

Risk Evaluation and Mitigation Strategy (REMS) Document

EMPAVELI (pegcetacoplan) REMS PROGRAM

I. Administrative Information

Application Number: NDA 215014

Application Holder: Apellis Pharmaceuticals, Inc.

Initial REMS Approval: 05/2021

II. REMS Goal

The goal of the REMS is to mitigate the occurrence and morbidity associated with encapsulated bacteria infections (*Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y and B and *Haemophilus influenzae* Type B) by educating healthcare providers and patients about:

1. the potential risk of infections caused by encapsulated bacteria with Empaveli
2. the need for vaccination and antibiotic prophylaxis, if required,
3. the early signs of invasive encapsulated bacteria infections, and
4. the need for immediate medical evaluation of signs and symptoms consistent with possible encapsulated bacteria infections

III. REMS Requirements

Apellis Pharmaceuticals, Inc. must ensure that healthcare providers, patients, pharmacies, and wholesalers-distributors comply with the following requirements:

1. Healthcare providers who prescribe EMPAVELI must:

To become certified to prescribe	1. Review the drug's Prescribing Information. 2. Review the Patient Wallet Card, Healthcare Provider Brochure, and Patient Safety Guide. 3. Enroll in the REMS by completing the Prescriber Enrollment Form and submitting it to the REMS Program.
Before treatment initiation at least 2 weeks before first dose	4. Assess the patient's vaccination status and immunize if needed according to the current Advisory Committee on Immunization Practices for the following: <i>Streptococcus pneumoniae</i>, <i>Neisseria meningitidis</i> types A, C, W, Y and B and <i>Haemophilus influenzae</i> type B. 5. Provide the patient with a prescription for a 2-week course of antibiotic prophylaxis if EMPAVELI must be started less than 2 weeks after the patient was immunized. 6. Counsel the patient using the Patient Safety Guide and Patient Wallet Card. Provide a copy of the materials to the patient.

During treatment	7. Assess the patient for early signs and symptoms of serious bacterial infection and treat immediately, if infection is suspected. 8. Consider discontinuing EMPAVELI in patients who are being treated for serious bacterial infection. 9. Revaccinate patients according to the current Advisory Committee on Immunization Practices recommendations.
At all times	10. Report cases of serious bacterial infection, including the patient's clinical outcomes, to Apellis Pharmaceuticals, Inc.

2. Patients who are prescribed EMPAVELI:

Before treatment initiation at least 2 weeks before first dose	1. Get <i>Streptococcus pneumoniae</i>, <i>Neisseria meningitidis</i> types A, C, W, Y and B and <i>Haemophilus influenzae</i> type B vaccines as directed by your doctor. 2. Take antibiotics as directed by your doctor for 2 weeks after you get your vaccine(s) if you have to start EMPAVELI right away. 3. Receive counseling from the prescriber using the Patient Safety Guide and Patient Wallet Card.
During treatment	4. Get <i>Streptococcus pneumoniae</i>, <i>Neisseria meningitidis</i> types A, C, W, Y and B and <i>Haemophilus influenzae</i> Type B vaccines as directed by your doctor.
At all times	5. Inform the prescriber or get emergency medical care right away if any of the following occur: 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. 6. Have the Patient Wallet Card with you.

3. Pharmacies that dispense EMPAVELI must:

To become certified to dispense	1. Designate an Authorized Representative to carry out the certification process and oversee implementation and compliance with the REMS Program on behalf of the pharmacy. 2. Have the Authorized Representative review the Healthcare Provider Brochure. 3. Have the Authorized Representative enroll in the REMS by completing the Pharmacy Enrollment Form and submitting it to the REMS Program. 4. Train all relevant staff involved in dispensing EMPAVELI using the Healthcare Provider Brochure. 5. Establish processes and procedures to contact the prescriber to assess the patient's vaccination history including antibiotic prophylaxis and document the findings.
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Before dispensing	6. Obtain authorization to dispense each prescription by contacting the REMS Program to verify the prescriber is certified. 7. Assess the patient's vaccination history including antibiotic prophylaxis by contacting the prescriber and document the findings through the processes and procedures established as a requirement of the REMS Program.
To maintain certification to dispense	8. If the Authorized Representative changes, have the new Authorized Representative enroll in the REMS by completing the Pharmacy Enrollment Form and submitting it to the REMS.
At all times	9. Report adverse events suggestive of serious bacterial infections to Apellis Pharmaceuticals, Inc. 10. Not distribute, transfer, loan, or sell EMPAVELI, except to certified dispensers. 11. Maintain records of staff's completion of REMS training. 12. Maintain records that all processes and procedures are in place and are being followed. 13. Comply with audits carried out by Apellis Pharmaceuticals, Inc. or a third party acting on behalf of the applicant, to ensure that all processes and procedures are in place and are being followed.

4. Wholesalers-distributors that distribute EMPAVELI must:

To be able to distribute	1. Establish processes and procedures to ensure that the drug is distributed only to certified pharmacies. 2. Train relevant staff involved in EMPAVELI distribution on the REMS requirements.
At all times	3. Distribute only to certified pharmacies. 4. Maintain records of all drug distributions. 5. Comply with audits carried out by Apellis Pharmaceuticals, Inc. or a third party acting on behalf of the applicant to ensure that all processes and procedures are in place and are being followed.

Apellis Pharmaceuticals, Inc. must provide training to healthcare providers who prescribe EMPAVELI.

The training includes the following educational materials: [Patient Wallet Card](#), [Healthcare Provider Brochure](#), and [Patient Safety Guide](#). The training will be available online and by hard copy, fax, and mail.

