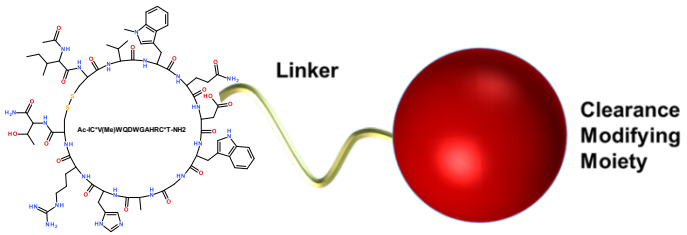
Apellis

International PNH Interest Group Meeting

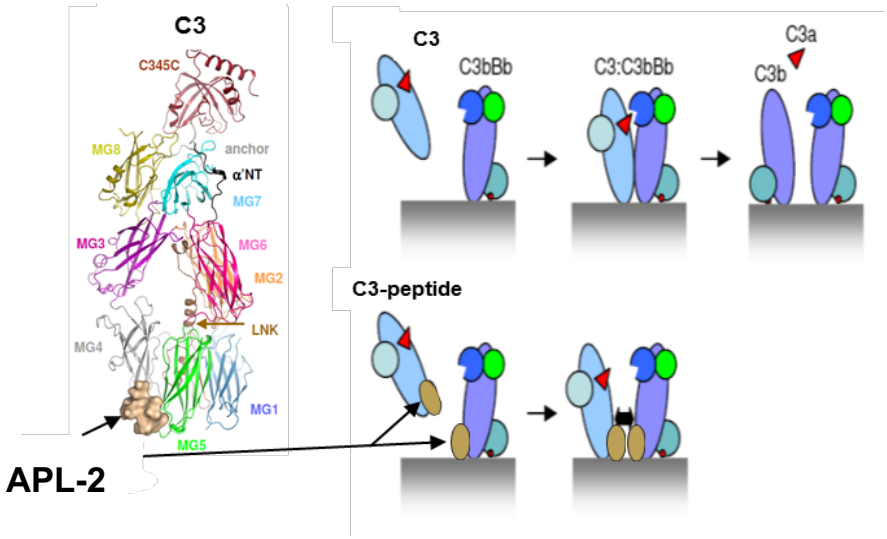
Dec 8, 2017

APL-2 is a C3 inhibitor

- **APL-2**
  - Subcutaneous for PNH, AIHA & CDN
  - Intravitreal for GA



Peptides of the APL-2 family bind to a pocket of C3 and inhibit activation*



* Janssen, J. Biol. Chem., 282(40), 29241-29247, 2007

APL-2 may prevent both intra- and extravascular hemolysis

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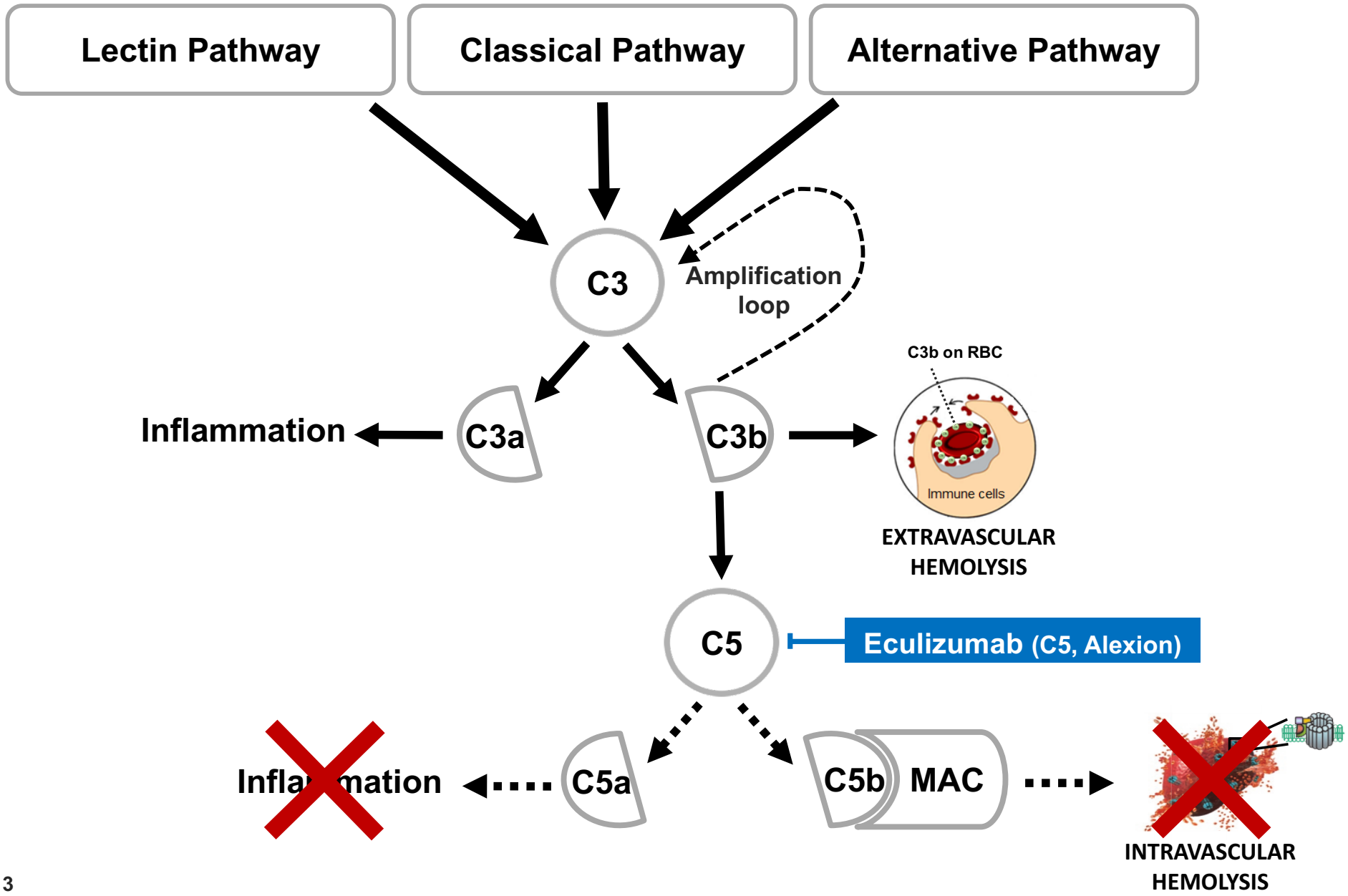

