STATISTICAL ANALYSIS PLAN

AMENDMEMT 1

A MULTICENTER, OPEN-LABEL, OUTPATIENT STUDY TO EVALUATE THE SAFE AND EFFECTIVE USE OF A ZILUCOPLAN AUTO-INJECTOR COMBINATION PRODUCT FOR SUBCUTANEOUS SELF-ADMINISTRATION BY STUDY PARTICIPANTS WITH GENERALIZED MYASTHENIA GRAVIS

PROTOCOL DV0013

Short title: An open-label, outpatient study to evaluate the safe and effective use of a zilucoplan auto-injector for self-administration by study participants with generalized myasthenia gravis

Sponsor:

UCB Biopharma SRL

Allée de la Recherche 60

1070 Brussels

BELGIUM

Regulatory agency identifying number(s):

Registry	ID
EudraCT Number:	Not Applicable
EU CT Number	2023-508287-30-00
EUDAMED Number:	Not Applicable
IND Number:	134340
IDE Number:	Not Applicable
NCT Number:	NCT06471361

TABLE OF CONTENTS

TABLE OF CONTENTS 2
LIST OF TABLES 4
1 INTRODUCTION 8
1.1 Objectives and estimands/endpoints 8
1.2 Study design 11
2 STATISTICAL HYPOTHESES 13
2.1 Multiplicity adjustment 13
3 ANALYSIS SETS 13
4 STATISTICAL ANALYSIS 13
4.1 General considerations 13
4.1.1 Analysis time points 14
4.1.1.1 Relative day for listings 14
4.1.1.2 Missing data 15
4.1.1.3 Handling of repeated and unscheduled measurements 15
4.1.1.4 Handling of missing dates and times 15
4.1.1.5 Analysis periods 17
4.1.1.6 MG0011 data 17
4.1.2 Definition of baseline values 18
4.1.3 Mapping of assessments performed at Early Discontinuation Visit 18
4.1.4 Derivation of study arms and combinations for analysis 18
4.1.5 Multicenter studies 18
4.1.6 Center pooling strategy 18
4.2 Primary [estimand(s)/endpoint(s)] analysis 18
4.2.1 Definition of endpoint(s) 18
4.2.2 Main analytical approach 19
4.2.3 Sensitivity analysis 19
4.2.4 Supplementary analysis 19
4.3 Secondary [estimand(s)/endpoint(s)] analysis 20
4.3.1 Confirmatory analysis of secondary 20
4.4 Exploratory analysis 20
4.4.1 Pre-injection and Post Injection SIAQ (version 2.1) 20
4.4.2 Participant's Preference 21
4.4.3 Pharmacokinetics 21
4.5 Safety analysis 22
4.5.1 Extent of exposure 22
4.5.2 Adverse events 22
4.5.2.1 Data Definitions 23

4.5.2.2 Data Considerations for AEs 24
4.5.2.3 Adverse Events Summaries 25
4.5.2.4 AEs of Interest (AEIs) 26
4.5.2.5 AEs of Special Monitoring 26
4.5.3 Tolerability - Injection Site Reactions and Medication Errors 26
4.5.4 Structural and mechanical integrity of the devices 27
4.5.5 Additional safety assessments 28
4.5.5.1 Clinical laboratory evaluations 28
4.5.5.2 Vital signs 28
4.5.5.3 Physical examination 28
4.5.5.4 Columbia-Suicide Severity Rating Scale (C-SSRS) 28
4.6 Other analyses 29
4.6.1 Subgroup analyses 29
4.6.2 Self-Injection Training 30
4.7 Interim analyses 30
4.8 Changes to protocol-planned analyses 30
4.9 Data Monitoring Committee or other review board 31
5 SAMPLE SIZE DETERMINATION 31
6 APPENDIX: SUPPORTING DOCUMENTATION 31
6.1 Appendix 1: Coding dictionaries 31
6.2 Appendix 2: Disposition of study participants 31
6.3 Appendix 3: Baseline characteristics and demographics 32
6.3.1 Baseline characteristics and demographics 32
6.4 Appendix 4: Protocol deviations 33
6.5 Appendix 5: Medical history 33
6.6 Appendix 6: Prior/concomitant/follow-up medications 33
6.6.1 Prior/concomitant medications classification 34
6.6.2 Prior and concomitant medications (non-MG therapy) 35
6.6.3 MG Specific Prior and Concomitant Medications 35
6.7 Appendix 7: Data derivation rules 36
6.7.1 SIAQ version 2.1 36
6.8 Appendix 8: AEs of Interest 37
6.9 Appendix 9: Criteria for potentially clinically significant values of safety endpoints 41
6.10 Appendix 10: Compliance 41
6.11 Appendix 11: PK calculations 42
6.12 Appendix 12: PK standard reporting procedures 42
6.13 Appendix 13: Data transparency reporting 42
6.14 Appendix 14: Details on amendments to the statistical analysis plan 42

6.14.1 Amendment 1.0 42
7 REFERENCES 44

LIST OF TABLES

Table 1–1: Objectives and estimands/]endpoints 8
Table 4–1: Changes from the DV0013 protocol 30
Table 6–1: Prior and Concomitant Medications 34
Table 6–2: Medication Classes 35
Table 6–3: SIAQ version 2.1: Pre module domain: Scoring of domains from raw item scores 37
Table 6–4: SIAQ version 2.1: Post module domain: Scoring of domains from raw item scores 37
Table 6–5: AEs of Interest selection criteria 37
Table 6–6: Anaphylactic Reactions Categories 38
Table 6–7: Summary of Changes 43

LIST OF ABBREVIATIONS

AE	Adverse Event
AEI	Adverse Event of Interest
ADE	Adverse Device Effect
AI	Auto-Injector
ATC	Anatomical Main Group
BLQ	Below the Limit of Quantification
BMI	Body Mass Index
CI	Confidence Interval
CFB	Change from Baseline
CTCAE	Common Terminology Criteria for Adverse Events
eCRF	electronic Case Report Form
ES	Enrolled Set
EW	Early Withdrawal
CSR	Clinical Study Report
C-SSRS	Columbia-Suicide Severity Rating Scale
EMA	European Medicines Agency
FDA	US Food and Drug Administration
HLT	High Level Term
gMG	Generalized Myasthenia Gravis
ICF	Informed Consent Form
ICH	International Council for Harmonisation
IFU	Instructions For Use
IMP	Investigational Medicinal product
ISR	Injection Site Reaction
LLoQ	Lower Limit of Quantification
MedDRA	Medical Dictionary for Regulatory Activities
MG	Myasthenia Gravis
MGFA	Myasthenia Gravis Foundation of America
PFS	Prefilled Syringe
PI	Primary Investigator
PK	Pharmacokinetics
PLS	Plain Language Summaries
PT	Preferred Term

PPS	Per Protocol set
SADE	Serious Adverse Device effects
SAE	Serious Adverse Event
SAP	Statistical Analysis Plan
ScS	Screened Set
SD	Standard Deviation
SFU	Safety Follow-Up
SIAQ	Self-Injection Assessment Questionnaire
SMQ	Standardized MedDRA query
SOC	System Organ Class
SS	Safety Set
TEAE	Treatment-Emergent Adverse Event
TFL	Tables Figures and Listings
ZLP	Zilucoplan
ZLP-AI	Zilucoplan-Auto-Injector

STATISTICAL ANALYSIS PLAN AMENDMENT SUMMARY OF CHANGES TABLE

This Statistical Analysis Plan (SAP) for DV0013 is based on the protocol dated 15 December 2023.

Document history

Document	Date	Change	Rationale
Amendment 1	05March2025	See Appendix Section 6.14	Clarifications
Original SAP	24September2024	Not Applicable	Original document

1 INTRODUCTION

The purpose of this statistical analysis plan (SAP) is to provide all information that is necessary to perform the statistical analysis of the DV0013 study. It also defines the summary tables, figures and listings (TFLs) to be included in the Clinical Study Report (CSR) according to the study protocol.

This SAP defines any efficacy, safety, or pharmacokinetics (PK) analysis to be performed following to the database lock. Changes to protocol-planned analysis are documented in Section 4.8. Table, Figure and Listing (TFL) specifications are captured in a separate document.

This SAP is based upon and assumes familiarity with the original protocol dated 15 December 2023. If a future protocol amendment necessitates a substantial change to the statistical analysis of the study data, the present SAP may be amended accordingly. The content of this SAP is compatible with the International Council for Harmonization (ICH E9)/Food and Drug Administration (FDA) Guidance documents.

The statistical analysis and production of the study outputs (Tables, Figures and Listings) as described in the present SAP will be executed by UCB staff using SAS software version 9.4 or above. The final analyses and outputs will be approved by UCB.

1.1 Objectives and estimands/endpoints

The estimand corresponding to the primary objective and primary safety analyses are described below. The estimands corresponding to the secondary objectives and secondary analyses are also described below.