Apellis Pharmaceuticals, Inc. must provide training to pharmacies that dispense EMPAVELI.

The training includes the following educational material: [Healthcare Provider Brochure](#). The training must be available online and by hard copy, fax, and mail.

To support REMS Program operations, Apellis Pharmaceuticals, Inc. must:

1. Establish and maintain a REMS Program Website, www.EMPAVELIREMS.com. The REMS Program website must include the capability to complete prescriber certification online and the option to print the Prescribing Information, Medication Guide, and REMS materials. All product websites for

consumers and healthcare providers must include prominent REMS-specific links to the REMS Program website. The REMS Program website must not link back to the promotional product website(s).

2. Make the REMS Program website fully operational and all REMS materials available through the website or call center by the date EMPAVELI is first commercially distributed.
3. Establish and maintain a REMS Program call center for REMS participants at 1-888-343-7073.
4. Establish and maintain a validated, secure database of all REMS participants who are certified in the EMPAVELI REMS Program.
5. Ensure prescribers are able to enroll in the REMS by fax and online.
6. Ensure pharmacies are able to enroll in the REMS by fax.
7. Ensure prescribers and pharmacies are able to report serious bacterial infection adverse events by contacting Apellis Pharmaceuticals, Inc., by phone.
8. Ensure that once a report suggestive of serious bacterial infection is received, Apellis Pharmaceuticals, Inc. will follow-up with the healthcare provider to obtain all required data. This requirement does not affect Apellis Pharmaceutical's, Inc. other reporting and follow-up requirements under FDA regulations.
9. Provide the [Healthcare Provider Brochure](#), [Prescriber Enrollment Form](#), [Patient Safety Guide](#), [Patient Wallet Card](#), and the Prescribing Information to prescribers who (1) attempt to prescribe EMPAVELI and are not yet certified or (2) inquire about how to become certified.
10. Provide [Healthcare Provider Brochure](#) and [Pharmacy Enrollment Form](#) to pharmacies that (1) attempt to order/dispense and are not yet certified or (2) inquire about how to become certified.
11. Notify prescribers and pharmacies within 2 business days after they become certified in the REMS Program.
12. Provide certified pharmacies access to the database of certified prescribers.
13. Provide certified prescribers access to the database of certified pharmacies.
14. Provide authorized wholesalers-distributors access to a database of certified pharmacies.

To ensure REMS participants' compliance with the REMS Program, Apellis Pharmaceuticals, Inc. must:

15. Maintain adequate records to demonstrate that REMS requirements have been met, including, but not limited to, records of: EMPAVELI distribution and dispensing; certification of prescribers and pharmacies; and audits of REMS participants. These records must be readily available for FDA inspections.
16. Verify annually that the designated Authorized Representative for the pharmacy is the same. If different, the pharmacy must re-certify with a new Authorized Representative.
17. Establish a plan for addressing noncompliance with REMS Program requirements.
18. Monitor prescribers and pharmacies on an ongoing basis to ensure the requirements of the REMS are being met. Take corrective action if non-compliance is identified, including de-certification.
19. Audit pharmacies and wholesalers-distributors no later than 120 calendar days after they become certified/authorized to dispense and distribute the drug, respectively, and annually thereafter, to

ensure that all REMS processes and procedures are in place, functioning, and support the REMS Program requirements.

20. Take reasonable steps to improve implementation of and compliance with the requirements of the EMPAVELI REMS Program based on monitoring and evaluation of the EMPAVELI REMS Program.

IV. REMS Assessment Timetable

Apellis Pharmaceuticals, Inc. must submit REMS Assessments at 6 months, 12 months, and annually thereafter from the date of the initial approval of the REMS. To facilitate inclusion of as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 calendar days before the submission date for that assessment. Apellis Pharmaceuticals, Inc. must submit each assessment so that it will be received by the FDA on or before the due date.

V. REMS Materials

The following materials are part of the EMPAVELI REMS:

Enrollment Forms

Prescriber:

1. [Prescriber Enrollment Form](#)

Pharmacy:

2. [Pharmacy Enrollment Form](#)

Training and Educational Materials

Prescriber:

3. [Healthcare Provider Brochure](#)

Patient:

4. [Patient Safety Guide](#)
5. [Patient Wallet Card](#)

Pharmacy:

6. [Healthcare Provider Brochure](#)

Other Materials

7. [REMS Program website](#)

EMPAVELI™(pegcetacoplan) REMS Prescriber Enrollment Form

EMPAVELI is only available through the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS).
All prescribers must be certified to be able to prescribe EMPAVELI.

To become certified in the EMPAVELI REMS and prescribe EMPAVELI:

1. Review the EMPAVELI **Prescribing Information**
2. Review the **Healthcare Provider Brochure**
3. Review the **Patient Safety Guide**
4. Review the **Patient Wallet Card**
5. Complete and submit this **Prescriber Enrollment Form** to the EMPAVELI REMS

Submit the completed Prescriber Enrollment Form via:

- a. Online at www.EMPAVELIREMS.com, or
- b. Fax to the EMPAVELI REMS at 1-877-778-3820

Prescriber Information			
Note: Fields marked with an * are REQUIRED.			
*First Name:	Middle Initial:	*Last Name:	
*Credentials: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other _____			
*Specialty: ☐ Hematology/Oncology ☐ Immunology ☐ Internal Medicine ☐ Nephrology ☐ Neurology ☐ Rheumatology ☐ Other _____			
*National Provider Identifier (NPI) #:		State License #:	
Practice/Facility Name:			
*Street Address:			
*City:		*State:	*ZIP Code:
*Office Phone Number:	*Office Fax Number:		*E-mail:
Preferred Method of Communication (please select one): ☐ Fax ☐ E-mail ☐ Phone			Preferred Time of Contact: ☐ AM ☐ PM
☐ Additonal/Alternate Office Contact Information (Y/N) Note: Fields marked with an * are REQUIRED.			
First Name:		Last Name:	
Office Contact Phone Number: ☐ Same as above	Office Contact Fax Number: ☐ Same as above		Email:

Prescriber Attestations

I have:

- Reviewed the EMPAVELI Prescribing Information.
- Reviewed the **Healthcare Provider Brochure**, **Patient Safety Guide** and **Patient Wallet Card**.