APL-2 may prevent both intra- and extravascular hemolysis

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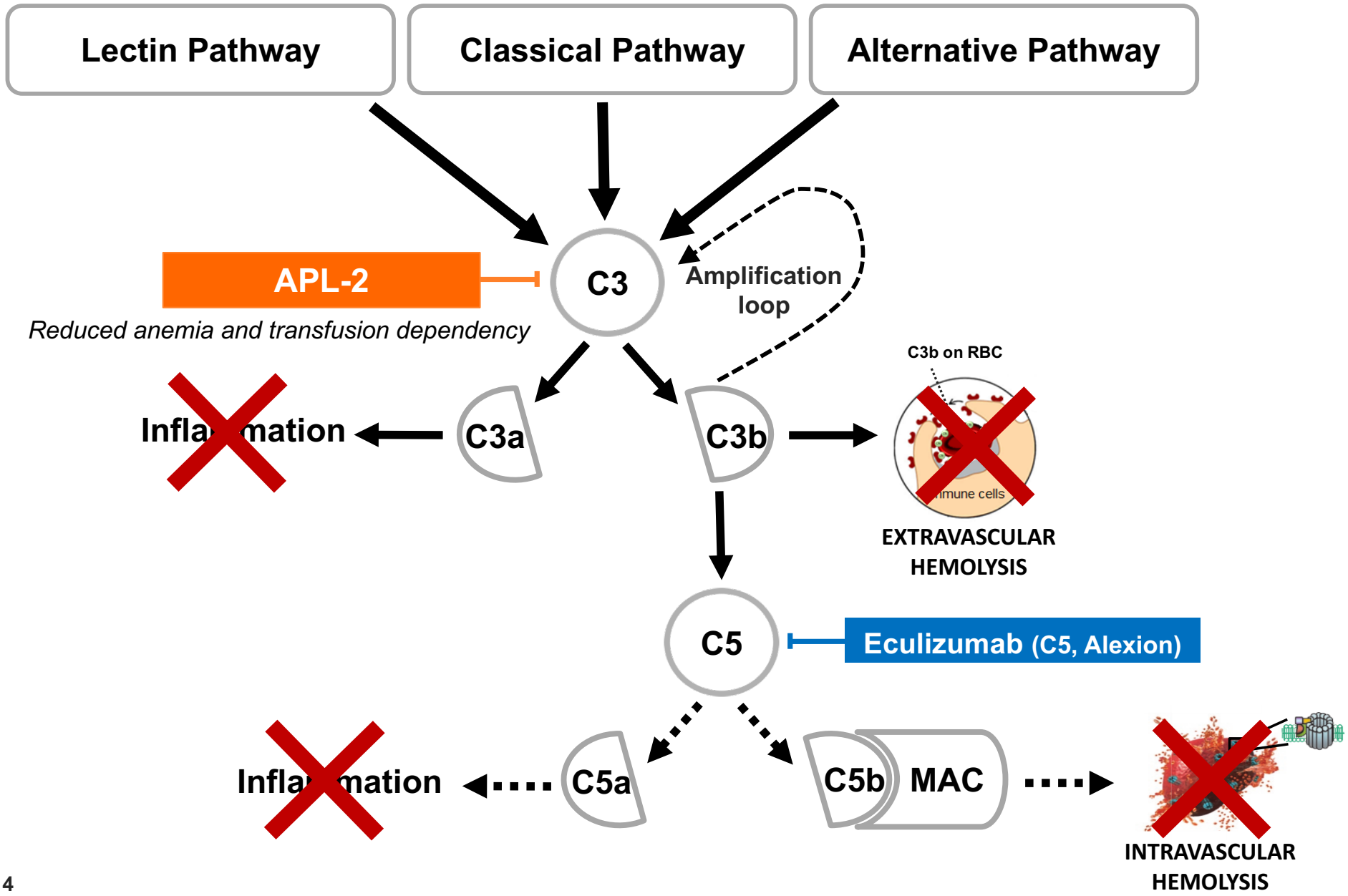