Table 1–1: Objectives and estimands/]endpoints

Objectives	[Estimands/]Endpoints
Primary	
• To evaluate the effectiveness of ZLP-AI self-administration	Primary estimand Treatment: Zilucoplan • Target Population: Participants aged ≥18 years with gMG, already treated with zilucoplan (currently participating in MG0011 or treated with commercial zilucoplan). • Endpoint: Effective self-administrations of zilucoplan using the ZLP-AI from Visit 1 to Visit 8. Effective self-administration is defined as: – Complete dose delivery: completeness of the delivery as confirmed by the Investigator. The entire dose of IMP should be completely delivered (ie, the yellow plunger that can be seen

Table 1–1: Objectives and estimands/]endpoints

Objectives	[Estimands/]Endpoints
	through the device window should be completely depressed). • Intercurrent event: – No intercurrent event is defined. • Population level summary: – Proportion of effective self-administrations overall (total number of self-administrations from Visit 1 to Visit 8), along with the 95% Confidence Interval (CI).
Secondary	
• To evaluate the effectiveness of ZLP-AI self-administration using additional effectiveness endpoints	Secondary estimands Treatment: Zilucoplan • Target Population: Participants aged ≥18 years with gMG, already treated with zilucoplan (currently participating in MG0011 or treated with commercial zilucoplan) • Endpoints: • Effective self-administration of zilucoplan using ZLP-AI at Visit 8. • Effective self-administration of zilucoplan using ZLP-AI at Visit 1. Effective self-administration is defined as: – Complete dose delivery: completeness of the delivery as confirmed by the Investigator. The entire dose of IMP should be completely delivered (ie, the yellow plunger that can be seen through the device window should be completely depressed). • Intercurrent event handling: – No intercurrent event is defined. • Population level summary: – Proportion of effective self-administrations overall (total number of self-administrations

Table 1–1: Objectives and estimands/]endpoints

Objectives	[Estimands/]Endpoints
	at Visit 8 and at Visit 1), along with the 95% CIs
• Evaluate the safety and tolerability of the ZLP-AI self-administrations	Secondary endpoint: • Occurrence of SAEs, TEAEs, ADEs (serious and nonserious) from Visit 1 up to the SFU Visit.
Other objectives	
• Evaluate the PK of the ZLP-AI for self-administration	Other PK endpoint: • Measurement of plasma concentrations for zilucoplan and main metabolites ([redacted] and [redacted]) predose at Visit 1 and Visit 8.
• Evaluate the safety and tolerability of the ZLP-AI self-administrations	Other safety endpoints: • Occurrence of ISRs. • • Occurrence of medication errors associated with adverse reaction.
• Evaluate the safety of the ZLP-AI	Other safety endpoint: • Occurrence of SADEs related to the use of the ZLP-AI that would preclude continued use of the ZLP-AI for self-administration (ie, SADEs and/or SADEs leading to withdrawal from the DV0013 study).
• Evaluate the structural and mechanical integrity of the ZLP-AI after completion of self-administration	Other endpoints: • Occurrence of used ZLP-AI combination products identified as having structural or mechanical integrity issues after completion of self-administration. • Investigator observed and reported device deficiencies. • Note: An independent assessment of the structural and mechanical integrity of all used ZLP-AI devices will additionally be performed by UCB. The outcome will be reported separately from the study results.

Table 1–1: Objectives and estimands/]endpoints

Objectives	[Estimands/]Endpoints
• Evaluate the study participant's experience of self-administration with ZLP-AI as assessed by the SIAQ©	Other endpoints: • Pre injection SIAQ (SIAQ PRE module) domain scores at Visit 1 • Post injection SIAQ (SIAQ POST module) domain scores following self-administration using the ZLP-AI at Visit 1 and Visit 8
• Explore the study participant's preference for zilucoplan PFS (as used in MG0011 or commercial supply) vs ZLP-AI following the use of the ZLP-AI	Other endpoint: • Patient Preference Question at Visit 8.

ADE=adverse device effects; gMG=generalized myasthenia gravis; IMP=investigational medicinal product; ISR=injection site reaction; PFS=prefilled syringe; PK=pharmacokinetics; SADE=serious adverse device effects; SAE=serious adverse event; SFU=Safety Follow-Up; SIAQ=Self-Injection Assessment Questionnaire; TEAE=treatment-emergent adverse event; ZLP-AI=zilucoplan-auto-injector

1.2 Study design

DV0013 is a Phase 3b, multicenter, single arm, open-label study to evaluate the safe and effective use of a ZLP-AI combination product for sc self-administration of ZLP solution (the IMP) by study participants with generalized myasthenia gravis (gMG), planned to be conducted within Europe and United States in 13 centers.

The study will aim to reflect real-world use scenarios by including participants who are already self-administering ZLP using the PFS on a once-daily dosing regimen as part of the MG0011 long-term open-label extension (OLE) study or who are on commercial ZLP treatment for at least 1 month prior to Screening.

DV0013 consists of 9 visits (2 clinic visits and 7 remote telephone visits) and 14 self-administrations using the ZLP-AI, during which no dose modification is allowed. Participants should continue on the same weight-based dose that they were self-administering in MG0011 or commercial ZLP dose they were on prior to enrolling in DV0013.

Intervention Period (Treatment Period)

- Visit 1 (Screening/Day 1): Each study participant will be provided with training by study personnel in self-administration using the ZLP-AI and will receive the written instructions for use (IFU). Following the training, the study participant will perform self-administration at the clinic using the ZLP-AI.
- Visit 2 to Visit 7: No additional training will be performed; however, the IFU will be available. The study participant will perform self-administration at home using the ZLP-AI. These visits will be remote visits using a telephone call. During the call, the Investigator will ask about the self-administration and document any adverse events and adverse device effects

(AEs and ADEs), any changes in concomitant medication use, and/or medication errors occurring in the course of the self-administration. Telephone visits which would be scheduled to occur on a weekend day or national holidays may be skipped, and the data for the respective days (Saturday and Sunday or national holiday) will be collected on the next clinic business day (eg Monday).

- Visit 8: The study participant will perform self-administration at the clinic using the ZLP-AI. The Investigator will collect all used devices from participants and will check completeness of the delivery for the collected devices. All used devices will be returned to UCB for a separate assessment of structural and mechanical integrity.
- At Visits 1 and 8 , the Investigator is required to witness and evaluate the study participant's use of the ZLP-AI, document any adverse events (AEs and ADEs) and/or medication errors occurring in the course of the self-administration, and, following the completion of the self-administration, perform a visual inspection of the ZLP-AI to check that the yellow plunger that can be seen through the viewing window is completely depressed.

Safety Follow-Up Visit

- Visit 9: For all participants, a Safety Follow-up (SFU) via telephone call, 7 days (±3 days) after their final study dose using the ZLP-AI, will be required. Any AEs, serious adverse events (SAEs), ADEs, or serious adverse device effects (SADEs) will be recorded. Participants who were enrolled into DV0013 from MG0011 will roll back into MG0011 on the next day following Visit 8 and will continue to be followed up as part of the MG0011 protocol. Participants who were enrolled following treatment with commercial ZLP treatment will continue with their prescribed treatment; for AEs occurring after the SFU telephone call and up to 40 days after the last administration, participants will be instructed to contact the site or follow the safety reporting according to the label.

Number of participants

Participants from MG0011 or those who are currently being treated with commercial ZLP and are on a stable dosing regimen for at least 1 month will be screened at approximately 20 sites in the US and Europe in order to enroll at least 25 participants who use the ZLP-AI at Visit 1 and to obtain approximately 350 self-administrations, see Section 5 for details on the determination of sample size.

Treatment groups and duration

- Zilucoplan will be provided in ZLP-AI devices for self-injection using weight-bracketed dosing (ie, participants will be provided ZLP-AI devices containing fixed amounts of ZLP based on their weight, and each fixed amount will cover a range of participant weights). Participants will receive the same weight bracketed dosing as currently received in MG0011 or by prescription.
- The study duration for each participant will be approximately 21 days. The end of the study is defined as the date of the last SFU phone call for the last participant in the study.

No interim analysis is planned.

2 STATISTICAL HYPOTHESES

The study will estimate the true population proportion of self-administration-related endpoints for ZLP-AI. No formal statistical hypothesis testing will be done.

2.1 Multiplicity adjustment

No multiplicity adjustment will be performed.

3 ANALYSIS SETS

- Screened Set (ScS): all participants who have signed the informed consent form (ICF).
- Enrolled Set (ES): all participants who have signed the informed consent form and are eligible candidates for the study (screen failures excluded).
- Safety Set (SS): all participants in ES who received at least 1 dose of ZLP with the ZLP-AI combination product.
- Pharmacokinetic per-Protocol Set (PK-PPS): all participants in SS who have at least 1 quantifiable PK measurement during the study without important protocol deviations that would affect the PK.

4 STATISTICAL ANALYSIS

4.1 General considerations

Statistical analysis and generation of tables, figures, participant data listings, and statistical output will be performed using SAS® Version 9.4 or higher. If a different SAS version or different software will be used during the statistical analysis, then this should be reported in the CSR. All tables and listings will use Courier New font size 9.

All study data will be presented in participant data listings. Descriptive statistics will be displayed to provide an overview of the study results. For continuous variables, descriptive statistics will include number of participants with available measurements (n), mean, standard deviation (SD), median, minimum, and maximum. For categorical variables, the number and percentage of participants in each category will be presented. Unless otherwise noted, the denominator for percentages will be based on the number of participants included in the respective analysis set.