Before treatment initiation (at least 2 weeks before first dose), I must:

- Assess the patient's vaccination status and immunize if needed according to the current Advisory Committee on Immunization Practices for the following: *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* Type B.
- Provide the patient with a prescription for a 2-week course of antibiotic prophylaxis if EMPAVELI must be started less than 2 weeks after the patient was immunized.
- Counsel the patient using the **Patient Safety Guide** and **Patient Wallet Card**. Provide a copy of the materials to the patient.

During treatment, I must:

- Assess the patient for early signs and symptoms of serious bacterial infection and treat immediately, if infection is suspected.
- Consider discontinuing EMPAVELI in patients who are being treated for serious bacterial infection.
- Revaccinate patients according to the current Advisory Committee on Immunization Practices recommendations.

At all times, I must:

- Report cases of serious bacterial infection, including the patient's clinical outcomes, to Apellis Pharmaceuticals, Inc.

I understand that if I do not maintain compliance with the requirements of the EMPAVELI REMS, I will no longer be able to prescribe EMPAVELI.

I understand that EMPAVELI REMS and its agents or contractors may contact me to support the administration of the EMPAVELI REMS.

*Prescriber Signature:

*Date (MM/DD/YYYY):

EMPAVELI is only available through the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS). To become certified in the EMPAVELI REMS and dispense EMPAVELI, a pharmacy must designate an Authorized Representative to:

1. Review the **Healthcare Provider Brochure**
2. Complete and submit this **Pharmacy Enrollment Form**
3. Oversee implementation and compliance of the EMPAVELI REMS requirements

Submit the completed Pharmacy Enrollment Form via:

- Fax to the EMPAVELI REMS at 1-877-778-3820

Authorized Representative Attestations

As the Authorized Pharmacy Representative, I must:

- Review the **Healthcare Provider Brochure**.
- Train all relevant staff involved in dispensing EMPAVELI using the **Healthcare Provider Brochure**.
- Establish processes and procedures to contact the prescriber to assess the patient's vaccination history including antibiotic prophylaxis and document the findings.

Before dispensing, all pharmacy staff must:

- Obtain authorization to dispense each prescription by contacting the EMPAVELI REMS to verify the prescriber is certified.
- Assess the patient's vaccination history including antibiotic prophylaxis by contacting the prescriber and document the findings through the processes and procedures established as a requirement of the EMPAVELI REMS.

At all times:

- Report adverse events suggestive of serious bacterial infections to Apellis Pharmaceuticals, Inc.
- Not distribute, transfer, loan, or sell EMPAVELI, except to certified dispensers.
- Maintain records of staff's completion of EMPAVELI REMS training.
- Maintain records that all processes and procedures are in place and are being followed.
- Comply with audits carried out by Apellis Pharmaceuticals, Inc. or a third party acting on behalf of Apellis, to ensure that all processes and procedures are in place and are being followed.

To maintain certification to dispense, any new Authorized Representative must:

- Enroll in the EMPAVELI REMS by completing the Pharmacy Enrollment Form and submitting it to the EMPAVELI REMS.

Authorized Representative: Please PRINT your name and phone number here.

*Name: _____ Last _____ First	*Phone Number): _____
*Authorized Representative Signature: _____	*Date (MM/DD/YYYY): _____

Authorized Representative Information

Note: Fields marked with an * are REQUIRED.

*First Name:	Middle Initial:	*Last Name:
*Title/Position:		
*Phone Number:	*Fax Number:	*E-mail:
*Preferred Method of Communication (please select one): ☐ Fax ☐ E-mail ☐ Phone		

Pharmacy Information

*Pharmacy Name:		
*Pharmacy Street Address:		
*City:	*State:	*ZIP Code:
*Pharmacy Phone Number:	Pharmacy Fax Number:	
*Pharmacy National Provider Identifier (NPI) #:	*Drug Enforcement Agency Number (DEA) #:	*Pharmacy Health Industry Number (HIN) # (optional):

By completing and submitting this form as directed above and receiving certification confirmation, your pharmacy will be certified in the EMPAVELI REMS. You will receive confirmation of your certification via e-mail.

Phone: 1-888-343-7073

| www.EMPAVELIREMS.com

| Fax: 1-877-778-3820



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EMPAVELI™ (pegcetacoplan) Risk Evaluation and Mitigation Strategy (REMS)

Healthcare Provider Brochure



If you have any questions regarding the REMS,
please visit www.EMPAVELIREMS.com
or call 1-888-343-7073.

Please see Prescribing Information, including BOXED WARNING for serious infections caused by encapsulated bacteria, for more detailed safety information for EMPAVELI.

What is EMPAVELI™?