Many PNH patients on Soliris® remain anemic due to extravascular hemolysis

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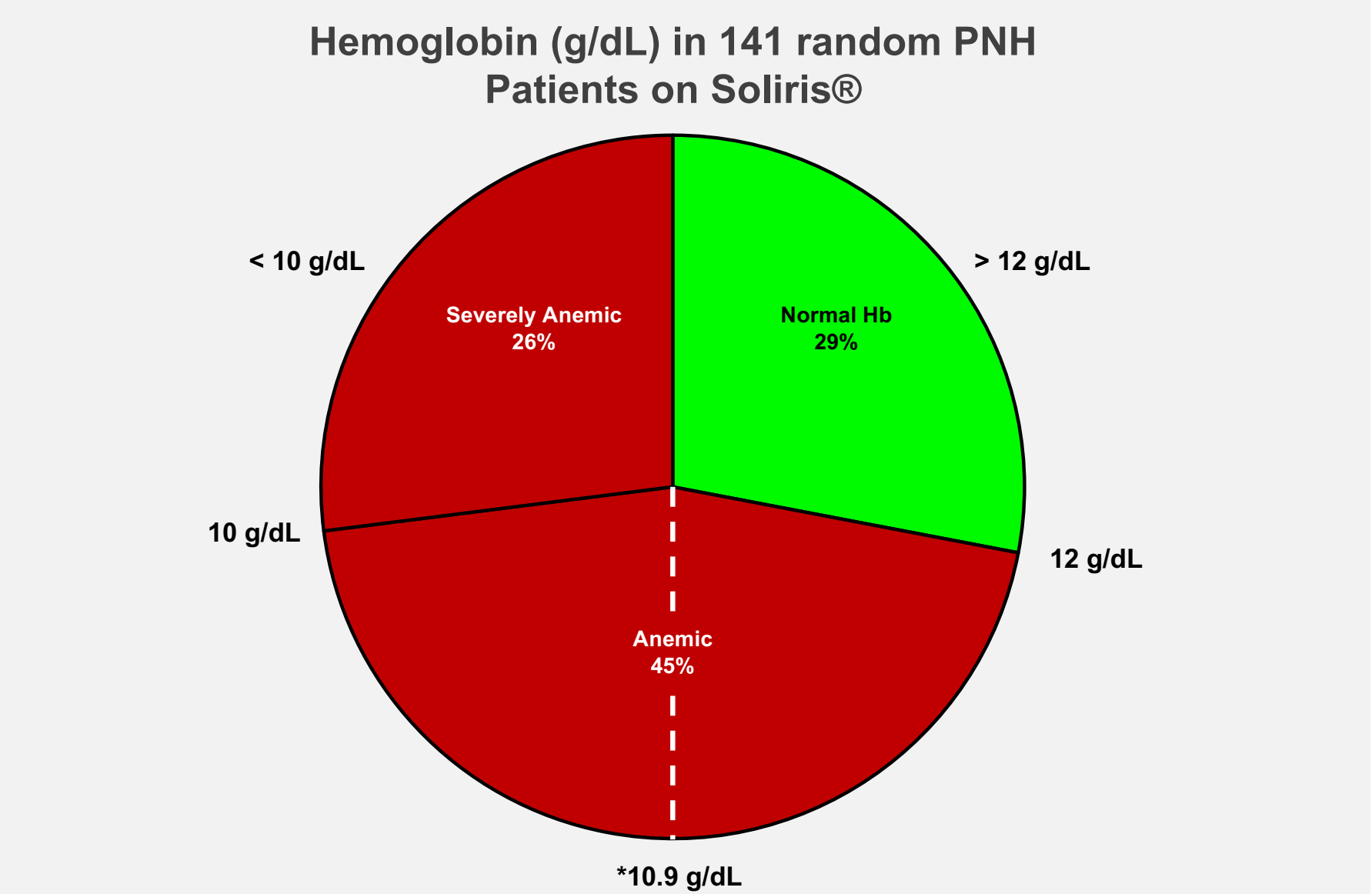

*Note: 10.9 g/dL is the median Hb measure for the 141 patient sample

Data courtesy of Dr. Pete Hillmen and Dr. Anita Hill in Apellis sponsored research collaboration

Two ongoing trials to evaluate APL-2 safety and efficacy

- **APL-2 Monotherapy (Phase 1b)**
  - PNH subjects never exposed to Soliris
  - **n=3** (270 mg/day)
  - **Expansion of high dose cohort planned**

- **APL-2 add-on to Soliris (Phase 1b)**
  - Hb < 10 g/dL or at least one transfusion in previous year
  - **n=6** (270 mg/day)
  - **Soliris dose normalization & weaning**