Participants with missing data can generally be accounted for using the following approaches:

- For summaries of demographics and Baseline characteristics: summarize percentages based on all participants in the analysis set and include a “Missing” category (corresponding to participants with missing data for the variable being summarized) as the last row in the list of categories being summarized.
- For summaries of safety or other variables, unless otherwise specified: summarize percentages based only on those participants with observed data for the variable being summarized. As the denominator may be different from the number of participants in the analysis set being considered, the denominator should be displayed in the table. The general format for displaying this will be “n/Nsub (%).”

Unless otherwise noted, all percentages will be displayed to one decimal place. No percentage will be displayed for zero counts, and no decimal will be presented when the percentage is 100%.

For the purpose of the tabulations the lower and upper confidence limits for the percentages will be truncated at 0 and 100% respectively.

For PK concentrations, summary statistics will include geometric mean, geometric coefficient of variation (CV), 95% confidence intervals (CIs) for geometric mean, arithmetic mean, SD, median, minimum, and maximum. All summaries of PK variables will be based on the observed values. No imputation will be used.

Decimal places for descriptive statistics will always apply the following rules:

- "n" will be an integer;
- Mean, SD, and median will use one additional decimal place compared to the original data;
- CV [%] will be presented with one decimal place;
- Minimum and maximum will have the same number of decimal places as the original value.

Derived variables in general will display the mean, SD and median to 1 more decimal place than the variables used in the derivation. If the number of decimal places reported in the raw data is varied, then use either the maximum raw number of reported decimal places or 3, whichever is the lowest, as a guide for the descriptive statistics.

If any statistical testing is to be performed then this will be presented as p-values rounded to four decimal places. P-value less than 0.001 will be presented as "<0.0001" and p-value greater than 0.9999 will be presented as ">0.9999." Statistical comparison will be two-sided and will be performed at the 0.05 level of significance.

If no participants have data at a given time point, for example, then only n=0 will be presented. However, if n<3, present the n, minimum and maximum only. If n=3, n, mean, median, minimum and maximum will be presented only. The other descriptive statistics will be left blank.

All study data but PK will be summarized in the Safety population. PK will be summarized in the PK-PPS.

Once the last study participant has completed the SFU, or the last study participant has prematurely discontinued prior to reaching the SFU, the database will be locked and TFLs will be produced.

4.1.1 Analysis time points

Summaries by study visits will be performed at the nominal visits and no mapping to analysis visits windows will be performed, except for early termination visit as specified in Section 4.1.3. Unscheduled visits (if any) will only be listed and will not be remapped. An individual participant listing indicating the actual visit dates will be created in SS.

4.1.1.1 Relative day for listings

Relative day will be provided in different listings and will be calculated as follows from the fist dose of IMP:

- If the start (stop) date occurred on or after the first dose, but prior to the drug stop date, relative day is calculated as start (stop) date minus first dose date + 1 (the day of first dose will be Day 1).
- If the start (stop) date occurred before the first dose, the relative day is calculated as date of first dose of ZIP-AI minus the start (stop) date (the day prior to first dose will be Day -1).
- If the start (stop) date occurred after the last dose of ZIP-AI, the relative day to the most recent dose is calculated as start (stop) date minus last dose of ZIP-AI including a '+' to denote post treatment days (e.g. the day after last dose will be Day +1).

If start/stop date is missing of partially missing then relative date will be calculated based on imputed dates, see Section 4.1.1.4.

Of note, since Screening visit is performed on the same date with dosing (Visit 1, Day 1) it is expected that the relative date of Screening visit will be the same as the relative date of Visit 1; this is relative day=1.

4.1.1.2 Missing data

Missing data for any of the study endpoints or any other data will not be imputed (except for missing date and times, see Section 4.1.1.4); observed cases will only be used in the summary.

4.1.1.3 Handling of repeated and unscheduled measurements

All repeated and/or unscheduled measurements will be presented in the listings, where applicable. The following general rules will apply to all repeated and unscheduled measurements:

- For repeated or unscheduled measurements obtained prior to the first self-injection with ZLP-AI the latest reliable value (scheduled or unscheduled) will be used in the calculation of descriptive statistics (i.e., Screening and/or Baseline) as defined in Section 4.1.2.
- For repeated or unscheduled measurements obtained at Day 1 and prior to first self-injection with ZLP-AI, the latest reliable value (scheduled or unscheduled) will be defined as the Baseline.
- For repeated or unscheduled measurements obtained at any time point after first self-injection with ZLP-AI, the original values (if non-missing) will be used in the calculation of changes from Baseline and for the descriptive statistics (i.e., in summaries by time point).

4.1.1.4 Handling of missing dates and times

Partially or completely missing dates may be imputed for the following reasons:

- Classification of Adverse Events (AEs) as Treatment Emergent AEs;
- Classification of medications as past, prior, baseline or concomitant medications;
- Duration of AEs

Imputed dates will not be shown in listings. All dates will be displayed as reported in the database.

The following rules will be applied for partially or completely missing start dates:

- If year, month and day are all missing then assign the date of first dose of ZLP-AI. If an imputed start date is after the specified end date, then assign January 01 of the year of the end date, or the date of screening if this is later (if the latter imputation results in an end date that is earlier than the start date, then use January 01).
- If month and day are missing, and year is:
  - the same as the year of the first dose of ZLP-AI then assign the month-day of first dose of ZLP-AI. If the imputed start date is after the specified end date, then assign January 01, or the month-day of screening date if this is later (if the latter imputation results in an end date that is earlier than the start date, then assign January 01);
  - not the same as the year of the first dose of ZLP-AI then assign January 01.
- If only day is missing, and month-year is:
  - the same as the month-year of the first dose of ZLP-AI then assign the day of first dose of ZLP-AI. If the imputed start date is after the specified end date, then assign first day of the month, or the day of screening date if this is later (if the latter imputation results in an end date that is earlier than the start date, then assign first day of the month);
  - not the same as the month-year of the first dose of ZLP-AI then assign the first day of the month.

Of note, as per CRF design only start date of Previous Zilucoplan Use Prior to Study Entry is collected. Therefore, End date will be imputed with Start date in order to derive these as past medications.

The following rules will be applied for partial stop dates:

- If only the month and year are specified, then use the last day of the month;
- If only the year is specified, then use December 31 of the known year or discharge date if this is earlier than December 31st of that year;
- If the stop date is completely unknown, then use discharge date or data cut-off date.

Note: Discharge date refers to the date of the end of study visit for completed participants or for participants that were withdrawn. For any AEs with known start date after the date of discontinuation, the date of last contact will be used as the discharge date. For participants still ongoing in the study at the time of the data cut-off, and for whom no discharge date is available, the date of the data cut-off will be used instead of the discharge date.

In the event of ambiguity or incomplete data which makes it impossible to determine whether a medication/AE was concomitant/treatment emergent or not, the medications/AEs will be considered as concomitant/treatment emergent. Any medication with a start date on the first date of dose, will be assumed to be concomitant.

Imputed AE dates will be used for the calculation of duration of AEs, defined as:

Duration of AE = stop date – start date + 1.

4.1.1.5 Analysis periods

Based on the specific requirements of the analyses, the concept of the definition of periods need to be considered for the study, is defined in detail below.

The total duration of study participation for all participants will be up to approximately 21 days, including single Screening/Day 1 Visit, a 14-days Intervention Period and a safety follow up period of up to 7 days (±3). The end of the study is defined as the date of the last visit of the last participant in the study.

Screening Period: starts at the day of ICF signature (any time prior to the first dosing with ZLP-AI on site) and ends at the date/time of first application of ZLP-AI on site.

Intervention Period (Treatment Period): starts at the date/time of the first application of ZLP-AI on site. The end of intervention period is the date of the last ZLP-AI application on site or the date of Early Withdrawal Visit was performed, as applicable.

All participants in the Safety Set will be considered to have entered the Intervention Period. A participant is considered to have completed the Intervention Period if the Visit 8 visit on site at day 14 has been performed.

If a participant does not have the last planned visit or Early Withdrawal visit, then either the date of the last scheduled (on site or phone call visits) or unscheduled visit during the considered period or the date of the last known dose of study drug during the considered period, whichever is later, will define the end date of the Intervention Period.

Safety Follow-Up Period: one day after the end of the Intervention Period ending after the final assessments on the Safety Follow-up visit. Participants with assessment after the Intervention Period are considered to have started the Follow-up Period.

The end of study for each participant is defined as the last visit attended (as planned, Early Withdrawal, phone visit) in the Intervention Period or in the safety follow up period. If a participant does not have the last planned visit or Early Withdrawal visit, then either the date of the last scheduled (on site or phone call visits) or unscheduled visit during the considered period or the date of the last self-injection with ZLP-AI intake during the considered period, whichever is later, will define the end date of the Intervention Period.

A participant is considered to have completed the study if he/she has completed all periods of the study, including the Intervention Period and SFU phone call.

4.1.1.6 MG0011 data

Based on the protocol specifications, for participants who entered DV0013 from the MG0011 parent study, only ongoing medications are rolled over to the DV0013 clinical database. Thus, for such participants, the DV0013 study outputs of medical history, past and prior medications, history of *Neisseria* meningitis vaccinations and history of medical procedures will be populated with data already collected in the parent study. A raw data snapshot of MG0011 will be considered close to the DV0013 data base lock date in order to obtain the related data. The date of the MG0011 snapshot will be footnoted in the related DV0013. The MG0011 records that will be kept within DV0013 for each participant will be restricted to data with start date prior to Visit 1.

