TARGETED C3 THERAPIES

November 19, 2020
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Targeting C3: Broad Platform Potential with Pegcetacoplan

PNH Approval and Launch
PDUFA is May 14, 2021

GA Phase 3 Read-out
expected in Q3 2021

4 New Registrational Programs
across hematology, nephrology and neurology

Lani, living with PNH

Carolyn, living with GA

Bart, living with ALS
Targeting C3 to More Completely Control Complement Overactivation

# Targeted C3 Therapies for Diseases with High Unmet Need

<table>
<thead>
<tr>
<th>Product</th>
<th>Category</th>
<th>Disease</th>
<th>Pre-clinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Approved</th>
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<tbody>
<tr>
<td><strong>Systemic pegcetacoplan</strong>&lt;sup&gt;(APL-2)*&lt;/sup&gt;</td>
<td>Hematology</td>
<td>Paroxysmal nocturnal hemoglobinuria (PNH)</td>
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<td>Cold agglutinin disease (CAD)</td>
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<td>Hematopoietic stem cell transplantation thrombotic microangiopathies (HSCT-TMA)</td>
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<td><strong>Nephrology</strong></td>
<td>Immune complex membranoproliferative glomerulonephritis (IC-MPGN) and C3 glomerulopathy (C3G)</td>
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<td><strong>Neurology</strong></td>
<td>Amyotrophic lateral sclerosis (ALS)</td>
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<tr>
<td><strong>Intravitreal pegcetacoplan</strong></td>
<td>Ophthalmology</td>
<td>Geographic atrophy (GA)</td>
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<td><strong>Intravenous APL-9</strong></td>
<td>COVID-19</td>
<td>Acute respiratory distress syndrome (ARDS) &amp; thrombotic microangiopathies (TMA) secondary to COVID-19</td>
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<td>Gene therapy</td>
<td>Control of host attack on AAVs for gene therapies</td>
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* indicates potential to be registrational.

*Sobi has global co-development and ex-U.S. commercialization rights for systemic pegcetacoplan.*
Sobi Collaboration Advances Pipeline-in-a-Product Opportunity for Systemic Pegcetacoplan

Pegcetacoplan, Targeted C3 Therapy

- Intravitreal pegcetacoplan
- Systemic pegcetacoplan
- Intravitreal pegcetacoplan
- Systemic pegcetacoplan

- GA ~5 million patients worldwide
- PNH
- CAD
- HSCT-TMA
- IC-MPGN & C3G
- ALS

Up to $1.25 billion in payments plus tiered double-digit royalties

PNH, CAD, HSCT-TMA, IC-MPGN & C3G

SYSTEMIC PEGCETACOPLAN
- Hematology
- Nephrology
- Neurology

INTRAVITREAL PEGCETACOPLAN
- Ophthalmology

Apellis (U.S.)
- (ex U.S. and global co-development)

Apellis (global)
Systemic Pegcetacoplan: Preparing for approval and launch in PNH
PNH Is a Rare and Life-threatening Blood Disease

Estimated prevalence of PNH worldwide

~15,000 patients

Historically untreated patients

35%
5-year mortality rate

Note: Thrombosis and hemorrhage are the most common causes of death.

PNH Patients on C5 Inhibitors Continue to Have High Unmet Need

Retrospective studies show:

- **Up to 70%** of patients continue to have low hemoglobin despite treatment\(^1,2,3\)
- **36%** of patients require \( \geq 1 \) transfusion per year\(^3,4\)
- **100%** of patients on eculizumab had evidence of C3-opsonized PNH RBCs\(^1\)
- **1.9x ULN** average absolute reticulocyte count\(^3\)

4. McKinley C. Extravascular Hemolysis Due to C3-Loading in Patients with PNH Treated with Eculizumab: Defining the Clinical Syndrome. Blood. 2017;130:3471
PEGASUS: Phase 3 Head-to-head Trial of Pegcetacoplan vs Eculizumab

Baseline  
4 weeks  
Run-in

Day 1  
16 weeks  
Randomized period

Primary endpoint read out

32 weeks open-label  
4 weeks  
28 weeks

Group 1, N=41 Pegcetacoplan

Group 1, N=38 Pegcetacoplan

Group 1, N=38 Pegcetacoplan + Eculizumab

Group 2, N=39 Eculizumab

Group 2, N=39 Pegcetacoplan + Eculizumab

N=80 Pegcetacoplan + Eculizumab

APL2-302; NCT03500549

Image not drawn to scale
Pegcetacoplan Met its Primary Endpoint in Phase 3 PEGASUS Study (MMRM)

3.8 g/dL improvement in adjusted means in hemoglobin vs. eculizumab at week 16, p<0.0001

