Apellis Participants

CEDRIC FRANCOIS, M.D., Ph.D.
Co-Founder & Chief Executive Officer

ADAM TOWNSEND
Chief Commercial Officer

FEDERICO GROSSI, M.D., Ph.D.
Chief Medical Officer

TIM SULLIVAN
Chief Financial Officer
Forward-Looking Statements

Statements in this presentation about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, may constitute “forward-looking statements” within the meaning of The Private Securities Litigation Reform Act of 1995. These statements include, but are not limited to, statements relating to the implications of preliminary clinical data. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: whether the company’s clinical trials will be fully enrolled and completed when anticipated; whether preliminary or interim results from a clinical trial will be predictive of the final results of the trial; whether results obtained in preclinical studies and clinical trials will be indicative of results that will be generated in future clinical trials; whether pegcetacoplan will successfully advance through the clinical trial process on a timely basis, or at all; whether the results of the company’s clinical trials will warrant regulatory submissions and whether pegcetacoplan will receive approval from the FDA or equivalent foreign regulatory agencies for GA, PNH, CAD, C3G, IC-MPGN, ALS or any other indication when expected or at all; whether, if Apellis’ products receive approval, they will be successfully distributed and marketed; and other factors discussed in the “Risk Factors” section of Apellis’ Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission on August 9, 2021 and the risks described in other filings that Apellis may make with the Securities and Exchange Commission. Any forward-looking statements contained in this press release speak only as of the date hereof, and Apellis specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.
EMPATUREL™ (pegcetacoplan) Is Approved in United States!

First FDA-approved targeted C3 therapy

NOW APPROVED

EMPATUREL is indicated for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH)
Growing Our Pipeline for Long-Term Leadership in Complement

Transforming Treatment across Rare, Complement-Driven Diseases

Apellis: Global Leader in Complement

Building a Portfolio of Brain-Active Complement Therapies

Be #1 in the Retina

Apellis
U.S. Launch Priorities Driving Strategic Activities

- Ensure EMPAVELI commercial supply
- Establish Apellis & the PNH unmet need
- Ensure patient access and reimbursement
- Leverage the clinical data to differentiate the brand
Initial Feedback Highlights Excitement from PNH Community

PATIENT SEGMENTS

1/3 OF PATIENTS

Hemoglobin near or at normal levels

1,500
U.S. PNH patients on C5 inhibitors

1/3 OF PATIENTS

Hemoglobin below normal and symptoms like fatigue

150
Newly diagnosed eligible PNH patients in the U.S. annually

1/3 OF PATIENTS

Transfusions to address falling hemoglobin

EARLY POSITIVE FEEDBACK

Congratulations to Apellis, I’m excited to start patients on therapy KOL at a major PNH treatment center

I will be following up with my physician, as I was not aware of EMPAVELI until receiving the “Now Approved” email

You guys (Apellis) are the poster child of what good looks like in the pharma/biotech space

Hemoglobin below normal

Transfusions to address falling hemoglobin

Hemoglobin near or at normal levels
Early Demand Indicators Confirm Unmet Need for PNH Patients

Physicians have signed up for REMS program >75

Start forms received >60

Of EMPAVELI patients who switched from C5 inhibitor are coming from Ultomiris 75%

Average days from prescription to first dose 12

Payers have accelerated EMPAVELI formulary reviews 4
**Great Start for EMPAVELI Launch**

<table>
<thead>
<tr>
<th>2Q21</th>
<th>Q4 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product in channel within 5 days</td>
<td>90% of payer formulary reviews to be complete</td>
</tr>
<tr>
<td>100% of top 20 payers have received clinical presentations</td>
<td>Engage 100% of priority accounts via Apellis sales organization</td>
</tr>
<tr>
<td>Sales meetings are increasingly in-person, ~40% since approval from &lt;10% baseline</td>
<td>Engage 85% of priority physicians via Apellis sales organization</td>
</tr>
<tr>
<td>&gt;75 physicians have enrolled in REMS</td>
<td>Maintain &amp; enhance high patient confidence score for self-infusion within 2 weeks on therapy</td>
</tr>
<tr>
<td>ApellisAssist early operational effectiveness is highly rated by patients</td>
<td></td>
</tr>
</tbody>
</table>

**Organization Focus is on 2K HCPS & 90 Targeted Treatment Centers**
PRINCE: Builds Upon Robust Clinical Profile of EMPAVELI

**MET CO-PRIMARY ENDPOINTS AT WEEK 26:**

- **Hemoglobin stabilization**\(^\wedge\) (p<0.0001)
  - EMPAVELI: 86%
  - STANDARD OF CARE excluding complement inhibitors (SOC): 0%