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

Risk of Serious Bacterial 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 (Hib).
- To reduce the risk of infection, all patients must be vaccinated against these bacteria according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations for patients with altered immunocompetence associated with complement deficiencies
- Vaccinate patients against encapsulated bacteria as recommended at least 2 weeks prior to administering first dose of EMPAVELI unless the risks of delaying EMPAVELI therapy outweigh the risk of developing a serious infection.
- 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.
- 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.

See the **Prescribing Information** for EMPAVELI, including **BOXED WARNING**, for more information on the risk of serious bacterial infection.

What is the EMPAVELI REMS?

This Risk Evaluation and Mitigation Strategy (REMS) is a safety program required by the Food and Drug Administration (FDA) to ensure the potential benefits of EMPAVELI outweigh its risks.

EMPAVELI is available only through the EMPAVELI REMS, a restricted distribution program that seeks to ensure prescribers are informed about the risk of serious infections associated with the use of EMPAVELI. Prescribers must become certified in the REMS before prescribing EMPAVELI.

What do Healthcare Providers Need to Do Before Prescribing EMPAVELI?

To enable prescribing:

Prescribers of EMPAVELI must be certified (enrolled) in the REMS to prescribe. To certify, prescribers must complete the following steps:

STEPS

- 1:** Review the EMPAVELI [Prescribing Information](#)
- 2:** Review the [Healthcare Provider Brochure](#) (this document)
- 3:** Review the [Patient Safety Guide](#)
- 4:** Review the [Patient Wallet Card](#)
- 5:** Complete and submit the [Prescriber Enrollment Form](#) to the EMPAVELI REMS

Prescribers will be notified within 2 business days when their certification in the EMPAVELI REMS is complete and they can prescribe EMPAVELI.

Before initiating a patient's treatment:

- Assess the patient's vaccination status for the following: *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* Type B (HiB), and immunize patient if needed according to the current ACIP recommendations for vaccinations against encapsulated bacteria in patients with altered immunocompetence associated with complement deficiencies.
- If immediate therapy with EMPAVELI is indicated, administer required vaccine as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.
- Counsel the patient on:
 - the requirement to vaccinate patients against encapsulated bacteria.
 - How to recognize and respond to signs and symptoms of serious bacterial infection, using the **Patient Safety Guide** and **Patient Wallet Card**.
- Provide the patient with the **Patient Safety Guide** and **Patient Wallet Card**.

During a patient's treatment:

- Assess patients for early signs and symptoms of serious infection and treat patients immediately if an infection is suspected.
- Consider discontinuation of EMPAVELI in patients who are undergoing treatment for serious bacterial infection.
- Revaccinate patients in accordance with ACIP recommendations for patients with altered immunocompetence associated with complement deficiencies.

At all times:

- Report cases of serious bacterial infection, including the patient's clinical outcomes, to Apellis Pharmaceuticals, Inc.
- Comply with the requirements of the EMPAVELI REMS to maintain certification to prescribe.
- Comply with requests from the EMPAVELI REMS and its agents or contractors to support the administration of the EMPAVELI REMS.

What do Pharmacists Need to Do to Dispense EMPAVELI?

To enable dispensing:

EMPAVELI may only be dispensed by pharmacies that are certified to dispense. To become certified, the pharmacy must designate an Authorized Representative to carry out the certification process and oversee implementation and compliance with the REMS on behalf of the pharmacy. For a pharmacy to become certified, the Authorized Representative must complete the following steps:



By completing the Pharmacy Enrollment Form, the Authorized Representative agrees that s/he has:

- Reviewed the **Healthcare Provider Brochure**.
- Completed the **Pharmacy Enrollment Form** and submitted it to the EMPAVELI REMS.
- Agreed to train all relevant staff involved in dispensing EMPAVELI using the Healthcare Provider Brochure.
- Establish processes and procedures to contact the prescriber to assess the patient's vaccination history including antibiotic prophylaxis and document the findings.

Before dispensing, the Authorized Representative will ensure that all pharmacy staff must:

- Obtain authorization to dispense each prescription by contacting the EMPAVELI REMS online or by calling the REMS Coordinating Center to verify the prescriber is certified.
- Assess the patient's vaccination history including antibiotic prophylaxis by contacting the prescriber and document the findings through the processes and procedures established as a requirement of the EMPAVELI REMS.

On behalf of the pharmacy, the Authorized Representative will comply with the following EMPAVELI REMS requirements:

- Report adverse events of serious bacterial infections to Apellis Pharmaceuticals, Inc.
- Not distribute, transfer, loan or sell EMPAVELI, except to certified dispensers.
- Maintain records documenting staff's completion of training.
- Maintain records that all EMPAVELI REMS processes and procedures are in place and being followed.
- Comply with audits carried out by Apellis Pharmaceuticals, Inc. or third party acting on behalf of Apellis Pharmaceuticals, Inc. to ensure that all processes and procedures are in place and are being followed.

To maintain certification to dispense:

- Any new Authorized Representative must enroll in the EMPAVELI REMS by completing the Pharmacy Enrollment Form and submitting it to the EMPAVELI REMS.

Adverse Event Reporting:

Healthcare Providers should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc. at 1-833-866-3346 or the FDA at www.fda.gov/medwatch or by calling 1-800-FDA-1088.

EMPAVELI REMS Resources

For more information about the EMPAVELI REMS, visit www.EMPAVELIREMS.com or call the EMPAVELI REMS at 1-888-343-7073.

The below resources are available for download at www.EMPAVELIREMS.com.

Prescriber

- [Prescribing Information](#)
- [Healthcare Provider Brochure \(this document\)](#)
- [Prescriber Enrollment Form](#)



Pharmacy

- [Healthcare Provider Brochure \(this document\)](#)



Patient

- [Medication Guide](#)
- [Patient Safety Guide](#)
- [Patient Wallet Card](#)



This guide does not provide complete safety information on EMPAVELI.

