Subject: Update to MDs: ~250,000 SYFOVRE® (pegcetacoplan) injections administered!

May 7, 2024

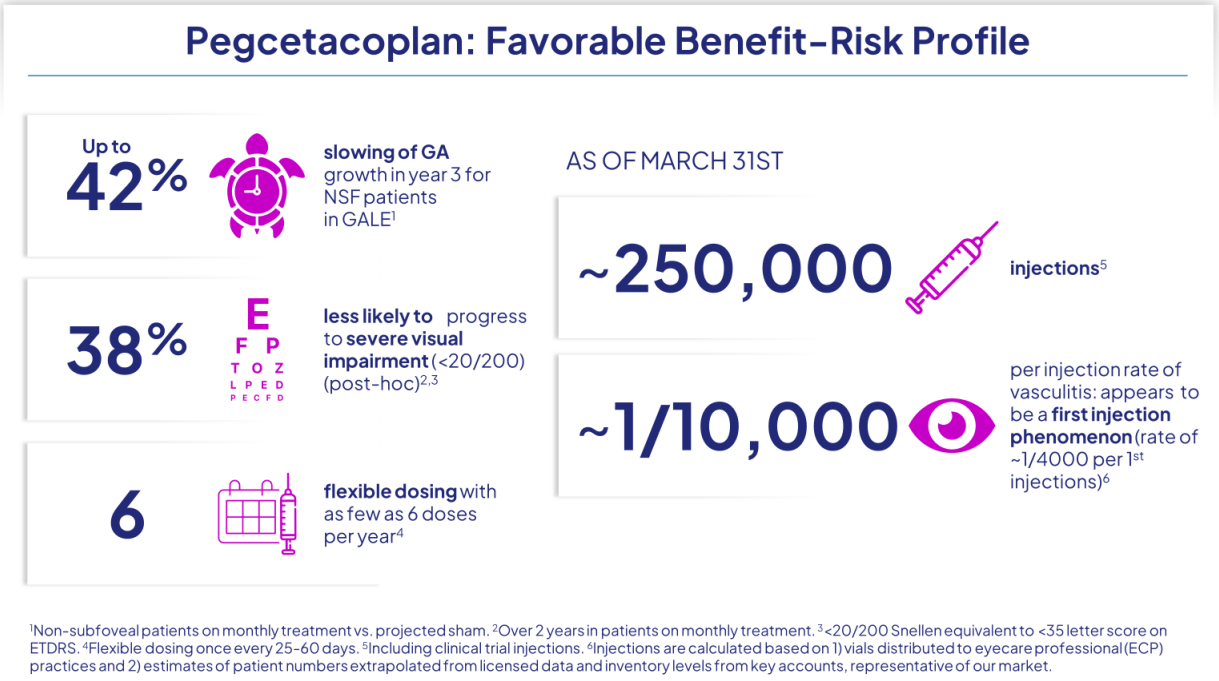
Dear Retina Community,

We are excited to share regular updates related to SYFOVRE® (pegcetacoplan injection), which is the **#1 chosen treatment for geographic atrophy** (GA).[1]

Since our last letter, new updates include:

- Approximately **250,000 SYFOVRE injections** have been administered across real-world and clinical trials as of March 31. SYFOVRE offers the most real-world experience of any GA treatment.
- We recently welcomed Dr. Phil Ferrone to the Apellis team as Chief Medical Retina Advisor. His extensive expertise has already proven invaluable as we advance care for patients with GA.
- A new SYFOVRE TV commercial for patients with GA will begin airing in early May. The commercial seeks to educate patients about SYFOVRE.

Additionally, we remain committed to providing you with the latest data to help you make informed treatment decisions:



Thank you for your continued collaboration. Should you have any questions, feel free to reach out to your Apellis representative.

ABOUT OAKS AND DERBY

OAKS (n=637) and DERBY (n=621) are Phase 3, multicenter, randomized, double-masked, sham-controlled studies comparing the efficacy and safety of SYFOVRE with sham injections across a broad and heterogenous population of patients with geographic atrophy (GA). Treatment with both monthly and every other month SYFOVRE reduced GA lesion growth with increasing treatment effects over time. In all GA patients regardless of lesion location, SYFOVRE reduced GA growth by 20% monthly and 17% every other month over 24 months. There was no statistically significant difference between SYFOVRE arms and sham pooled on visual functional measures at 24 months.

ABOUT GALE

GALE (n=792) is a Phase 3, multicenter, open-label, extension study to evaluate the long-term efficacy and safety of SYFOVRE in patients with geographic atrophy (GA). Open-label studies can allow for selection bias. Treatment effect from months 24-36 is compared to a projected sham (rather than an actual sham) that assumes a linear growth rate. This is a prespecified analysis but there is no statistical testing hierarchy. In all GA patients regardless of lesion location, SYFOVRE reduced GA growth by 25% monthly and 20% every other month over 36 months. Safety profile in the first 12 months of GALE is consistent with OAKS and DERBY.

INDICATION

SYFOVRE® (pegcetacoplan injection) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- SYFOVRE is contraindicated in patients with ocular or periocular infections, and in patients with active intraocular inflammation

WARNINGS AND PRECAUTIONS

- **Endophthalmitis and Retinal Detachments**
  - Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
- **Retinal Vasculitis and/or Retinal Vascular Occlusion**
  - Retinal vasculitis and/or retinal vascular occlusion, typically in the presence of intraocular inflammation, have been reported with the use of SYFOVRE. Cases may occur with the first dose of SYFOVRE and may result in severe vision loss. Discontinue treatment with SYFOVRE in patients who develop these events. Patients should be instructed to report any change in vision without delay.
- **Neovascular AMD**
  - In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. Patients receiving SYFOVRE should be monitored for signs of neovascular AMD. In case anti-Vascular Endothelial Growth Factor (anti-VEGF) is required, it should be given separately from SYFOVRE administration.

- **Intraocular Inflammation**
  - In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves, patients may resume treatment with SYFOVRE.
- **Increased Intraocular Pressure**
  - Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

ADVERSE REACTIONS

- Most common adverse reactions (incidence ≥5%) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.

Please see full Prescribing Information for more information.

Sincerely,

Caroline Baumal
Chief Medical Officer

Adam Townsend
Chief Operating Officer

1.Estimated from injection data as of 3/31/24. The underlying data set may not represent the entire patient population.