APL-2 monotherapy - 270 mg/d – Subject 1 of 3

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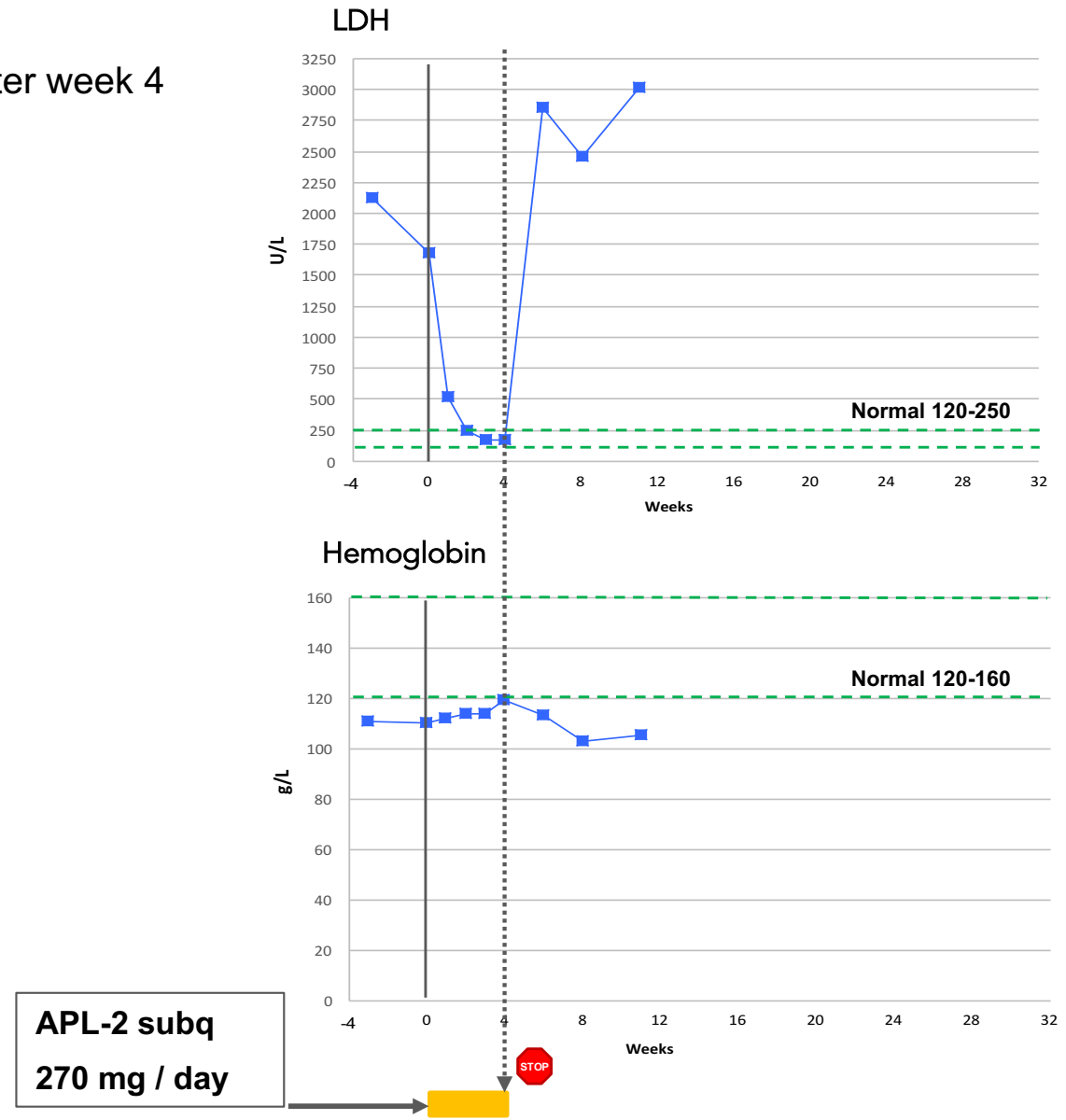
NOTES