Please see Prescribing Information, including BOXED WARNING for serious infections caused by encapsulated bacteria, for complete safety profile of EMPAVELI.

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EMPAVELI™ **(pegcetacoplan)**

Patient Safety Guide

What is EMPAVELI™?

EMPAVELI™ (pegcetacoplan) is a prescription medicine that is used to treat adults with a disease called paroxysmal nocturnal hemoglobinuria (PNH). EMPAVELI is given by infusion under the skin.

What are the serious risks of EMPAVELI?

EMPAVELI can lower the ability of your immune system to fight infections. **EMPAVELI may increase the risk of getting serious infections. Serious infections may quickly become life-threatening and cause death if not recognized and treated early.** These serious infections are caused by certain bacteria: *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae type B*.

Call your healthcare provider or get emergency care right away if you have 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

Why are vaccines important?

- Vaccines lower the risk of getting serious infections. However, vaccines do not prevent all serious infections.
- Your healthcare provider will review what vaccines you have had.
- You must be vaccinated against certain bacteria at least 2 weeks before your first dose of EMPAVELI unless you have already had the 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 started right away, you should also receive 2 weeks of antibiotics with your vaccinations.
- If you have been vaccinated against certain bacteria in the past, you might need additional vaccinations before starting EMPAVELI. Your healthcare provider will decide if you need additional vaccinations.

What do I need to do before and after my treatment with EMPAVELI?

- Review the **Patient Safety Guide** (this document) and **Patient Wallet Card**.
- Receive counseling from your healthcare provider on the risk of serious infections and their possible signs and symptoms using the **Patient Safety Guide** and **Patient Wallet Card**.
- Tell your healthcare provider about what vaccines you have had.
- Get vaccines as told by your healthcare provider.
- Take antibiotics as told by your healthcare provider for 2 weeks after receiving a vaccine if EMPAVELI must be started right away.

Patient Wallet Card:

- You will receive a Patient Wallet Card from your healthcare provider.
- Carry this card at all times during treatment and for 2 months after your last EMPAVELI dose.
- Show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.
- Get treatment right away for any symptoms of serious bacterial infection even if you do not have your card on you.

At all times:

- Get immediate medical care right away if you have any of the signs of a serious infection (as shown on the page one).

What is a Risk Evaluation and Mitigation Strategy (REMS)?

A REMS is a drug safety program that the US Food and Drug Administration (FDA) requires for certain medicines with serious safety concerns. Drug companies, healthcare providers, and pharmacies must take extra steps to make sure the benefits of using the drug are greater than the risks.

Why does EMPAVELI have a REMS?

EMPAVELI has a REMS because it can increase your chance of having serious infections, which may quickly become life-threatening and cause death if not recognized and treated early. The EMPAVELI REMS was set up to make sure healthcare providers, pharmacists, and patients are aware of these serious risks.

How will I get my EMPAVELI medicine?

Only certain pharmacies can fill your EMPAVELI prescription. The pharmacies that are part of the EMPAVELI REMS will contact you to fill your prescription for EMPAVELI and ship it to your preferred address. If you have questions about the EMPAVELI REMS, you can call the EMPAVELI REMS.

Phone: 1-888-343-7073

Hours of Operation: 8:00 AM – 8:00 PM Eastern Time

www.EMPAVELIREMS.com

IMPORTANT SAFETY INFORMATION:

If you have any questions about your health or medicines, talk to your healthcare provider.

To report side effects, contact the REMS Program at 1-888-343-7073

Apellis Pharmaceuticals, Inc. at 1-833-866-3346, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch



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For more information about EMPAVELI, please refer to the full Prescribing Information.

To report adverse events or safety concerns, call 833-866-3346.

Patients receiving EMPAVELI should carry this card at all times.

- This patient has been prescribed EMPAVELI (pegcetacoplan), which may increase the patient's risk of serious bacterial infections such as *Streptococcus pneumoniae*, *Neisseria meningitidis*, and *Haemophilus influenzae* type B infections.
- Serious bacterial infections may become rapidly life-threatening or fatal if not recognized and treated early
- Closely monitor patients for early signs and symptoms of serious infection and evaluate immediately if infection is suspected.
- Promptly treat known infections.
- Contact the patient's prescribing physician as soon as possible

INFORMATION FOR THE TREATING PHYSICIAN

! KEEP THIS WALLET CARD WITH YOU AT ALL TIMES !

**SHOW IT TO ANY HEALTHCARE PROVIDER
INVOLVED IN YOUR HEALTH CARE AND IF YOU
GO TO THE HOSPITAL**

 **EMPAVELI™**
(pegcetacoplan) injection
1080 mg/20 mL solution

EMPAVELI may increase your chance of getting serious and life-threatening infections. Serious infections may quickly become life-threatening and cause death if not recognized and treated early. Call your healthcare provider or get emergency care right away if you have 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

Please keep this card 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.

Show this card to any healthcare provider involved in your health care.

Patient Name

Prescriber Name

Prescriber Phone



Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

What is a REMS?

A REMS is a program that the US Food and Drug Administration (FDA) requires for certain medicines with serious safety concerns. Drug companies, prescribers, and pharmacies must take extra steps to make sure the benefits of using the drug are greater than the risks.

What is the Purpose of the EMPAVELI REMS?