4.1.2 Definition of baseline values

The Baseline value is defined as the last non-missing measurement prior to the first self-injection at Day 1 (Visit 1)

If a scheduled Baseline assessment is taken on the same day as the first administration of study medication, then the assessment will be assumed to have been performed prior to study medication.

Change from Baseline (CFB) is defined as the value minus baseline value.

Percent Change from Baseline is defined as 100 x (Change from Baseline/Baseline).

4.1.3 Mapping of assessments performed at Early Discontinuation Visit

If a participant prematurely discontinues study intervention at any time prior to Visit 8, the participant should return to clinic for a stand-alone Early Withdrawal Visit. C-SSRS is the only assessment to be performed at that visit that will be mapped to the next scheduled visit (which is Visit 8).

4.1.4 Derivation of study arms and combinations for analysis

Not applicable, as this is a single arm open label study.

4.1.5 Multicenter studies

Centers are located in North America and Europe; data from all sites will be pooled to display any summaries. Individual center results will not be summarized.

4.1.6 Center pooling strategy

Individual center results will not be displayed.

4.2 Primary [estimand(s)/endpoint(s)] analysis

This section contains a detailed description of the analysis of the primary, secondary and other outcome measures. All statistical analyses will be descriptive in nature. No inferential statistical analysis is planned to be performed.

All data to assess the primary outcome are collected on the study medication administration page of the eCRF as recorded at Visit 1 (Day 1) and at Visit 8 (Day 14) per each ZLP-AI.

4.2.1 Definition of endpoint(s)

The primary estimand is defined in Table 1–1 based on the Treatment Policy definition, regardless of intercurrent events.

The primary variable is the Effective self-administrations of zilucoplan using the ZLP-AI as captured in the study eCRF based on the investigator's opinion.

The Effective self-administration is defined as:

- Complete dose delivery: completeness of the delivery as confirmed by the Investigator. The entire dose of IMP should be completely delivered (ie, the yellow plunger that can be seen through the device window should be completely depressed).

Thus, the investigator should answer the following eCRF question for each ZLP-AI used and returned throughout the Intervention Period:

"Did the study participant self-inject the complete dose Zilucoplan (confirmed by visual inspection of the device window by the investigator, showing that the yellow plunger is completely depressed)?"

4.2.2 Main analytical approach

The proportion (p) of effective self-administrations overall will be summarized based on the number of ZLP-AIs used and returned, within participants in the Safety Set (SS):

P = [Number of all ZLP-AIs with complete dose delivery] / [Number of all ZLP-AIs used and returned]

The denominator of the fraction should include all ZLP-AIs that were used (self-administered) during the Intervention Period and returned, as captured in the drug accountability log. Of note, since it is possible that complete dose delivery may be observed within malfunctioned ZLP-AIs the denominator should also include the malfunctioned auto injectors (if any).

The 95% CI of the proportion based on the Exact Binomial method will be reported as well.

Based on the above calculation no missing data are expected to be observed.

In order to provide further insight into the evaluation of the primary estimand, the following will also be summarized:

Number of injections performed by (study participant, site personnel, caregiver).

Number of injections dispensed

Number of injections returned, used and malfunctioned

Number of injections returned used and not malfunctioned

Number of injections returned, unused

Reason for Discrepancy between dispensed and returned injections (lost, stolen, missing, other).

A by participant individual data listing will be created reporting detailed information on the ZLP-AIs kits administered and returned in clinic.

4.2.3 Sensitivity analysis

As a sensitivity analysis on the primary estimand the following will be considered in the Safety Set.

p= [Number of all ZLP-AIs with complete dose delivery] / Number of all ZLP-AIs that should have been used in the Intervention Period.

The number of ZLP-AIs that should have been used in the Intervention Period for each participant will be calculated as follows: [Date of last ZLP-AIs self-administration – Date of first ZLP-AIs self-administration + 1].

The 95% CI of the proportion based on the Exact Binomial method will be reported as well.

4.2.4 Supplementary analysis

No supplementary analysis is planned for the present study.

4.3 Secondary [estimand(s)/endpoint(s)] analysis

The secondary estimand is defined in Table 1–1 based on the Treatment Policy definition, regardless of intercurrent events.

The primary variable is the Effective self-administrations of zilucoplan using the ZLP-AI as captured in the study eCRF based on the investigator's opinion at each site visit (Visit 1 and Visit 8).

The Effective self-administration is defined as:

- Complete dose delivery: completeness of the delivery as confirmed by the Investigator. The entire dose of IMP should be completely delivered (ie, the yellow plunger that can be seen through the device window should be completely depressed).

Thus, for the investigator should answer the following eCRF question for the ZLP-AI used at each site visit:

"Did the study participant self-inject the complete dose Zilucoplan (confirmed by visual inspection of the device window by the investigator, showing that the yellow plunger is completely depressed)?"

The proportion (p) of effective self-administrations will be summarized in the Safety Set separately for Visit 1 and Visit 8:

- P_{v1} = [Number of all ZLP-AIs with complete dose delivery at Visit 1] / [Number of all ZLP-AIs used]
- P_{v8} = [Number of all ZLP-AIs with complete dose delivery at Visit8] / [Number of all ZLP-AIs used]

The denominator of the fractions should include all ZLP-AIs that were used (self-administered) at Visit 1 and at Visit 8 respectively, as captured in the drug accountability log. Of note, since it is possible that complete dose delivery may be observed within malfunctioned ZLP-AIs the denominator should also include the malfunctioned auto injectors (if any).

The corresponding exact binomial 95% Confidence Interval of the proportions will be provided.

Based on the above calculation no missing data is expected to be observed.

A by participant individual data listing will be created reporting the ZLP-AIs administered and returned in clinic.

4.3.1 Confirmatory analysis of secondary

Not applicable.

4.4 Exploratory analysis

4.4.1 Pre-injection and Post Injection SIAQ (version 2.1)

Descriptive analysis as detailed in Section 4.1 will be performed for each of the domain scores of Pre-Injection SIAQ (as administered at Visit 1) and of Post-injection SIAQ (as administered at Visit 1 and at Visit 8) in SS in order to assess participants' self-injection experience, including the perceived advantages and the potential limitations of self-injection of a sc medication.

Each domain score of both pre- and post-modules ranges from 0 to 10; scoring algoritm is presented in Section 6.7.1. Higher scores in each of the domains indicate a more positive self-injection experience, more confidence, higher satisfaction and less concerns with self-injections. Post-injection SIAQ domain scores, will be graphically illustrated at each scheduled visit.

Additionally, all individual items will be summarized by scheduled visit.

A by-subject listing of pre and post injection SIAQ will also be provided in SS.

4.4.2 Participant's Preference

The participants' treatment preference is assessed via a single question where only one answer should be selected.

Descriptive analyses for categorical data, as detailed in Section 4.1, will be used to analyze the participants' preference in SS.

4.4.3 Pharmacokinetics

The plasma concentrations of ZLP and its two major metabolites ([redacted]) will only be collected pre-dose on Day 1 (Visit 1) and Day 14 (Visit 8). The PK sample collected on Day 1 (Visit 1) will be representative of self-administered sc injection in either MG0011 or in commercial ZLP therapy. The PK sample collected on Day 14 (Visit 8) will be associated with self-administration using the ZLP-AI.

Summaries will be presented by scheduled day (visit) and by BMI category in the PK-PPS using n, arithmetic mean, median, SD, minimum, maximum, geometric mean, geometric coefficient of variation (geoCV) and 95% Confidence Interval (CI) (assuming log-normally distributed data). Three BMI categories will be defined based on tertiles derived from participants DV0013 baseline BMI values. Boxplots of ZLP plasma concentrations will also be presented by day (Visit 1, Visit 8) and by BMI tertiles. Summaries may also be prepared by scheduled day (visit) and study participant population (MG0011 or commercial supply), if needed.
Plasma concentration summaries will be based on observed values, with each sample falling within the time window as described below. The following rules will apply for PK data listings and summaries:

- Values below the lower limit of quantification Lower Limit of Quantification (LLOQ), will be reported as Below the Limit of Quantification (BLQ)
- Descriptive statistics of concentrations will be calculated if at least 2/3 of the individual data points at a timepoint are above the LLOQ. Values that are BLQ will be replaced by the numerical value of the LLOQ/2 in this instance.
- The 95% CI lower and 95% CI upper should be left blank if the SD (or equivalently, the geoCV) is 0.
- The geoCV will be calculated using the following formula where SD is the standard deviation from the log-transformed data:

$$\text{geoCV}(\%) = \sqrt{\exp\left(\text{SD}^2\right) - 1} \times 100.$$

Individual concentrations will be listed for the PK-PPS and will include the actual sampling time in days relative to the previous dose. The listing will include flags for concentrations that were

excluded from the summaries and figures, with the reason for exclusion.
Out of window/ exclusion rules for plasma concentration summaries and figures:

* A sample will be considered out of window relative to the current dose and will be excluded from the summaries and figures if the sample is collected after the dose administered at this visit.

* A sample will be considered out of window relative to the previous dose and will be excluded from the summaries and figures if the sample is collected <12 hours or >36 hours after the previous dose, and the sample was collected prior to the dose at that visit.

