in the 12 months prior to enrollment. In both studies, the treatment duration was approximately 1 year. Increases in hemoglobin were observed in these trials.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### How Supplied

EMPAVELI injection is a clear, colorless to slightly yellowish aqueous solution for subcutaneous infusion supplied as 1,080 mg/20 mL (54 mg/mL) solution in 20-mL single-dose vials.

EMPAVELI is available in 20-mL single-dose vials individually packaged in cartons that are supplied in 8-count convenience cartons. NDC 73606-010-01.

#### Storage and Handling

Store vials of EMPAVELI refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light. Do not use beyond the expiration date stamped on the carton.

## **17 PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Medication Guide and Instructions for Use).

#### Serious Infections Caused by Encapsulated Bacteria

Advise patients of the risk of serious infection. Inform patients that they are required to receive vaccinations against encapsulated bacteria at least 2 weeks prior to receiving the first dose of EMPAVELI if they have not been previously vaccinated. They are required to be revaccinated according to current medical guidelines for encapsulated bacteria while on EMPAVELI therapy. Inform patients that vaccination may not prevent serious infection and strongly advise patients to seek immediate medical attention if these signs or symptoms occur. These signs and symptoms include the following:

- fever with or without shivers or the chills
- fever and a rash
- shortness of breath
- extreme pain or discomfort
- headache with nausea or vomiting
- high heart rate
- headache and a fever
- headache with a stiff neck or stiff back
- confusion
- muscle aches with flu-like symptoms
- clammy skin
- eyes sensitive to light

Inform patients that they will be given a Patient Safety Card for EMPAVELI that they should carry with them at all times. This card describes symptoms which, if experienced, should prompt the patient to seek immediate medical evaluation.

#### Anaphylaxis and infusion-related reactions

Advise patients of the risk of anaphylaxis and infusion-related reactions. Inform patients that anaphylaxis is life-threatening and strongly advise patients to seek immediate medical attention if these signs or symptoms occur. These signs and symptoms include the following:

- difficulty breathing including shortness of breath and wheezing
- swollen tongue or throat
- feeling faint
- rapid heart rate
- skin reactions, including hives and itching
- nausea or vomiting
- confusion and anxiety
- dizziness or fainting

#### Discontinuation

Inform patients with PNH that they may develop hemolysis due to PNH when EMPAVELI is discontinued and that they will be monitored by their healthcare professional for at least 8 weeks following discontinuation of EMPAVELI.

Inform patients who discontinue EMPAVELI to keep the Patient Safety Card with them for 2 months after the last dose of EMPAVELI, because the increased risk of serious infection persists for several weeks following discontinuation of EMPAVELI.

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Manufactured For:  
Apellis Pharmaceuticals, Inc.  
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Waltham, MA 02451

For patent information: [www.apellis.com/productpatent](http://www.apellis.com/productpatent)

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EMP-PI-14May2021-1.0

**MEDICATION GUIDE**  
**EMPAVELI™ (em-puh-vel-ee)**  
**(pegcetacoplan) injection, for subcutaneous use**

**What is the most important information I should know about EMPAVELI?**

**EMPAVELI is a medicine that can affect your immune system. EMPAVELI can lower the ability of your immune system to fight infections.**

- EMPAVELI may increase your chance of getting serious and life-threatening meningococcal infections. Meningococcal infections may quickly become life-threatening and cause death if not recognized and treated early.
- **EMPAVELI may also increase the risk of getting serious infections.** People who take EMPAVELI may have an increased risk of getting infections caused by *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B. Serious infections may quickly become life-threatening and cause death if not recognized and treated early.
  - You must be vaccinated against these bacteria at least 2 weeks before your first dose of EMPAVELI if you have not already had these vaccines.
  - If your healthcare provider decides that urgent treatment with EMPAVELI is needed, you should receive the required vaccinations as soon as possible.
  - If you have not been vaccinated and EMPAVELI therapy must be initiated immediately, you should also receive 2 weeks of antibiotics with your vaccinations.
  - If you have been vaccinated against these bacteria in the past, you might need additional vaccinations before starting EMPAVELI. Your healthcare provider will decide if you need additional vaccinations.
  - Vaccines reduce the risk of serious infections, but do not prevent all serious infections. Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a serious infection:
    - fever with or without shivers or the chills
    - fever and a rash
    - shortness of breath
    - extreme pain or discomfort
    - headache with nausea or vomiting
    - high heart rate
    - headache and a fever
    - headache with a stiff neck or stiff back
    - confusion
    - muscle aches with flu-like symptoms
    - clammy skin
    - eyes sensitive to light

**Your healthcare provider will give you a Patient Safety Card about the risk of serious infections.** Carry it with you at all times during treatment and for 2 months after your last EMPAVELI dose. Your risk of serious infections may continue for several weeks after your last dose of EMPAVELI. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.

**EMPAVELI is only available through a program called the EMPAVELI REMS.** Before you can take EMPAVELI, your healthcare provider must:

- enroll in the EMPAVELI REMS program.
- counsel you about the risk of serious infections caused by certain bacteria.
- give you information about the symptoms of serious infections.
- give you a **Patient Safety Card** about your risk of serious infections, as discussed above.
- make sure that you are vaccinated.