The purpose of the EMPAVELI REMS is to mitigate the occurrence and morbidity associated with encapsulated bacteria infections (*Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* Type B) by educating healthcare providers and patients about:

- the potential risk of infections caused by encapsulated bacteria with EMPAVELI
- the need for vaccination and antibiotic prophylaxis, if required
- the early signs of invasive encapsulated bacteria infections, and
- the need for immediate medical evaluation of signs and symptoms consistent with possible encapsulated bacteria infections

What does EMPAVELI treat?

EMPAVELI is a complement C3 inhibitor indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).

Adverse Event Reporting:

Prescribers and Pharmacists should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc at 1-833-866-3346 (Apellis Medical Information) or to FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

Apellis



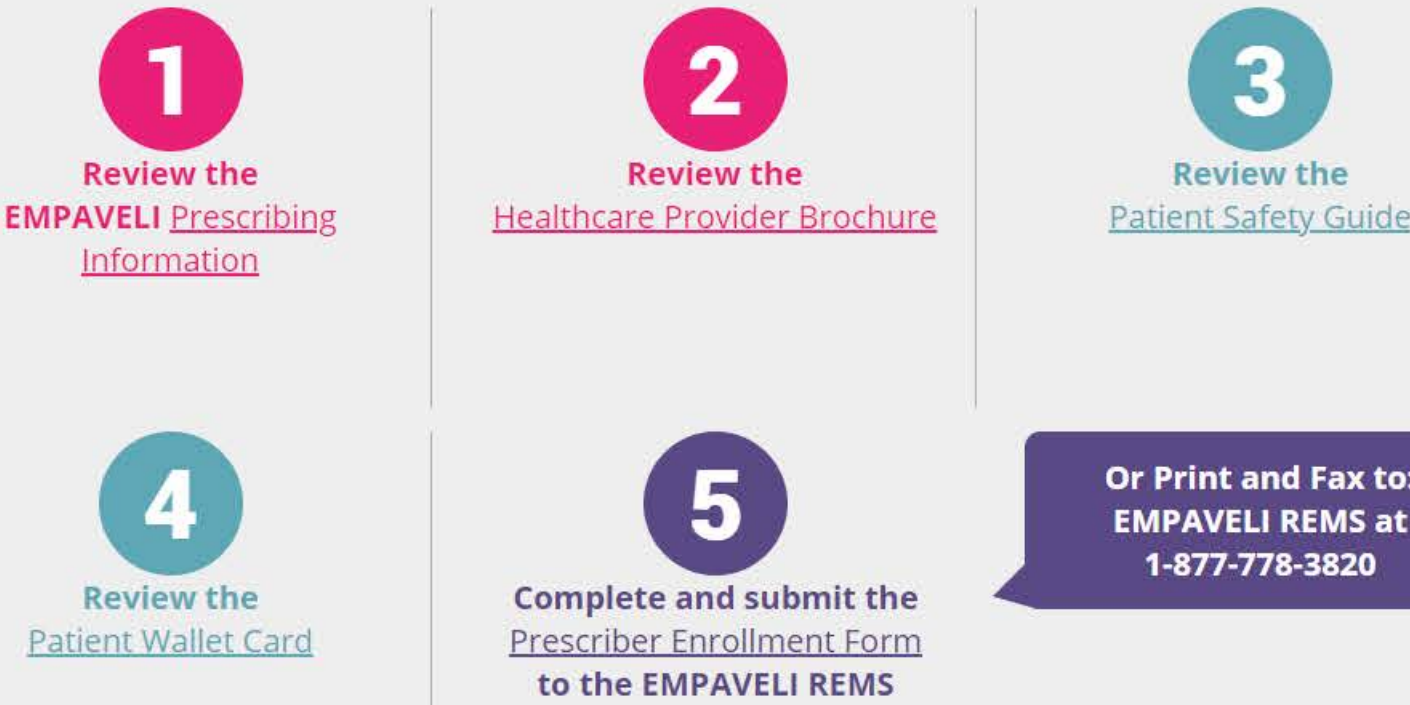
Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Prescribers

Program Requirements for Prescribers

Prescribers of EMPAVELI must be certified in the REMS to prescribe. To become certified, prescribers must complete the following steps:



Prescribers will be notified within 2 business days when their certification in the EMPAVELI REMS is complete and they can prescribe EMPAVELI.

Patient Counseling

Healthcare Providers Must:

- Counsel patients on:
 - The requirement to vaccinate against encapsulated bacteria
 - Taking antibiotics as directed before vaccination and 2 weeks after receiving a vaccine if EMPAVELI must be started right away
 - How to recognize and respond to signs and symptoms of serious bacterial infection, using the [Patient Safety Guide](#) and [Patient Wallet Card](#)
- Provide the patient with the [Patient Safety Guide](#) and [Patient Wallet Card](#)
- Remind patients to:
 - Carry the EMPAVELI [Patient Wallet Card](#) at all times
 - Show the [Patient Wallet Card](#) to any healthcare provider involved in their health care
 - Seek immediate medical attention if the patient has any of the signs or symptoms of a serious bacterial infection
 - Explain to patients that if they cannot reach their doctor, they should go to the emergency room immediately and show the emergency room staff the EMPAVELI [Patient Wallet Card](#)
 - Even if a patient stops using EMPAVELI, s/he should keep the EMPAVELI [Patient Wallet Card](#) with them for at least 2 months after their last dose of EMPAVELI

Adverse Event Reporting:

Prescribers and Pharmacists should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc at 1-833-866-3346 (Apellis Medical Information) or to FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.





Welcome to the EMPA VELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Prescribers

EMPA VELI (pegcetacoplan) REMS Prescriber Enrollment Form

EMPA VELI™ is only available through the EMPA VELI Risk Evaluation and Mitigation Strategy (REMS). All prescribers must be certified to be able to prescribe EMPA VELI.