- **% Reduction in LDH** (p<0.0001)
  - EMPAVELI: 90%
  - SOC: 14%

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**STATISTICAL SUPERIORITY ACHIEVED ON SEVERAL SECONDARY ENDPOINTS**

including improvements in hemoglobin levels and transfusion avoidance

**Safety profile consistent with previous studies**

**EMPAVELI**

Hemoglobin stabilization (avoidance of a >1 g/dL decrease in hemoglobin in the absence of transfusion)

At Week 26, 9% of patients in the EMPAVELI group experienced a serious adverse event (SAE) compared to 17% on SOC. One death was reported in each group, and neither were related to treatment. No cases of meningitis or thrombosis were reported in either group. The most common adverse events reported during the study in the EMPAVELI and SOC groups, respectively, were injection site reaction (30% vs. 0%), hypokalemia (13% vs. 11%), and fever (9% vs. 0%).

APL2-308; NCT04085601

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\(^\wedge\)Hemoglobin stabilization (avoidance of a >1 g/dL decrease in hemoglobin in the absence of transfusion)
# EMPAVELI: Comprehensive Control of Complement with Broad Platform Potential

## EMPAVELI Ambition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>U.S. Patients Needing Treatment</th>
<th>Key Upcoming Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNH</td>
<td>The new standard of care</td>
<td>~1,500*</td>
<td>U.S. launch is ongoing</td>
</tr>
<tr>
<td>IC-MPGN / C3G</td>
<td>Best-in-class therapy for late-stage and transplant patients</td>
<td>~5,000**</td>
<td>First patient dosed in Phase 3 study in 2H21 (Apellis)</td>
</tr>
<tr>
<td>ALS</td>
<td>Increase survival and slow the progression of symptoms</td>
<td>~19,000***</td>
<td>Complete enrollment by end of 2021 (Apellis)</td>
</tr>
<tr>
<td>CAD</td>
<td>Improve hemoglobin levels and reduce transfusion dependency</td>
<td>~5,000**</td>
<td>Initiate Phase 3 study in 2H21 (Sobi)</td>
</tr>
<tr>
<td>HSCT-TMA</td>
<td>Protect organ function and prevent mortality</td>
<td>~4,000****</td>
<td>Initiate potentially registrational program in 2H21 (Sobi)</td>
</tr>
</tbody>
</table>

### Apellis Ambition

- The new standard of care for late-stage and transplant patients.
- Best-in-class therapy for PNH.
- Increase survival and slow the progression of symptoms for ALS.
- Improve hemoglobin levels and reduce transfusion dependency for CAD.
- Protect organ function and prevent mortality for HSCT-TMA.

### U.S. Patients Needing Treatment

- **PNH**: ~1,500* based on complement-treated patient population.
- **IC-MPGN / C3G**: ~5,000** based on moderate & severe patient population.
- **ALS**: ~19,000*** based on sporadic only, patients seeking treatment, and non-monotherapy patients.
- **CAD**: ~5,000** based on high-risk patients for developing TMA.
- **HSCT-TMA**: ~4,000**** based on high-risk patients for developing TMA.

### Key Upcoming Milestones

- U.S. launch is ongoing.
- First patient dosed in Phase 3 study in 2H21 (Apellis).
- Complete enrollment by end of 2021 (Apellis).
- Initiate Phase 3 study in 2H21 (Sobi).
- Initiate potentially registrational program in 2H21 (Sobi).

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*Based on complement-treated patient population
**Based on moderate & severe patient population
***Based on sporadic only, patients seeking treatment, and non-monotherapy patients
****Based on high-risk patients for developing TMA.

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DERBY and OAKS: Two Phase 3 Studies of Pegcetacoplan in Patients with GA (n=1,258)

**Eligible Patients with GA**
>600 subjects from approx. 100 multinational sites per study

**Double masked**

1. **Primary endpoint read out**
   - 1 year
   - 1 year

**PEGCETACOPLAN**
15 mg/0.1 mL monthly (n=200)

**PEGCETACOPLAN**
15 mg/0.1 mL every other month (n=200)

**SHAM INJECTIONS** pooled (n=200)

**Same population and trial design as Phase 2 FILLY study**

**Population:** patients with geographic atrophy secondary to AMD

**Primary endpoint:** change in total area of GA lesion(s) based on fundus autofluorescence (FAF) at month 12

**Design:** double masked, randomized

**Duration:** 2 years
DERBY and OAKS: Top-Line Results Expected in September

**PRIMARY ENDPOINT**
Change in lesion growth compared to sham treatment at 12 months

- Monthly treatment with pegcetacoplan
- Every-other-month treatment with pegcetacoplan