**What is EMPAVELI?**

EMPAVELI is a prescription medicine used to treat adults with a disease called paroxysmal nocturnal hemoglobinuria (PNH).

It is not known if EMPAVELI is safe and effective in children.

**Do not take EMPAVELI if you:**

- are allergic to pegcetacoplan or any of the ingredients in EMPAVELI. See the end of this Medication Guide for a complete list of ingredients in EMPAVELI.
- have not been vaccinated against *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B, unless your healthcare provider decides that urgent treatment with EMPAVELI is needed. See **“What is the most important information I should know about EMPAVELI?”**
- have a serious *Streptococcus pneumoniae*, *Neisseria meningitidis*, or *Haemophilus influenzae* type B infection.



**Before you take EMPAVELI, tell your healthcare provider about all of your medical conditions, including if you:**

- have an infection or fever.
- are pregnant or plan to become pregnant. EMPAVELI may harm your unborn baby. Females who are able to become pregnant should have a pregnancy test before starting treatment with EMPAVELI.
  - Females who are able to become pregnant should use an effective method of birth control (contraception) during treatment with EMPAVELI and for 40 days after the final dose.
- are breastfeeding or plan to breastfeed. It is not known if EMPAVELI passes into your breast milk. You should not breastfeed during treatment with EMPAVELI and for 40 days after the final dose.

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. EMPAVELI and other medicines can affect each other, causing side effects.

Know the medicines you take and the vaccines you receive. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

**How should I take EMPAVELI?**

- See the detailed **Instructions for Use** that comes with your EMPAVELI for information about how to prepare and infuse your dose of EMPAVELI.
- Your healthcare provider should show you how to prepare and infuse EMPAVELI before you use it for the first time.
- Use EMPAVELI exactly as your healthcare provider tells you. Your healthcare provider will tell you how much EMPAVELI to infuse and how often to infuse EMPAVELI. Do not infuse more or less than your healthcare provider tells you to.
- EMPAVELI is given by infusion under the skin (subcutaneously) into your stomach (abdomen), back of upper arms, hips, or thighs using an infusion pump.
- EMPAVELI is given by an infusion 2 times each week. If there is an increase in your LDH, an enzyme in your blood, your healthcare provider may tell you to take EMPAVELI every 3 days.
- **If you are changing treatment from eculizumab to EMPAVELI, you should continue eculizumab for 4 weeks after your first dose of EMPAVELI. After 4 weeks, you should stop treatment with eculizumab.**
- **If you are changing treatment from ravulizumab to EMPAVELI, you should take your starting dose of EMPAVELI no more than 4 weeks after your last dose of ravulizumab.**
- **If you have PNH and you stop taking EMPAVELI, your healthcare provider will need to monitor you closely for at least 8 weeks after stopping EMPAVELI. Stopping treatment with EMPAVELI may cause a breakdown of red blood cells due to PNH.**

Symptoms or problems that can happen due to red blood cell breakdown include:

- decreased hemoglobin level in your blood
- blood in your urine
- shortness of breath
- trouble swallowing
- tiredness
- pain in the stomach (abdomen)
- blood clots
- erectile dysfunction (ED)

If you miss a dose of EMPAVELI, take the missed dose as soon as possible. Take your next dose at your regularly scheduled time.

**What are the possible side effects of EMPAVELI?**

**EMPAVELI can cause serious side effects including:**

- See **“What is the most important information I should know about EMPAVELI?”**
- **Allergic reactions.** Allergic reactions can happen during your EMPAVELI infusion. Stop your EMPAVELI infusion and tell your healthcare provider or get emergency medical care right away if you get any of these symptoms during your EMPAVELI infusion:
  - chest pain
  - trouble breathing or shortness of breath
  - swelling of your face, tongue, or throat
  - feel faint or pass out

**The most common side effects in people with PNH treated with EMPAVELI include** injection-site reactions, infections, diarrhea, pain in the stomach (abdomen), respiratory tract infection, viral infection, and tiredness.

Tell your healthcare provider about any side effect that bothers you or that does not go away. These are not all of the possible side effects of EMPAVELI. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

#### **How should I store EMPAVELI?**

- Store vials of EMPAVELI in the refrigerator between 36°F to 46°F (2°C to 8°C) in the original carton to protect from light.
- Do not use EMPAVELI past the expiration date stamped on the carton.

**Keep EMPAVELI and all medicines out of the reach of children.**

#### **General information about the safe and effective use of EMPAVELI.**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use EMPAVELI for a condition for which it was not prescribed. Do not give EMPAVELI to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about EMPAVELI that is written for health professionals.

#### **What are the ingredients in EMPAVELI?**

**Active ingredient:** pegcetacoplan

**Inactive ingredients:** sorbitol, glacial acetic acid, sodium acetate trihydrate, Water for Injection USP. EMPAVELI may also contain sodium hydroxide and/or additional glacial acetic acid for pH adjustment.

#### **Manufactured for:**

Apellis Pharmaceuticals, Inc. 100 Fifth Avenue Waltham, MA 02451

For patent information: [www.apellis.com/productpatent](http://www.apellis.com/productpatent)

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For more information, go to [www.EMPAVELI.com](http://www.EMPAVELI.com) or call 1-866-692-7527