* Evidence that a dose(s) was missed, an incorrect dose(s) or less than the full dose(s) was administered 3 days prior to PK sampling.
* If the day immediately prior to the in-clinic Visit 8 (protocolled as Day 13) was administered by site personnel or care-giver, then the PK sample collected at Visit 8 will be listed and excluded from the summaries and figures.

4.5 Safety analysis

Safety endpoints are defined in Table 1–1 and will be summarized descriptively in SS. Listings for all safety analyses will be presented.

4.5.1 Extent of exposure

IMP duration during the Intervention Period will be summarized in SS. The number of days on ZLP-AI use (IMP duration) will be calculated as follows:

IMP duration = [(Date of Last Dose Received) -(Date of First Dose Received)] +1

The exposure duration (i.e., total time at risk that incorporates 5 half-lives of ZLP) is defined as:

Exposure duration (in days) = [min (Last dose + 40 days, Last Visit/Contact) - (Date of First Dose Received)] +1

Note that temporary drug discontinuations and missed doses will not be incorporated into the calculations of the extent of drug exposure analysis.

All drug administration/exposure details will be listed.

4.5.2 Adverse events

Pre-existing conditions that are detected prior to the first self-injection of ZLP-AI will be considered as part of the medical history as recorded in the corresponding eCRF page.

For all participants, the Adverse Event reporting period starts with the signature of the ICF and will end with the last study visit or last contact (i.e., SFU, Visit 8).

Of note, for MG0011 patients, the ongoing AEs in the parent study will not be rolled over (and summarized or listed) in DV0013.

Adverse Events occurring after the first dose of ZLP back in MG0011 will be captured in MG0011 (thus not reported in DV0013) unless there is clear evidence that these are associated with the ZLP-AI and need to be captured in the DV0013 study.

Adverse Events occurring after the first dose of ZLP back on commercial supply will be captured through spontaneous reporting unless there is clear evidence that these are associated with the ZLP-AI and need to be captured in the DV0013 study.'

4.5.2.1 Data Definitions

Treatment Emergent Adverse Event (TEAE)

A TEAE is defined as an AE starting on or after the date/time of the first self-injection of ZLP-AI and up to and including 40 days after the final self-injection of ZLP-AI (or last contact depending on which occurs first). Adverse events starting before the date/time of the first self-injection of ZLP-AI will not be considered as TEAEs.

Adverse Device Event (ADE)

An ADE is an AE related to the use of the AI device ("Relationship to Study Device"= "Related" at the AE eCRF page).

An ADE includes:

(1) Adverse events resulting from insufficiencies or inadequacies in the IFU, the deployment, the installation, the operation, or any malfunction of the device.

(2) Adverse events as a result of a use error or intentional misuse of the investigational device.

Serious Adverse Device Event (SADE)

A SADE is an ADE that has any characteristics of a SAE.

Medication Errors

A medication error is an unintended failure in the drug treatment process that leads to, or has the potential to lead to, harm to the patient. A failure in the drug treatment process does not refer to lack of efficacy of the drug, rather to human- or process-mediated failures.

The medication error can be further classified based on the factual information on the case, into the following categories:

- **Medication errors associated with adverse reaction(s)**: result from an error (which has already occurred or accomplished) in the medication use associated with harm to the study participant.
- **Medication errors without harm**: result from an error (which has already occurred or accomplished) in the medication use associated with no harm to the study participant.
- **Intercepted medication errors (or near miss)**: in which an intervention (eg, the timely check of the incorrect preparation and administration of the study medication) has prevented actual harm being caused to the study participant.
- **Potential medication errors**: are the recognition of circumstances that could lead to a medication error, which may or may not involve a study participant.

The term potential medication error refers to all possible mistakes in the storing, preparation for administration, or administration of the IMP by the study participant and may lead to:

- A medication error with harm, but without knowing the actual cause,

- A medication error without harm and without knowing the actual cause,
- A medication error without harm but with the awareness of the actual cause.

4.5.2.2 Data Considerations for AEs

Where dates are missing or partially missing, AEs will be assumed to be treatment-emergent unless evidence exists that does not allow the AE to be treatment-emergent. Handling of missing dates for classification of AEs as TEAEs is described in Section 4.1.1.4.

AEs will be classified for severity according to the Common Terminology Criteria for Adverse Events (CTCAE) Version 5 or later (United States Department of Health and Human Services, Version 5.0, November 17, 2017). For any AEs where it is not possible to provide a CTCAE grading, the events will be assessed using a standard intensity classification (mild, moderate and severe). These will be tabulated together with the AEs that were not classified according to CTCAE criteria i.e., all Grade 1 AEs as per CTCAE criteria will be included in the 'mild' category together with those AEs classified as mild as per the 'standard' intensity classification.

The CTCAE displays Grades 1 through 5 with unique clinical descriptions of severity for each AE based on this general guideline:

- Grade 1 Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
- Grade 2 Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental activities of daily living.
- Note: instrumental activity of daily living refers to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.
- Grade 3 Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care activities of daily living.
- Note: self care activities of daily living refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden
- Grade 4 Life-threatening consequences; urgent intervention indicated.
- Grade 5 Death related to AE.

For the purpose of the tabulations AE intensity categories will be mapped to CTCAE severity classifications grade 1 to 5 as described below:

- Mild – Grade 1
- Moderate – Grade 2
- Severe – Grade 3, 4, 5, where
  - Grade 4 will be derived from the SAE monitoring form, when SAE is life threatening.
  - Grade 5 will be derived from the SAE monitoring form when SAE is fatal.

4.5.2.3 Adverse Events Summaries

AEs will be presented in Safety Set as "number of participants (percentage of participants) [number of events]". In this style of output, "[number of events]" will include all cases of an AE including repeat occurrences in individual participants, while "number of participants" will count each participant only once.

1. A TEAE overview table will be provided including the number, percentage of participants and frequency of the following records:
   - Any TEAE
   - Serious TEAEs
   - TEAEs Related to ZLP-AI (ADEs)
   - Serious TEAEs Related to ZLP-AI (SADEs)
   - Treatment-related TEAEs
   - Severe TEAEs
   - TEAEs leading to permanent withdrawal from study intervention.
   - TEAEs Related to ZLP-AI (ADEs) leading to permanent withdrawal from study intervention.
   - TEAEs leading to death
   - All deaths (AEs leading to death)

   A separate drug related AE overview table will be created.
2. The number, percentage of participants and frequency of the following TEAEs and/or ADEs will be summarized by MedDRA System Organ Class (SOC), high level term (HLT), and PT in separate outputs:
   - Any TEAEs / ADEs
   - Serious TEAEs / ADEs
   - Non-serious TEAEs / ADEs
   - Non-serious TEAEs above reporting threshold of 5% of participants
   - TEAEs leading to permanent withdrawal from the intervention
   - Serious ADEs that would preclude continued use of the ZLP-AI for self-administration (permanent withdrawal from the intervention)
   - Treatment-related TEAEs leading to permanent withdrawal from the intervention
   - TEAEs leading to death
3. The number, percentage of participants and the frequency of TEAEs and ADEs will be summarized by MedDRA SOC, HLT and PT for each of the intensity levels (mild, moderate and severe).

4. The number, percentage of participants and frequency of the following TEAEs will be summarized by relationship to treatment, SOC, HLT, and PT:
   - Any TEAEs
   - Serious TEAEs
   - Fatal TEAEs
5. The number and percentage of participants experiencing drug related TEAEs as well as serious drug related TEAEs (followed by the number of events) will be summarized by PTs.

For these summaries, the number and percentage of participants who experienced at least one TEAE (or ADE) as well as the number and percentage of participants who experienced each specific MedDRA SOC, HLT (if HLT is presented) and PT will be presented. For the presentation of TEAE incidences, the SOCs will be sorted alphabetically, and HLT within SOC, and within HLT, the PT will be used and presented by decreasing total frequency.

All AE/ADE data will initially be listed in ScS. Separate listings in SS will display TEAEs or ADEs by category of interest.

4.5.2.4 AEs of Interest (AEIs)

The following are AEs of Interest (as defined in Section 6.8) that require separate statistical analyses:

- Infections
- Hypersensitivity reactions
- Anaphylactic reactions
- Malignancies or unspecified tumors

The number and percentage of participants who experience each AE of Interest will be summarized separately for each AEI. The following summaries will be presented:

- Incidence of AEIs and serious AEIs by SOC and PT (serious and non-serious will appear in the same table)
- Incidence of AEIs by relationship, SOC and PT
- Incidence of AEIs by maximum intensity (mild, moderate and severe), SOC and PT.

A detailed by participant listing will be created showing all the information related to the above-mentioned AEs.

4.5.2.5 AEs of Special Monitoring

Neisseria meningitidis infection is considered as part of AEs of special monitoring. Such cases will be identified through the HLT "Neisseria infections" and will be captured in the overall AE output.

4.5.3 Tolerability - Injection Site Reactions and Medication Errors

Injection Site Reactions

An AE reported in the eCRF with a start date/time on or following to the first self-administration of ZLP AI through the final self-injection and until the safety follow up which is coded into MedDRA High Level Terms of "Administration site reactions NEC" or "Injection site reactions" will be evaluated as Injection Site Reaction (ISR). ISRs will be summarized in SS overall, by intensity and by seriousness. Summaries will be based on the number and percentage of participants who experienced at least one ISR event by MedDRA SOC, HLT and PT followed by the number or ISR events.