- Subject stopped dosing after week 4 due to personal reasons



APL-2 monotherapy - 270 mg/d – Subject 2 of 3

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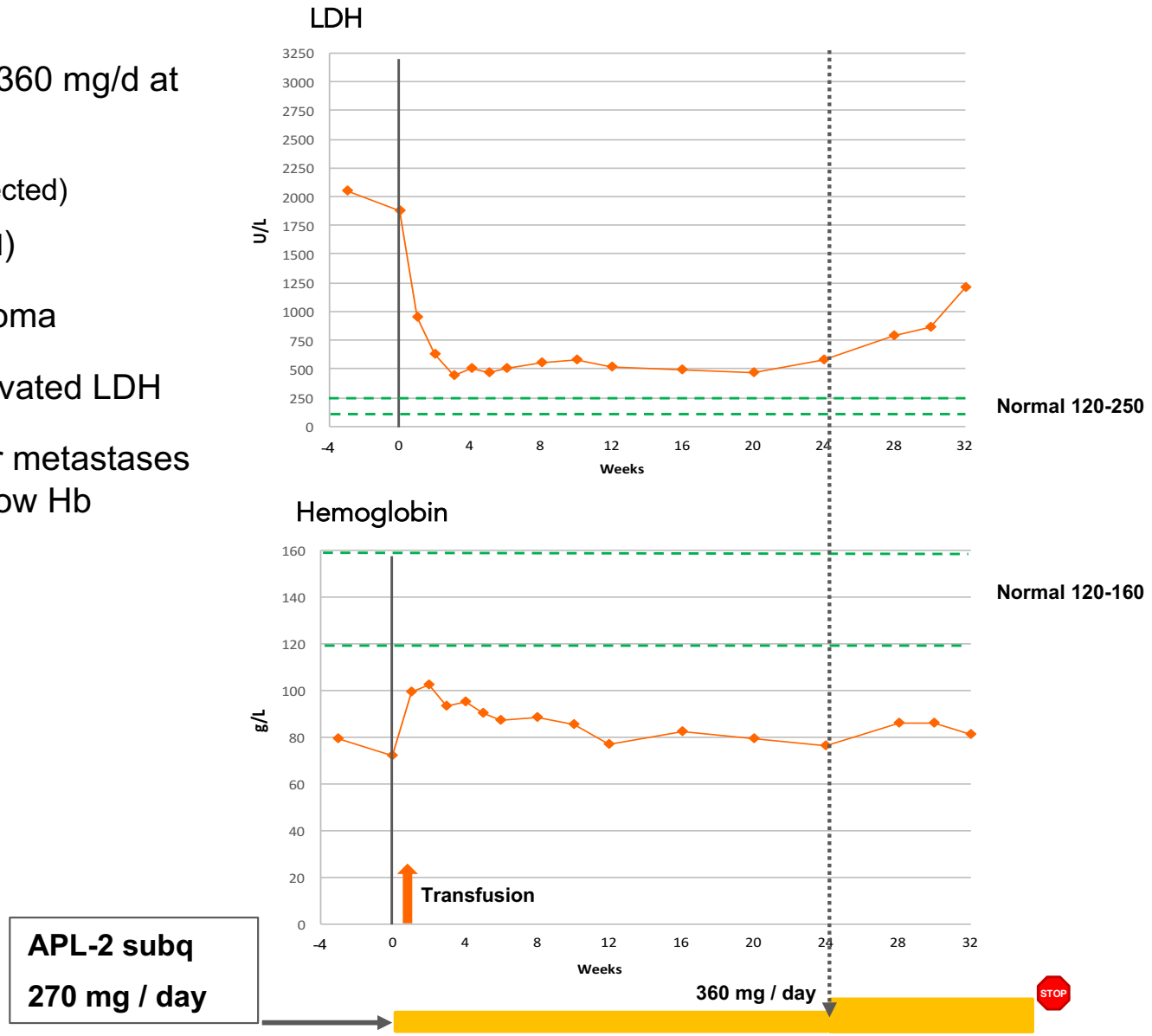
NOTES

- APL-2 dose increased to 360 mg/d at Week 24
  - LDH increase (unexpected)
  - Hb increase (expected)
- Metastatic ovarian carcinoma
- Tumor lysis may have elevated LDH
- GI bleeding due to cancer metastases may have contributed to low Hb



APL-2 monotherapy - 270 mg/d – Subject 3 of 3

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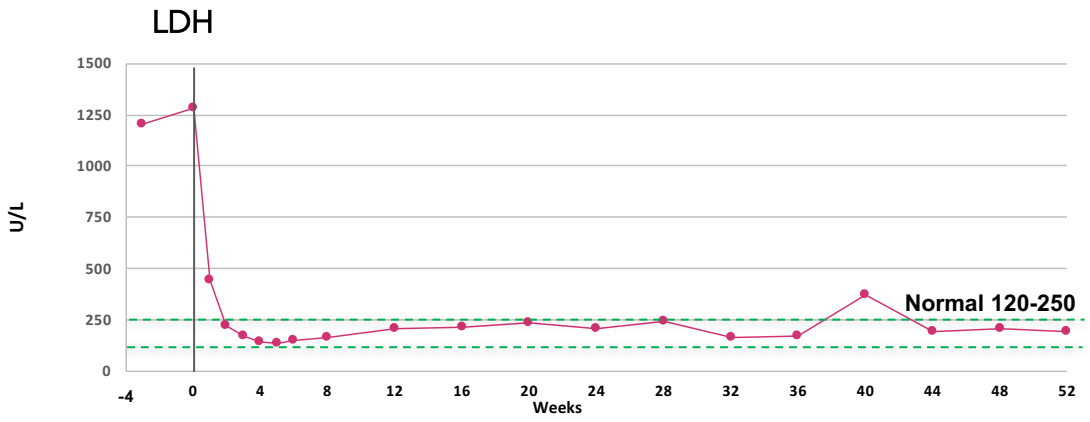
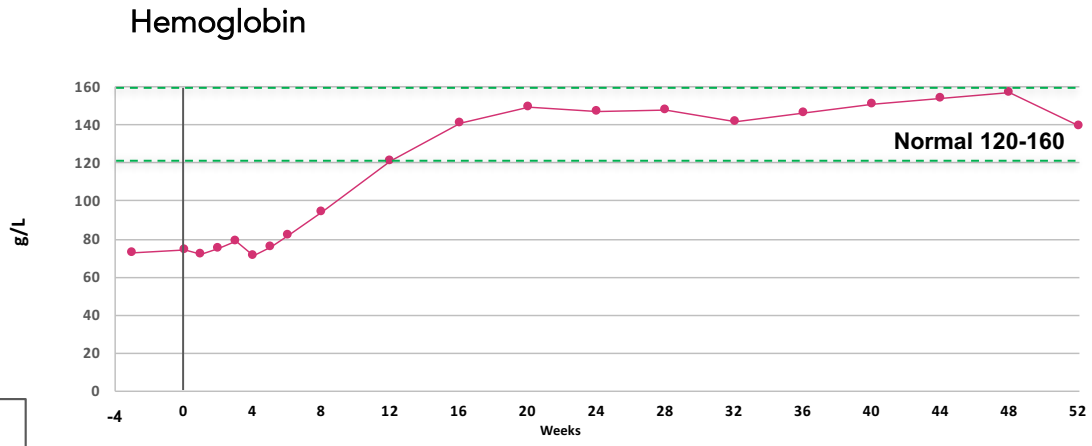
NOTES

