EMPANELI™ (pegcetacoplan) REMS

Prescriber Enrollment Form

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

**To become certified in the EMPANELI REMS and prescribe EMPANELI:**
1. Review the EMPANELI **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 EMPANELI REMS

**Submit the completed Prescriber Enrollment Form via:**
- Online at www.EMPAVELIREMS.com, or
- Fax to the EMPANELI REMS at 1-877-778-3820

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**Prescriber Information**  
Note: Fields marked with an * are REQUIRED.

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<thead>
<tr>
<th>*First Name:</th>
<th>Middle Initial:</th>
<th>*Last Name:</th>
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*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**

**Additional/Alternate Office Contact Information (Y/N)**  
Note: Fields marked with an * are REQUIRED.

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<th>First Name:</th>
<th>Last Name:</th>
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Office Contact Phone Number:  
- **Same as above**  
Office Contact Fax Number:  
- **Same as above**  
Email:  

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Phone: 1-888-343-7073  |  www.EMPAVELIREMS.com  |  Fax: 1-877-778-3820
Prescriber Attestations

I have:

- Reviewed the EMPAVELI Prescribing Information.

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):*