A separate assessment of tolerability at injection site (as part of physical examination and as defined in the study protocol) is performed during the on- site visits assessing pain, burning, erythema, itching, swelling and bruising based on a Likert type scale of 0 to 3. Greater grade indicates more severe injection site reaction. For each of the assessments a shift table will be created to show the shift of injection site reaction grading from Visit 1 to Visit 8.

ISR and tolerability data will be listed in SS.

Medication Errors

An adverse reaction is a response to a medicinal product which is noxious and unintended (Directive 2001/83/EC, Article 1 (11)). An adverse event which is reported as a consequence of a medication error is considered as an adverse reaction.

Participants with medication errors associated with adverse reactions will be identified via the eCRF- Adverse Event form as reported by the investigator. The number and proportion of participants experiencing such AEs during the Intervention Period will be summarized by MedDRA SOC, HLT and PT in SS. A by-participant listing in SS will also be created listing all the AEs associated with medications errors reported in the study.

4.5.4 Structural and mechanical integrity of the devices

Tables of absolute and relative frequencies will be presented to summarize the outcome of the visual inspection of the PI of the used devices regarding the structural/mechanical integrity and damage. The visual inspection performed by the PI targets the integrity of the syringe barrel and the completeness of the syringe. Summaries will be based on the number of ZLP-AI autoinjectors used and returned, based on the following categories:

- Device has no structural integrity issues and is not functionally compromised
- Device shows signs of structure integrity issues
- Device found to be functionally compromised
- Device has both structural integrity issues and found to be functionally compromised.

ZLP-AI deficiency as reported by the investigator will be summarized in frequency tables for all the auto-injectors used and returned to the clinic based on the following categories:

- Problem with packaging
- Inadequate labeling
- Inadequate instructions to use
- Problem with device preparation

- Problem with device deployment
- Problem with device removal
- Other.

Corresponding device information will be listed.

Of note, all used devices will be returned to UCB for an assessment of structural and mechanical integrity by the technical team. This source of information will not be captured in the study eCRF; thus, these assessments will be reported separately.

4.5.5 Additional safety assessments

4.5.5.1 Clinical laboratory evaluations

A listing in SS will be provided for the woman of childbearing potential showing the urine pregnancy test results as recorded during the study.

No other laboratory examinations are scheduled as per protocol. However, if in case of SAEs relevant laboratory procedures are recorded in the eCRF then these will be listed accordingly.

4.5.5.2 Vital signs

Vital signs (body temperature, pulse rate, systolic and blood pressure) as recorded during screening will be summarized as continuous variables and listed in SS.

Summaries of systolic/diastolic blood pressure will be based on the average of 3 readings as captured in the study eCRF by the PI.

All assessment values as performed at Day 1 and at unscheduled visits (if such visits occur) will be listed in SS.

4.5.5.3 Physical examination

Results of clinically significant physical examination abnormalities following the first self-injection with ZLP-AI are reported as adverse events.

For assessment of tolerability at injection site (as part of physical examination and as defined in the study protocol) see Section 4.5.3.

Physical examination detailed participants' records during screening and in any other study visit will be listed in SS.

4.5.5.4 Columbia-Suicide Severity Rating Scale (C-SSRS)

C-SSRS instrument recorded at screening visit (Visit 1/Day 1) references the lifetime period and the past six months period (Screening/Baseline version) for participants coming from commercial ZLP treatment.

DV0013 participants that entered the study from MG0011 and were previously enrolled in MG0009 are also assessed using the "Screening/Baseline" version of the C-SSRS.

DV0013 participants that entered the study from MG0011 and were previously enrolled in MG0010 are assessed using the "Since Last Visit" version of the C-SSRS.

For all participant at all other visits, the C-SSRS version to be considered is the "Since Last Visit" version. Baseline to the last visit (Visit 8/Early Withdrawal) summaries, reference the Intervention Period for all participants.

Results of the C-SSRS, as well as the treatment emergent item at the last visit will be summarized in SS by scheduled timepoint using the number of participants and percentage with:

- suicidal ideation,
- suicidal behavior,
- suicidal ideation or behavior,
- self-injurious behavior without suicidal intent.

Suicidal ideation is defined as an event in any of the following 5 categories:

[redacted]

Suicidal behavior is defined as an event in any of the following 5 categories:

[redacted]

Suicidal behavior or ideation is defined as an event in any of the above 10 categories.

Self-injurious behavior without suicidal intent is corresponding to the response to [redacted] in questionnaire.

The treatment emergent item at the last visit is defined as any item that is present at Visit 8 / Early Withdrawal Visit that was not present at Day 1 visit.

A by- participant listing of the C-SSRS questionnaire data in SS will be provided.

4.6 Other analyses

4.6.1 Subgroup analyses

The primary estimand as defined in Table 1–1 and expanded in Section 4.2.1 and Section 4.2.2 will be assessed also by geographical region (North America, Europe) following the same approach in the Safety Set. The same summaries by geographical region will be run for the secondary estimand related to the complete dose delivery.

4.6.2 Self-Injection Training

An individual data listing for all participants in SS will be created providing details on the self-injection training performed at Visit 1 (Screening/Day 1 visit).

4.7 Interim analyses

No interim analysis is planned.

4.8 Changes to protocol-planned analyses

The following changes have been applied in the current SAP vs the study protocol dated 15 December 2023.

Table 4–1: Changes from the DV0013 protocol

Study Protocol	Study SAP update
Definition: Enrolled Set: all participants who have signed an informed consent form.	Definition Enrolled Set: all participants who have signed an informed consent and are eligible candidates for the study (screen failures excluded).
Screened Set (ScS) has not been defined in the study protocol	ScS has been defined in the SAP as all participants who have signed the informed consent form.
For the primary estimand, as sensitivity analysis, any missing data were to be imputed as administration failure.	Sensitivity analysis has been removed because based on the definition of the primary estimand, no missing values are expected.
Population level summary of the secondary estimand regarding the complete dose delivery at Visit 1 and at Visit 8 is based on the proportion of participants: Proportion of participants, along with the 95% CI.	Population level summary of the secondary estimand regarding the complete dose delivery at Visit 1 and at Visit 8 is based on the proportion of used ZLP-AIs and returned (for Visit 8). Therefore, the population level summary of the estimand has been phrased as: Complete dose delivery: completeness of the delivery as confirmed by the Investigator at Visit 1 and at Visit 8. The entire dose of IMP should be completely delivered (ie, the yellow plunger that can be seen through the device window should be completely depressed)

Table 4–1: Changes from the DV0013 protocol

Study Protocol	Study SAP update
Population level summary of the secondary estimand regarding the complete dose delivery at Visit 1 and at Visit 8 by region was not defined.	Population level summary of the secondary estimand regarding the complete dose delivery at Visit 1 and at Visit 8 will be also displayed by region.

4.9 Data Monitoring Committee or other review board

No Data Monitoring Committee or other review board will take place in the current study.

5 SAMPLE SIZE DETERMINATION

This study is not powered with respect to any endpoint, and sample size is based on practical considerations. The number of participants and their diagnosed conditions are summarized below.

Given the rare diseases framework of the gMG indication and the fact that the device is not life supportive, the sample size is based on previous experience and the operating functions of the ZLP-AI.

Participants from MG0011 or those who are currently being treated with commercial ZLP and are on a stable dosing regimen for at least 1 month will be screened at approximately 20 sites in the US and Europe in order to enroll at least 25 participants who use the ZLP-AI at Visit 1 and to obtain approximately 350 self-administrations.

6 APPENDIX: SUPPORTING DOCUMENTATION

6.1 Appendix 1: Coding dictionaries

Medical history and adverse events (AEs) will be coded using the Medical Dictionary for Regulatory Activities (MedDRA).

Medications will be coded using the World Health Organization Drug Dictionary (WHO-DD). Medical procedures will not be coded.

6.2 Appendix 2: Disposition of study participants

The following summaries will be created.

Reasons for screen failures will be summarized using the ScS.

Disposition of participants screened table in ScS will also be created to summarize by region the number of sites, and provide information on the principal investigator name, dates of first participant in and last participant out as well as the number of screened/screen failure participants.

Disposition of analysis sets will be summarized in ScS and will state the number and percentage of participants in each of the following sets: (ES, SS, PK-PPS).

Disposition and discontinuation reasons output using ES will include the number and percentage of study participants who started, completed or discontinued the Intervention Period as well as the primary reason of discontinuation.

Discontinuation due to AEs output in SS will summarize the total number of study participants who discontinued the study due to AEs when AEs were serious and fatal, and or non-fatal.

A separate output in ES will be created to indicate the number of participants in each visit.

Listings of study participant disposition and study discontinuation, analysis set and study participants who did not meet study eligibility criteria will be provided.

6.3 Appendix 3: Baseline characteristics and demographics

6.3.1 Baseline characteristics and demographics

Participant demographics and baseline characteristics will be summarized (and listed in SS), using descriptive statistics as detailed in Section 4.1.

- Age (years), calculated as (date of informed consent – date of birth)/365.25
- Height (cm)
- Weight (kg)
- Body mass index (BMI) (kg/m^2) calculated as: $BMI = \frac{\text{Weight (kg)}}{(\text{Height (m)})^2}$ using the weight and height measurements obtained at screening.