Δ 3.8 g/dL at week 16, p<0.0001
Pegcetacoplan Demonstrated Substantial Improvement over C5 Inhibitor at Week 16

TARGETED C3 THERAPY PEGCETACOPLAN VS. C5 INHIBITOR ECULIZUMAB

45% HIGHER

hemoglobin levels
pegcetacoplan over eculizumab

71% VS. 15%

PEGCETACOPLAN ECULIZUMAB

Patients with normalized LDH

85% VS. 15%

PEGCETACOPLAN ECULIZUMAB

Patients were transfusion-free

11-point difference

FACIT-fatigue score in patients with pegcetacoplan over eculizumab

Refer to Apellis’ January 7, 2020 investor presentation and press release for additional detail on key secondary endpoints. Refer to Apellis’ June 12, 2020 EHA presentation for additional detail on other secondary endpoint analyses.
Safety Profile of Pegcetacoplan Was Comparable to Eculizumab at Week 16 in PEGASUS Study

- Seven of 41 patients (17%) in the pegcetacoplan group experienced a serious adverse event (SAE) and six of the 39 patients (15%) in the eculizumab group experienced SAEs.

- No cases of meningitis and no deaths were reported in either treatment group.
Prepared to Meet the Needs of PNH Patients

Our Goal: Elevate the Standard of Care in PNH

U.S. MEDICAL & COMMERCIAL ORGANIZATION
Highly Experienced Team

PATIENT FOCUSED
Support and Access for Patients

Lani, living with PNH
Intravitreal Pegcetacoplan: Delivering the first potential treatment in geographic atrophy

Carolyn, living with GA
High Unmet Need in Geographic Atrophy (GA)

5M PATIENTS GLOBALLY
NO APPROVED THERAPIES

Source: American Academy of Ophthalmology; The Lancet; Ophthalmology; L.E.K. interviews and analysis
1 Rofagha et al. Ophthalmology 2013
GA: Advanced Form of Age-related Macular Degeneration (AMD)

Intermediate AMD
Presence of drusen. No serious vision loss.

Wet AMD
First-line treatment with VEGF inhibitors. Up to 98% of chronic anti-VEGF patients progress to GA.¹

Geographic Atrophy
Can affect central vision and results in progressive vision loss. No approved therapies.

¹ Rofagha et al. Ophthalmology 2013
DERBY & OAKS: Two Phase 3 Studies Enrolled (n=1,256) with Top-Line Data Expected in Q3 2021

**Primary endpoint read out**

### 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 2:1:2:1

### Treatment:
- **Sham group**
  - Pegcetacoplan: 0 mg sham injections
  - N=200 (pooled)

- **Pegcetacoplan**
  - N=200
  - Pegcetacoplan: 15 mg/0.1 mL every other month
  - Pegcetacoplan: 15 mg/0.1 mL monthly

### Sample size:
>600 subjects from approx. 100 multinational sites per study

### Duration:
2 years
Phase 2 FILLY Study: Design

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

**Design:** single masked, randomized 2:1:2:1

**Treatment:** 15 mg/0.1 mL intravitreal injection vs. sham injection

**Sample size:** 246 subjects at 46 sites#

**Duration:** 18 months

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* Confirmed by the central reading center using FAF images

* Not counting the 3 satellite sites

**Sham group**
N=81 (pooled)

**pegcetacoplan**
N=79

**pegcetacoplan:**
0 mg sham injections

Primary endpoint read out

1 year

6 mo.

No study drug administered from Month 12 to 18

**pegcetacoplan**
N=86

**pegcetacoplan:**
15 mg/0.1 mL every other month

**pegcetacoplan:**
15 mg/0.1 mL monthly

Protocol study number, POT-CP121614 (FILLY); NCT02503332
Phase 2 FILLY Study: Timeline and Endpoints

**Primary efficacy endpoint**
Change in geographic atrophy (GA) lesion size from baseline at month 12

**Primary safety endpoint**
Number and severity of local and systemic treatment emergent adverse events (TEAEs)
FILLY Study: Pegcetacoplan Reduced GA Lesion Growth

- Dose response
- Increased effect over time
- Effect in treated versus contralateral non-treated eye
- Sham group as expected
- Modeled data consistent with observed data

26 FILLY subjects (11%) had exudations (18 monthly, 7 every-other-month, 1 sham)
- 0 cases of classical CNV
- No impact on vision
- Safety was in line with other studies using intravitreal administration

Phase 2 FILLY: Pegcetacoplan Reduced GA Growth at 12 Months

**Change from baseline in square root of GA area at 48 wk, mm**

<table>
<thead>
<tr>
<th></th>
<th>Sham</th>
<th>Lampalizumab, 10mg¹</th>
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<tbody>
<tr>
<td><strong>Adjusted mean (SE)</strong></td>
<td><strong>Pooled (n=598)</strong></td>
<td><strong>Q4w (n=596)</strong></td>
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<td><strong>0.342 (0.007)</strong></td>
<td><strong>0.349 (0.007)</strong></td>
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¹ Holz et al. JAMA Ophthalmol. 2018