**SAFETY**
- Overall safety results including rate of exudations and intraocular inflammation
Advancing Pegcetacoplan into Intermediate AMD for Earlier Treatment of AMD

- No approved therapy to prevent the progression of intermediate AMD to advanced AMD
- Positive post-hoc analysis from FILLY showed a treatment effect on biomarkers of intermediate AMD
- Pivotal study in intermediate AMD planned for 2022 if DERBY & OAKS meets primary efficacy endpoint in monthly arm
- Study to assess potential of pegcetacoplan to delay or prevent progression to advanced AMD

Source: American Academy of Ophthalmology; The Lancet; Ophthalmology; L.E.K. interviews and analysis

Rofagha et al. Ophthalmology 2013
Second Quarter 2021 Financial Results

<table>
<thead>
<tr>
<th>(In Millions)</th>
<th>Three Months Ended June 30</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2021</td>
</tr>
<tr>
<td>Net Product Revenue</td>
<td>0.6</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>0.6</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>-</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>Research and Development Expenses</td>
<td>95.9</td>
</tr>
<tr>
<td>Cost of research collaboration</td>
<td>50.0</td>
</tr>
<tr>
<td>General &amp; Administrative Expenses</td>
<td>49.0</td>
</tr>
<tr>
<td>Net Loss</td>
<td>(219.2)</td>
</tr>
</tbody>
</table>

Apellis expects its cash of $599.0 million as of June 30, 2021 to fund the company’s current operating plan into the second half of 2022.
# Growing Pipeline in Rare Disease, Ophthalmology, and Neurology

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>DISEASE</th>
<th>PRECLINICAL</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>LAUNCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare Disease</td>
<td>EMPAVELI™ (systemic pegcetacoplan)*</td>
<td>PNH</td>
<td></td>
<td></td>
<td></td>
<td>Marketed in the US</td>
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<tr>
<td></td>
<td></td>
<td>IC-MPGN / C3G</td>
<td></td>
<td></td>
<td></td>
<td>Initiate Ph 3 in H2’21</td>
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<tr>
<td></td>
<td></td>
<td>ALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>CAD</td>
<td></td>
<td></td>
<td></td>
<td>Enrollment completion by end of ’21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSCT-TMA</td>
<td></td>
<td></td>
<td></td>
<td>Initiate Ph 3 in H2’21</td>
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<tr>
<td></td>
<td>siRNA + EMPAVELI**</td>
<td>Existing + new indications</td>
<td></td>
<td></td>
<td></td>
<td>IND in ’22</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Intravitreal pegcetacoplan</td>
<td>GA</td>
<td></td>
<td></td>
<td></td>
<td>Top-line in Sept</td>
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<tr>
<td></td>
<td></td>
<td>Intermediate AMD***</td>
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<td></td>
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<td>Initiate Ph 3 in ’22</td>
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<tr>
<td></td>
<td>APL-2006</td>
<td>GA &amp; Wet AMD</td>
<td></td>
<td></td>
<td></td>
<td>IND in ’22</td>
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<tr>
<td></td>
<td>Gene therapies</td>
<td>Wet AMD, Intermediate AMD &amp; GA</td>
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<td></td>
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<tr>
<td>Neurology</td>
<td>APL-1030</td>
<td>Undisclosed</td>
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<td>IND in ’22</td>
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<tr>
<td></td>
<td>Brain shuttle</td>
<td>Undisclosed</td>
<td></td>
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<tr>
<td></td>
<td>Gene therapies</td>
<td>Undisclosed</td>
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<tr>
<td>Multiple Therapeutic Areas</td>
<td>APL-9</td>
<td>Control of host attack for gene therapies</td>
<td></td>
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<td></td>
<td>Oral alternative pathway inhibitor</td>
<td>Mild C3G and other indications</td>
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<td></td>
<td>Gene-edited therapies (Beam)</td>
<td>Undisclosed</td>
<td></td>
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</tbody>
</table>

*Sobi has global co-development and ex-U.S. commercialization rights for systemic pegcetacoplan **Initial IND for siRNA *** Pending regulatory feedback
Apellis: Positioned for Long-Term Leadership in Complement

Transforming Treatment across Rare, Complement-Driven Diseases

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Building a Portfolio of Brain-Active Complement Therapies

APELLIS: Global Leader in Complement
Second Quarter 2021 Financial Results Conference Call

August 9, 2021