Descriptive statistics for categorial variables (including counts and percentages) will be provided for:

- Gender (Male/Female/Unknown/Undifferentiated)
- Race (American Indian or Alaska native, Asian, Black, Native Hawaiian or other Pacific Islander, White, Other/Mixed)
- Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Not Reported, Unknown)
- Age (<18, 18 - <65, 65 - <85 and ≥85 years).
- Geographic region (North America/Europe)
- Country
- BMI in kg/m^2 (<18.5, 18.5 - <25, 25 - <30, 30 – <35, 35- < 40, ≥ 40)
- BMI in kg/m2 (tertile grouping)
- Weight in Kg (<43, 43 - <56, 56-<77, 77 - <150, ≥ 150)
- MGFA Disease Class at Screening (Class I, IIa, IIb, IIIa, IIIb, Iva, IVb, V)
- Dose of previous Zilucoplan use prior to study entry (16.6, 23.0, 32.4 mg)
- MG0011 participant (yes, no)

Child-bearing potential will only be listed in ES.

6.4 Appendix 4: Protocol deviations

Important protocol deviations (IPDs) are deviations from the protocol which could potentially have a meaningful impact on the study conduct, on the primary analysis, key safety or PK outcomes for an individual participant. IPDs will be identified and documented prior to data base lock to confirm exclusion from analysis sets.

The number and percentage of participants with IPDs will be assessed in SS based on the following standard UCB categories:

- Inclusion criteria deviation
- Exclusion criteria deviation
- Withdrawal criteria deviation
- Prohibited concomitant medication use
- Incorrect treatment or dose
- Treatment non-compliance
- Procedural non-compliance

A participant might be included in more than one IPD category.

A listing of the important protocol deviations will be in ES.

6.5 Appendix 5: Medical history

Pre-existing conditions for participants entering the DV0013 from MG0011 will be captured from data of the parent study.

Medical History will be summarized as in absolute and relative frequency tables based on MedDRA SOC, HLT and preferred term (PT) terminology in SS. A participant will be counted only once for each HLT and SOC. The summary will present the results alphabetically by SOC, HLT within SOC, and within HLT, by decreasing frequency for the PT.

Medical History will be listed in SS; same stands for the procedures history. In these listings, the start/Stop dates of medical history conditions (or procedures) will be shown as they are originally recorded in the eCRF thus, not imputed.

6.6 Appendix 6: Prior/concomitant/follow-up medications

For MG0011 participants who have entered the DV0013 the following apply:

- Ongoing medications in MG0011 (may fall in the categories of prior/baseline/concomitant medications) will be rolled over from the parent study to DV0013.
- Past medications will be captured via the parent study based on treatment stop date (or imputed stop date if necessary).

  For all study participants it is any medication taken at least once during the 30 days prior to the first dosing in DV0013 that will be entered in the summary outputs. Exception to this, is for Neisseria vaccination outputs that the complete Neisseria vaccination history will be summarized within participants in SS (parent study data will also be used to

display the Neisseria vaccination full history within participants entering the study from MG0011).

Definition of medication classification is given in the section that follows.

6.6.1 Prior/concomitant medications classification

Medications will be classified as follows based on imputed start and stop dates & times as outlined in Section 4.1.1.4.

- **Past** medications will include any medications that started and stopped before the first administration of ZLP-AI.

  Of note, only past medications within the previous 30 days from screening will be considered in the table summaries or listings.

- **Prior** medications will include any medications that started before the first administration of ZLP-AI.

  Of note, only prior medications used within the previous 30 days from screening will be considered in the table summaries or listings.

- **Baseline** medications will include any medications that started prior to dosing and continued after (classified as prior and concomitant medications).
- **Concomitant** medications will include any medications that have been taken at least once after the first use of ZLP-AI.
- **Concomitant Only** medications will include any medication that started the first use of ZLP-AI.

Table 6–1: Prior and Concomitant Medications

Medication Started	Medication finished	Classification
Before 1st self-injection with ZLP-AI	Before 1st self-injection with ZLP-AI	Past
Before 1st self-injection with ZLP-AI	Any time	Prior
Before 1st self-injection with ZLP-AI	After 1st self-injection with ZLP-AI	Baseline (= prior and concomitant)
Any time	After 1st self-injection with ZLP-AI	Concomitant
After 1st self-injection with ZLP-AI	After 1st self-injection with ZLP-AI	Concomitant Only

Where a medication start date is partially or fully missing, and it is unclear as to whether the medication is prior or taken at baseline, it will be assumed that it is taken at Baseline.

Past, Prior, Baseline, Concomitant or Concomitant Only medications will be summarized in the SS. Medications will be presented in alphabetical order by Anatomical Main Group (ATC Level 1), then by Pharmacological Subgroup (ATC level 3) and finally by decreasing frequency of PT.

In the case of ties, sort these alphabetically. Summaries will include the overall number and percentage of participants receiving at least one treatment of a PT.

Medications classified as past, prior, baseline, concomitant or concomitant will be listed using the SS.
A by-participant listing of prior/concomitant procedures will be provided in SS.

Originally reported dates will be used for listings.

6.6.2 Prior and concomitant medications (non-MG therapy)

A non-MG related medication can be identified by the "indication" value on the Prior and Concomitant Medication eCRF form.

Past, Prior, Baseline, Concomitant or Concomitant Only medications (as defined in Section 6.6.1) will be summarized in SS. Medications will be presented in alphabetical order by Anatomical Main Group (ATC Level 1), then by Pharmacological Subgroup (ATC level 3) and finally by decreasing frequency of PT. In case of ties, these will be sorted alphabetically. Summaries will include the overall number and percentage of participants receiving at least one treatment of a PT.

Medications classified as past, prior, baseline, concomitant or concomitant only will be listed in SS. A by-participant listing of concomitant procedures will also be listed using the SS. Originally reported dates will be used for listings.

A separate by participant listing of Neisseria Meningitis Vaccination and Prophylaxis will be provided in SS.

6.6.3 MG Specific Prior and Concomitant Medications

MG specific medication will be presented separately from the other prior and concomitant medications (for both tables and listings). A MG specific medication will be identified by the "indication" value on the Prior and Concomitant Medication eCRF form. MG specific Past, Prior, Baseline, Concomitant and Concomitant only medications will be summarized on the SS as defined in Section 6.6.1.

Additionally, the number and percentage of participants who are taking one or more of the sets of MG specific medications as presented in the below table (i.e., Groups A-H) will be summarized separately for the prior medications and for the baseline medications.

Table 6–2: Medication Classes

Group	Medication Class	Included Text in the Preferred Term based on the Prior/Concomitant eCRF form
A	Corticosteroids	PREDNISONE DEXAMETHASONE METHYLPREDNISONE SODIUM SUCCINATE PREDNISOLONE METHYLPREDNISOLONE HYDROCORTISONE TBD**

Table 6–2: Medication Classes

Group	Medication Class	Included Text in the Preferred Term based on the Prior/Concomitant eCRF form
B	Immunosuppressants	AZATHIOPRINE MYCOPHENOLATE MOFETIL MYCOPHENOLATE ACID
C	Immunoglobulins	Intravenous Immunoglobulin Subcutaneous Immunoglobulin
D	Plasma Exchange or Plasmapheresis[a]	Plasma Exchange Plasmapheresis
E	Immunosuppressants	Cyclosporine Cyclophosphamide Methotrexate Tacrolimus Rituximab TBD[b]
F	Cholinesterase inhibitors	GALANTAMINE PYRIDOSTIGMINE AMBENONIUM NEOSTIGMINE DISTIGMINE
G	FcRn	EFGARTIGIMOD ROZANOLIXIZUMAB
H	C5 inhibitors	ECULIZUMAB RAVULIZUMAB

[a] As captured at the procedures eCRF form

[b] To be defined: a complete list of corresponding medications and preferred terms will be provided by UCB prior to database lock

6.7 Appendix 7: Data derivation rules

6.7.1 SIAQ version 2.1

The Self-Injection Assessment Questionnaire (SIAQ) version 2.1 is a self-administered

Patient-Reported Outcome, which will be administered at Visit 1 and Visit 8 to assess the participants' self-injection experience, including the perceived advantages and the potential limitations of self-injection of a sc medication.

The pre injection SIAQ (SIAQ PRE module) is composed of 7 items with a Likert-type scale of 1 to 5 or 6. The 7 items are grouped into 3 domains (FL: feelings about injection, CO: self-confidence, and SA: satisfaction with the current mode of administration).

The post injection SIAQ (SIAQ POST module) is composed of 21 items with a Likert-type scale of 1 to 5 grouped into 6 domains (FL: feelings about injection, SI: self-image, CO: self-confidence, RE injection site reactions, EU ease of use, and SA: satisfaction with self-injection).

Each domain score of both pre- and post-modules range from 0 to 10, where higher scores indicate a more positive self-injection experience.

The scoring of domains is performed in 2 steps:

- The raw item scores ranging from 1 to 5 (or 1 to 6) are transformed into scores ranging from 0 (worse experience) to 10 (best experience).
- The transformed scores for items contributing to a domain are then averaged into a domain score.