To become certified in the EMPA VELI REMS and prescribe EMPA VELI:

1. Review the EMPA VELI **Prescribing Information**
2. Review the **Healthcare Provider Brochure**
3. Review the **Patient Safety Guide**
4. Review the **Patient Wallet Card**
5. Complete and submit this **Prescriber Enrollment Form** to the EMPA VELI REMS

Complete all mandatory fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS Program will notify the prescriber of successful certification within 2 business days.

(* indicates required field)

Prescriber Information

* National Provider Identifier (NPI) #

CONTINUE

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Welcome to the EMPAVELITM REMS

(Risk Evaluation and Mitigation Strategy)

Prescribers

EMPAVELI (pegcetacoplan) REMS Prescriber Enrollment Form

EMPAVELITM is only available through the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS). All prescribers must be certified to be able to prescribe EMPAVELI.

To become certified in the EMPAVELI REMS and prescribe EMPAVELI:

1. Review the EMPAVELI **Prescribing Information**
2. Review the **Healthcare Provider Brochure**
3. Review the **Patient Safety Guide**
4. Review the **Patient Wallet Card**
5. Complete and submit this **Prescriber Enrollment Form** to the EMPAVELI REMS

Complete all mandatory fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS Program will notify the prescriber of successful certification within 2 business days.

(* indicates required field)

Prescriber Information

The National Provider Identifier entered is already registered with the EMPAVELI REMS Program. Your Prescriber REMS ID is [99999] and your REMS status is [STATUS]. Please login with the username associated with the National Provider Identifier or contact the EMPAVELI REMS at 1-888-343-7073 for additional information.

* National Provider Identifier (NPI) #

[CONTINUE](#)



Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Prescribers

EMPAVELI (pegcetacoplan) REMS Prescriber Enrollment Form

EMPAVELI™ is only available through the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS). All prescribers must be certified to be able to prescribe EMPAVELI.

To become certified in the EMPAVELI REMS and prescribe EMPAVELI:

1. Review the EMPAVELI **Prescribing Information**
2. Review the **Healthcare Provider Brochure**
3. Review the **Patient Safety Guide**
4. Review the **Patient Wallet Card**
5. Complete and submit this **Prescriber Enrollment Form** to the EMPAVELI REMS

Complete all mandatory fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS Program will notify the prescriber of successful certification within 2 business days.

(* indicates required field)

Prescriber Information

*National Provider Identifier (NPI) #

1234567890

If the prescriber name/address do not match what is displayed below, please contact the EMPAVELI REMS Call Center at 1-888-343-7073.

*First Name

John

Middle Initial

*Last Name

Smith

State License #

*Credentials

- ☐ MD ☐ DO ☐ NP ☐ PA
☐ Other

*Specialty

- ☐ Hematology/Oncology ☐ Immunology ☐ Internal Medicine
☐ Nephrology ☐ Neurology ☐ Rheumatology ☐ Other

Practice/Facility Name

*Street Address 1

123 Main Street

Street Address 2

*City

Philadelphia

*State

PA

*ZIP Code

99999

*Office Phone Number

*Office Fax Number

*E-mail

Preferred Method of Communication (please select one)

- ☐ Phone ☐ Fax ☐ Email

Preferred Time of Contact

- ☐ AM ☐ PM

Additional/Alternate Office Contact Information

Note: If you would like to add an office contact, all fields in this section are required. If you have any questions, please reach out to the EMPAVELI REMS at 1-888-343-7073.

First Name

Last Name

Email

☐ Office Contact Phone Number - Same as above

☐ Office Contact Fax Number - Same as above

Office Contact Phone Number

Office Contact Fax Number

Prescriber Agreement

I have:

- Reviewed the EMPAVELI Prescribing Information.
- Reviewed the Healthcare Provider Brochure, Patient Safety Guide and Patient Wallet Card.

Before treatment initiation (at least 2 weeks before first dose), I must:

- Assess the patient's vaccination status and immunize if needed according to the current Advisory Committee on Immunization Practices for the following: *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* Type B.
- Provide the patient with a prescription for a 2-week course of antibiotic prophylaxis if Empaveli must be started less than 2 weeks after the patient was immunized.
- Counsel the patient using the Patient Safety Guide and Patient Wallet Card. Provide a copy of the materials to the patient.

During treatment, I must:

- Assess the patient for early signs and symptoms of serious bacterial infection and treat immediately, if infection is suspected.
- Consider discontinuing EMPAVELI in patients who are being treated for serious bacterial infection.
- Revaccinate patients according to the current Advisory Committee on Immunization Practices recommendations.

At all times, I must:

- Report cases of serious bacterial infection, including the patient's clinical outcomes, to Apellis Pharmaceuticals, Inc.

I understand that if I do not maintain compliance with the requirements of the EMPAVELI REMS, I will no longer be able to prescribe EMPAVELI.

I understand that EMPAVELI REMS and its agents or contractors may contact me to support the administration of the EMPAVELI REMS.

☐ *Prescriber Signature

CANCEL

SUBMIT





Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Prescribers

EMPAVELI (pegcetacoplan) REMS Prescriber Enrollment Form

EMPAVELI™ is only available through the EMPAVELI Risk Evaluation and Mitigation Strategy (REMS). All prescribers must be certified to be able to prescribe EMPAVELI.