- APL-2 subcutaneous pump infusion
- Iron supplementation in Month 1

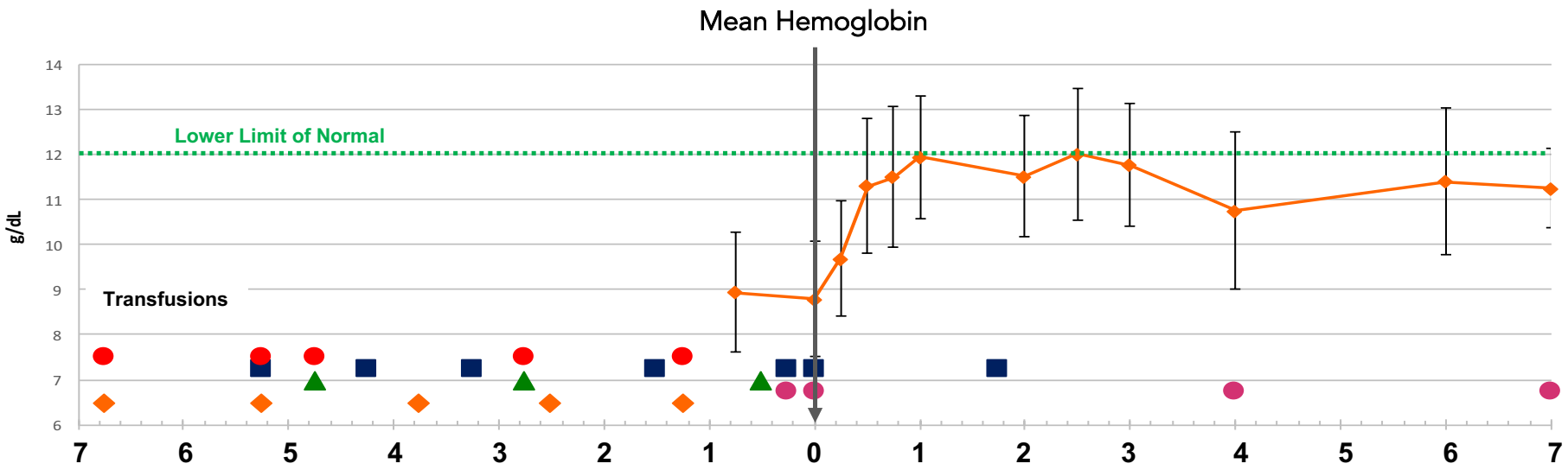




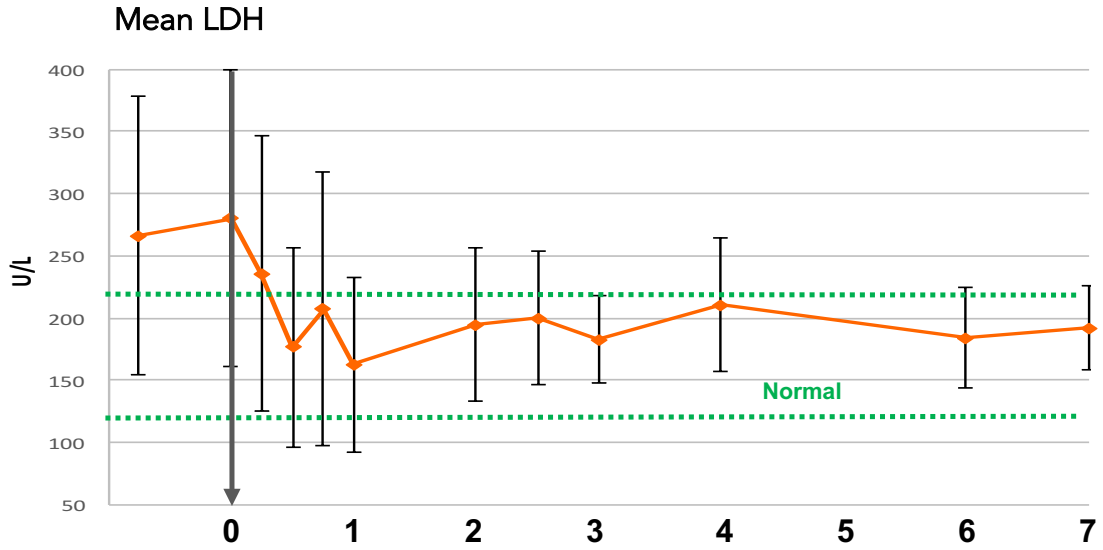
APL-2 subq

270 mg / day

APL-2 add-on to Soliris® (n=6)



Each ■ ▲ ●● ◆ is a transfusion color-coded by patient