**LS Mean (±SE) Change from Baseline in Square Root GA Lesion (mm)**

- **sham injections (N=80)**
- **pegcetacoplan every other month (n=78)**
- **pegcetacoplan monthly (N=84)**

- **20%** *p=0.067 vs sham
- **29%** †p=0.008 vs sham
Pegcetacoplan Decreased Lesion Growth in Treated Eye vs. Untreated Fellow Eye in FILLY Post Hoc Analysis

Includes patients from the Bilateral GA Population

Change from baseline in square root GA lesion growth (mm)

<table>
<thead>
<tr>
<th>GA</th>
<th>2 months</th>
<th>6 months</th>
<th>12 months</th>
</tr>
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<tbody>
<tr>
<td>Sham injections (N=72)</td>
<td>0.3</td>
<td>0.25</td>
<td>0.2</td>
</tr>
<tr>
<td>Pegcetacoplan every other month (n=63)</td>
<td>0.4</td>
<td>0.35</td>
<td>0.3</td>
</tr>
<tr>
<td>Pegcetacoplan monthly (N=69)</td>
<td>0.4</td>
<td>0.35</td>
<td>0.3</td>
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</table>

10% Difference
p > 0.1

23% Difference
p = 0.083

Includes patients from the Bilateral GA Population

Data on file
Pegcetacoplan Decreased Mean Lesion Growth 52% in 7 Patients with Bilateral GA in Phase 1b Post Hoc Analysis
Pegcetacoplan Slowed Progression of Early Disease in GA Patients in FILLY Post Hoc Analysis

Pegcetacoplan Slowed Progression of Early Disease in GA Patients in FILLY Post Hoc Analysis

Progression from iRORA to cRORA

- **Month 6**: Pegcetacoplan Monthly (n=19) - 50.0%, Sham (n=36) - 26.3%
- **Month 12**: Pegcetacoplan Monthly (n=19) - 50.0%, Sham (n=36) - 81.8%

Pearson Chi-Square:
- Month 6 - P=0.08; *Month 12 - P=0.02

Relative risk:
- Month 12 - 0.61 (0.37-1.00)

Sadda et al., EURETINA 2020 late-breaker
Expanded Pipeline:
Advancing 4 rare disease registrational programs
Amyotrophic Lateral Sclerosis (ALS)

**Current Treatments:** No approved therapies have been shown to stop or reverse disease progression

**Market Opportunity:** ~225,000 patients worldwide

**Next Steps:**
- First patient dosed in potentially registrational Phase 2 study by end of 2020 (Apellis)

Immune Complex Membranoproliferative Glomerulonephritis (IC-MPGN) & C3 Glomerulopathy (C3G)

**Current Treatments:** No approved therapies

**Market Opportunity:** ~18,000 patients in US and Europe

**Next Steps:**
- First patient dosed by end of the year in Phase 2 trial focused on histopathology of the kidney
- First patient dosed in Phase 3 study in 1H21 (Apellis)

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1. ClearView Analysis using physician and literature consensus.
Cold Agglutinin Disease (CAD)

**Current Treatments:** No approved therapies

**Market Opportunity:** ~10,500 patients in US and Europe\(^1\)

**Next Steps:**
- Initiate Phase 3 trial in 2021 (Sobi)

Hematopoietic Stem Cell Transplantation (HSCT)–associated Thrombotic Microangiopathy (TMA)

**Current Treatments:** No approved therapies

**Market Opportunity:** ~9,000 and ~18,000 allogeneic transplants conducted in U.S. and EU+ annually.\(^2,3\) TMA incidence can be up to 40%\(^4\)

**Next Steps:**
- Initiate potentially registrational Phase 2 study in 2021 (Sobi)

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1. Catenion using physician and literature consensus.
2. Current Uses and Outcomes of Hematopoietic Cell Transplantation (HCT): CIBMTR Summary Slides
Unlocking the Broad Potential of Targeting C3

PNH
- 48-week top-line PEGASUS data by end of 2020
- PDUFA May 14, 2021
- Phase 3 PRINCE top-line H1 2021
- EU CHMP opinion 2021

Geographic Atrophy
- Phase 3 DERBY & OAKS read-out Q3 2021

Pipeline
- Initiated registrational programs in nephrology (IC-MPGN/C3G) and neurology (ALS)
- Start two registrational programs in hematology (CAD and HSCT-TMA) in 2021
- Progress APL-9 in COVID-19