To become certified in the EMPAVELI REMS and prescribe EMPAVELI:

1. Review the EMPAVELI **Prescribing Information**
2. Review the **Healthcare Provider Brochure**
3. Review the **Patient Safety Guide**
4. Review the **Patient Wallet Card**
5. Complete and submit this **Prescriber Enrollment Form** to the EMPAVELI REMS

Complete all mandatory fields on this form to avoid a delay in the enrollment process. Upon completion of these steps, the REMS Program will notify the prescriber of successful certification within 2 business days.

(* indicates required field)

Prescriber Information

* National Provider Identifier (NPI) #

1234567890

If the prescriber name/address do not match what is displayed below, please contact the EMPAVELI REMS Call Center at 1-888-343-7073.

* First Name

John

Middle Initial

* Last Name

Smith

State License #

* Credentials

- ☐ MD ☐ DO ☐ NP ☐ PA
☒ Other

* Specialty

- ☐ Hematology/Oncology ☐ Immunology ☐ Internal Medicine
☐ Nephrology ☐ Neurology ☐ Rheumatology ☒ Other

* Credentials Other

Other

* Specialty Other

Other

Practice/Facility Name

* Street Address 1

123 Main Street

Street Address 2

* City

Philadelphia

* State

PA

* ZIP Code

99999

* Office Phone Number

* Office Fax Number

* E-mail

Preferred Method of Communication (please select one)

- ☐ Phone ☐ Fax ☐ Email

Preferred Time of Contact

- ☐ AM ☐ PM

Additional/Alternate Office Contact Information

Note: If you would like to add an office contact, all fields in this section are required. If you have any questions, please reach out to the EMPAVELI REMS at 1-888-343-7073.

* First Name

John

* Last Name

* Email

☒ Office Contact Phone Number - Same as above

☒ Office Contact Fax Number - Same as above

Prescriber Agreement

I have:

- Reviewed the EMPAVELI Prescribing Information.
- Reviewed the Healthcare Provider Brochure, Patient Safety Guide and Patient Wallet Card.

Before treatment initiation (at least 2 weeks before first dose), I must:

- Assess the patient's vaccination status and immunize if needed according to the current Advisory Committee on Immunization Practices for the following: *Streptococcus pneumoniae*, *Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* Type B.
- Provide the patient with a prescription for a 2-week course of antibiotic prophylaxis if Empaveli must be started less than 2 weeks after the patient was immunized.
- Counsel the patient using the Patient Safety Guide and Patient Wallet Card. Provide a copy of the materials to the patient.

During treatment, I must:

- Assess the patient for early signs and symptoms of serious bacterial infection and treat immediately, if infection is suspected.
- Consider discontinuing EMPAVELI in patients who are being treated for serious bacterial infection.
- Revaccinate patients according to the current Advisory Committee on Immunization Practices recommendations.

At all times, I must:

- Report cases of serious bacterial infection, including the patient's clinical outcomes, to Apellis Pharmaceuticals, Inc.

I understand that if I do not maintain compliance with the requirements of the EMPAVELI REMS, I will no longer be able to prescribe EMPAVELI.

I understand that EMPAVELI REMS and its agents or contractors may contact me to support the administration of the EMPAVELI REMS.

☐ * Prescriber Signature

CANCEL

SUBMIT

Apellis



Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Prescriber Enrollment Submitted Successfully

Thank you for submitting your online enrollment to the EMPAVELI REMS.

A username and temporary password has been sent to the email address on file, which allows you to login to our secure prescriber portal.

If you have any questions, please contact the EMPAVELI REMS at 1-888-343-7073 to speak with a REMS Coordinating Center team member.

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Welcome to the EMPAVELITM REMS

(Risk Evaluation and Mitigation Strategy)

Pharmacies

Program Requirements for Pharmacies

EMPAVELI is only available from pharmacies that are certified in the EMPAVELI REMS.

To become certified, the pharmacy must designate an Authorized Representative to carry out the certification process and oversee implementation and compliance with the REMS on behalf of the pharmacy.

For a pharmacy to become certified, the Authorized Representative must complete the following steps:

1

Review the
[Healthcare Provider Brochure](#)

2

Complete and submit the
[Pharmacy Enrollment Form](#)
to the EMPAVELI REMS

3

Oversee implementation and
compliance of the EMPAVELI
REMS requirements

Materials for Pharmacies



Healthcare Provider
Brochure

To obtain the **Pharmacy Enrollment Form**, please contact the REMS Coordinating Center by phone at 1-888-343-7073 or by fax at 1-877-778-3820.

Adverse Event Reporting:

Prescribers and Pharmacists should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc at 1-833-866-3346 (Apellis Medical Information) or to FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.



Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Resources

Prescriber	Prescribing Information Healthcare Provider Brochure Prescriber Enrollment Form
Pharmacy	Healthcare Provider Brochure
Patients	Medication Guide Patient Safety Guide Patient Wallet Card

Adverse Event Reporting:

Prescribers and Pharmacists should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc at 1-833-866-3346 (Apellis Medical Information) or to FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.





Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Contact Us

EMPAVELI REMS Contact Information

Phone: 1-888-343-7073

Fax: 1-877-778-3820

Hours of Operation:
8:00 am - 8:00 pm (EST)

Adverse Event Reporting:

Prescribers and Pharmacists should report all adverse events including those of serious bacterial infection by contacting Apellis Pharmaceuticals, Inc at 1-833-866-3346 (Apellis Medical Information) or to FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.

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Welcome to the EMPAVELI™ REMS

(Risk Evaluation and Mitigation Strategy)

Login

Login is available to certified prescribers and other users authorized by the REMS Coordinating Center.

LOGIN

[Forgot Username](#)

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/s/

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