Soliris IV:

- **900 mg / 2 weeks (n=1)**
- **900 mg / 1 week (n=3)**
- **1,200 mg / 2 weeks (n=2)**

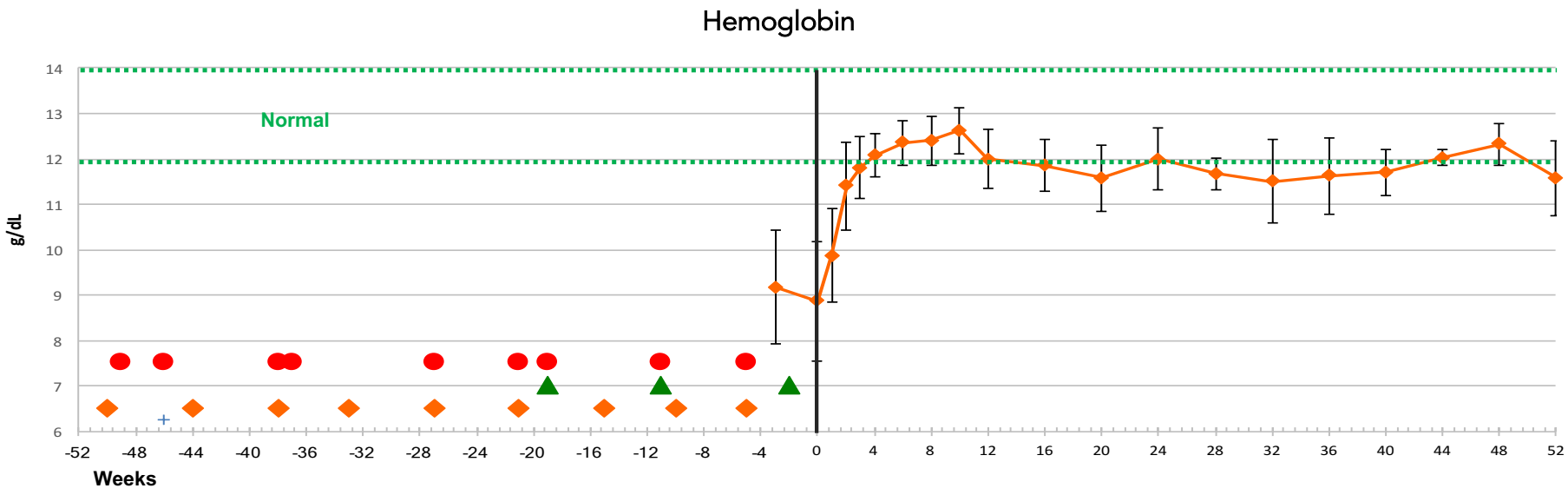
+ APL-2 subq: 270 mg / day

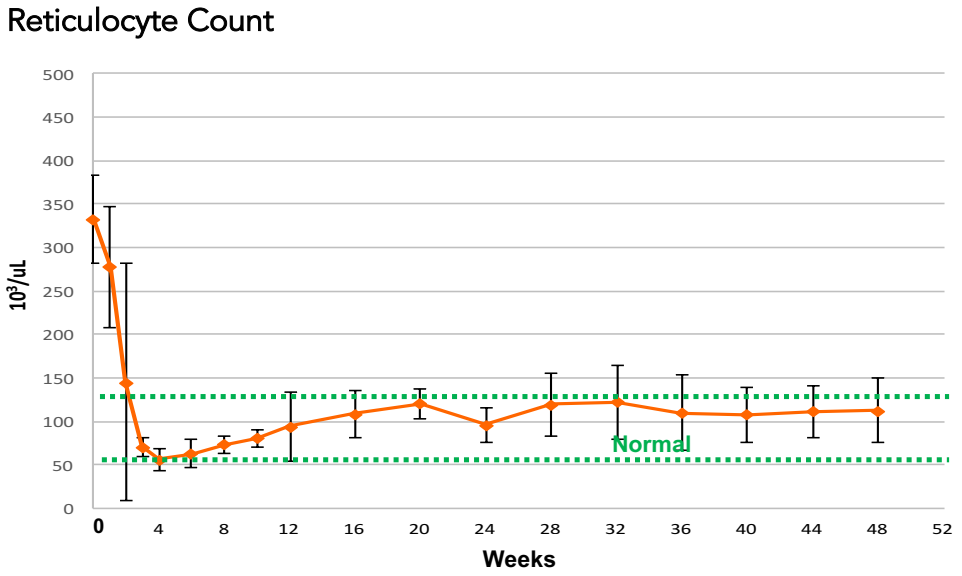
Two patients ceased dosing within first 12 months

- **Patient 1**
  - Unexpected pregnancy
  - **SMC decision to cease dosing after ~8 months of dosing**

- **Patient 2**
  - BMI: 55 - possibly underdosed
  - Responder but Hb ~8 g/dL
  - Issues with pre-existing kidney stones and UTIs
  - **Company decision to cease dosing after ~6 months of dosing**

APL-2 add-on to Soliris® four patients >1 year





Soliris®

APL-2

Therapeutic objective APL-2 in PNH: Hemoglobin normalization

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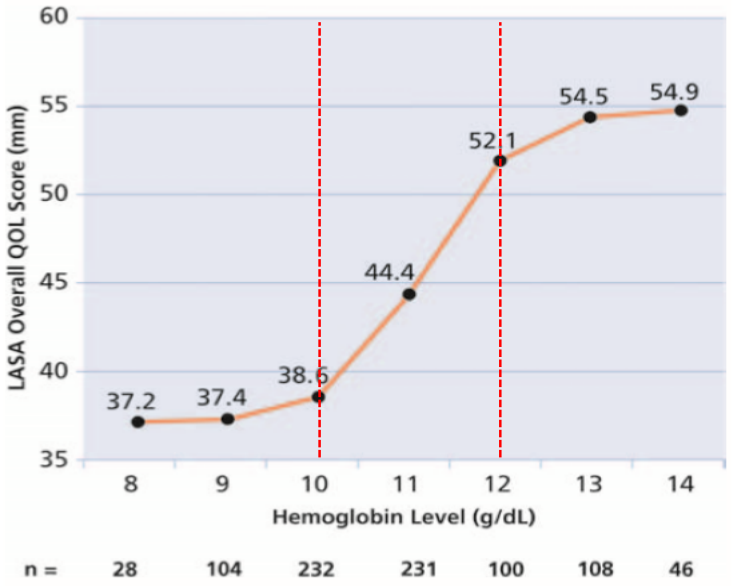
	Soliris	ALXN-1210	APL-2
Dosing	q 2 weeks IV	q 8 weeks IV	twice weekly subq
Hemoglobin	Low	Low	Normal
Reticulocytes	Elevated	Elevated	Normal
PNH visits / year	>3	>3	<2



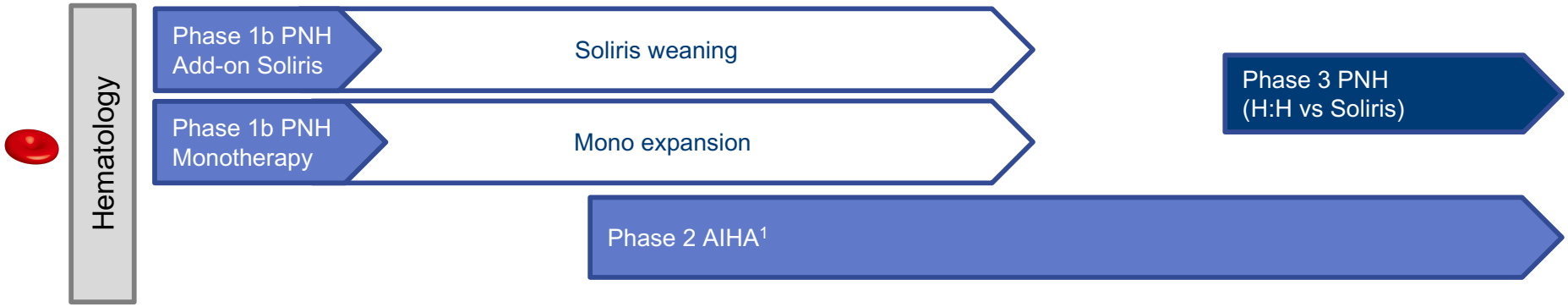
* Shasha, D. et al. JNCCN 2004;2:509-517

APL-2 Twice per Week

LASA Quality of Life (QoL) scores associated with Hemoglobin Levels in patients on treatment with erythropoietin alfa

Recap

2017	2018		2019+
H2	H1	H2	



Note: Study start dates are estimates by management (+/- 3 months). Study end dates are not projected with the exception of the Phase 2 GA 18 month data
[1]APL-2 study in AIHA will include the common sub-types Cold Agglutinin Disease & warm-anti-body AIHA
[2]APL-2 study in CDN will include the common sub-types IgA nephropathy, lupus nephritis, idiopathic membranous nephropathy and C3 glomerulopathy

Phase 3 Enrollment

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