Table 6–3: SIAQ version 2.1: Pre module domain: Scoring of domains from raw item scores

Domain	Items	Transformed item score	Domain score calculation	Domain score range
FL	1-3	((raw score)-1)*2.5	Average of transformed item scores	0-10
CO	4-6	((raw score)-1)*2.5		
SA	7	((raw score)-1)*2.5		

Table 6–4: SIAQ version 2.1: Post module domain: Scoring of domains from raw item scores

Domain	Items	Transformed item score	Domain score calculation	Domain score range
FL	1-3	((raw score)-1)*2.5	Average of transformed item scores	0-10
IM	4	((raw score)-1)*2.5		
CO	5-7	((raw score)-1)*2.5		
RE	8-9	((raw score)-1)*2.5		
EU	10-14	((raw score)-1)*2.0		
SA	15-21	((raw score)-1)*2.5		

In case of missing values, no domain score will be calculated if more than 50% of the items within the domain are missing.

6.8 Appendix 8: AEs of Interest

Table 6–5: AEs of Interest selection criteria

No	Event (also included in Title of TFL output)	Selection criteria
1	Infections	TEAEs with SOC="Infections and infestations"
2	Hypersensitivity reactions	SMQ='Hypersensitivity' (narrow scope)

Table 6–5: AEs of Interest selection criteria

3	Anaphylactic reactions	SMQ= 'Anaphylactic reaction' and TEAEs meeting at least one of the following criteria where the different terms (within each sub-category) occur on the same date or on 2 consecutive days, under the condition that the zilucoplan treatment is still ongoing at the first of these 2 days. • If a participant reports any TEAE which codes to a PT included in Category A, then the event will be flagged as an anaphylactic reaction. • If a participant reports any TEAE which codes to a PT included in Category B **AND** reports any TEAE which codes to a PT included in Category C, **and both TEAEs have the same start date or on 2 consecutive days**, then both events will be flagged as anaphylactic reactions. If a participant reports any TEAE which codes to a PT included in Category D **AND** reports (either a TEAE which codes to a PT included in Category B **OR** a TEAE which codes to a PT included in Category C), **and both TEAEs have the same start date or on 2 consecutive days**, then both events will be flagged as anaphylactic reactions.
4	Malignancies or unspecified tumours	TEAEs in: SMQ= "Malignant or unspecified tumours (SMQ)" or "Malignant tumours (SMQ)" Note: the events included in the "Malignant tumours" table will be a subset of the events included in the "Malignant or unspecified tumours" table. While the "Malignant tumours (SMQ)" is most relevant, "Malignant or unspecified tumours (SMQ)" must be reviewed for potential malignancies.

Table 6–6: Anaphylactic Reactions Categories

Category	Preferred Term as per MedDRA version 27.0
A	ANAPHYLACTIC REACTION
	ANAPHYLACTIC SHOCK
	ANAPHYLACTIC TRANSFUSION REACTION
	ANAPHYLACTOID REACTION
	ANAPHYLACTOID SHOCK
	CIRCULATORY COLLAPSE

Table 6–6: Anaphylactic Reactions Categories

Category	Preferred Term as per MedDRA version 27.0
	DIALYSIS MEMBRANE REACTION
	KOUNIS SYNDROME
	PROCEDURALSHOCK
	SHOCK
	SHOCK SYMPTOM
	TYPE 1 HYPERSENSITIVITY
B	ACUTE RESPIRATORY FAILURE
	ASTHMA
	BRONCHIAL OEDEMA
	BRONCHOSPASM
	CARDIO-RESPIRATORY DISTRESS
	CHEST DISCOMFORT
	CHOKING
	CHOKING SENSATION
	CIRCUMORAL OEDEMA
	COUGH
	COUGH VARIANT ASTHMA
	CYANOSIS
	DYSPNOEA
	ENHANCED RESPIRATORY DISEASE
	HYPERVENTILATION
	IRREGULAR BREATHING
	LARYNGEAL DYSPNOEA
	LARYNGEAL OEDEMA
	LARYNGOSPASM
	LARYNGOTRACHEAL OEDEMA
	MOUTH SWELLING
	NASAL OBSTRUCTION
	OEDEMA MOUTH
	OROPHARYNGEAL OEDEMA
	OROPHARYNGEAL SPASM
	OROPHARYNGEAL SWELLING
	PHARYNGEAL OEDEMA
	PHARYNGEAL SWELLING
	RESPIRATORY ARREST
	RESPIRATORY DISTRESS
	RESPIRATORY FAILURE
	REVERSIBLE AIRWAYS OBSTRUCTION

Table 6–6: Anaphylactic Reactions Categories

Category	Preferred Term as per MedDRA version 27.0
	SENSATION OF FOREIGN BODY
	SNEEZING
	STRIDOR
	SWOLLEN TONGUE
	TACHYPNOEA
	THROAT TIGHTNESS
	TONGUE OEDEMA
	TRACHEAL OBSTRUCTION
	TRACHEAL OEDEMA
	UPPER AIRWAY OBSTRUCTION
	WHEEZING
C	ALLERGIC OEDEMA
	ANGIOEDEMA
	CIRCUMORAL SWELLING
	ERYTHEMA
	EYE OEDEMA
	EYE PRURITUS
	EYE SWELLING
	EYELID OEDEMA
	FACE OEDEMA
	FLUSHING
	INJECTION SITE URTICARIA
	LIP OEDEMA
	LIP SWELLING
	NODULAR RASH
	OCULAR HYPERAEMIA
	OEDEMA
	OEDEMA BLISTER
	PERIORBITAL OEDEMA
	PERIORBITAL SWELLING
	PRURITUS
	PRURITUS ALLERGIC
	RASH
	RASH ERYTHEMATOUS
	RASH PRURITIC
	SKIN SWELLING
	SWELLING
	SWELLING FACE

Table 6–6: Anaphylactic Reactions Categories

Category	Preferred Term as per MedDRA version 27.0
	SWELLING OF EYELID
	URTICARIA
	URTICARIA PAPULAR
D	BLOOD PRESSURE DECREASED
	BLOOD PRESSURE DIASTOLIC DECREASED
	BLOOD PRESSURE SYSTOLIC DECREASED
	CARDIAC ARREST
	CARDIO-RESPIRATORY ARREST
	CARDIOVASCULAR INSUFFICIENCY
	DIASTOLIC HYPOTENSION
	HYPOTENSION
	HYPOTENSIVE CRISIS
	POST PROCEDURAL HYPOTENSION

6.9 Appendix 9: Criteria for potentially clinically significant values of safety endpoints

No lab data are recorded during the study.

Vital signs are captured only during the Day 1.

Thus, no criteria to flag potentially clinically significant changes in the laboratory or vital sign values can be applied.

6.10 Appendix 10: Compliance

The number of patients with doses missed (as derived by the total days of treatment duration [Date of last dose – Date of first dose +1 minus the ZLP-AI kits with complete dose delivery) will be summarized via the number and percent of study participants meeting the following criteria in order to assess treatment compliance:

- Participants missing 1 dose
- Participants missing 2 doses
- Participants missing 3 doses
- Participants missing ≥ 4 doses

Additional evaluation of treatment compliance will be measured as follows:

For each participant the percentage of used ZLP-AIs with complete dose delivery relative to the expected treatment duration will be calculated. The overall treatment compliance will be summarized descriptively.

Participant's Compliance: [number of used and returned ZLP-AIs with complete dose delivery / (Expected duration of use)]

The expected treatment duration for each participant will be calculated as: (date of last scheduled visit / EW visit) - (date of first ZIL-AI use) +1.

6.11 Appendix 11: PK calculations

See Section 4.4.3.

6.12 Appendix 12: PK standard reporting procedures

See Section 4.4.3.

6.13 Appendix 13: Data transparency reporting

For results disclosure on public registries (eg, ClinicalTrials.gov), treatment-emergent adverse events and treatment-emergent serious adverse events will be published.

Mandatory outputs to disclose:

Tables:

- Disposition and Discontinuation Reasons
- Discontinuation due to AEs
- Demographics
- Incidence of TEAEs – Overview (including both All Deaths and TEAE leading to Deaths)
- Incidence of Non-Serious TEAEs Above Reporting Threshold of 5% of Participants
- Incidence of serious TEAEs by Relationship
- Incidence of fatal TEAEs by Relationship

Listings:

- Study Discontinuation

6.14 Appendix 14: Details on amendments to the statistical analysis plan

6.14.1 Amendment 1.0

The main purpose of the SAP amendment 1.0 was to make the following changes to the original SAP version dated 24 September 2024.

- Specific data of MG0011 within participants that rolled over from MG0011 into DV0013 will be included in the study outputs. Directions on how to handle these cases are provided.
- To facilitate the Plain Language Summaries (PLS)
- To add further clarity while programming the TFLs

All changes are listed in the below table. The table below does not include corrections of minor typographical errors and formatting/stylistic changes.

Table 6–7: Summary of Changes

Section # and Name	Description of Change	Brief Rationale
List of Abbreviation	PLS abbreviation added	New abbreviation
4.1.1.4 Handling of missing dates and times	Deleted text: In the event of ambiguity or incomplete data which makes it impossible to determine whether a medication/AE was concomitant/treatment emergent or not, the medications/AEs will be considered as concomitant/treatment emergent. Programming rules were added for the imputation of stop dates	Text is redundant as it already exists in the same paragraph (duplication) To add clarity on the programming
Section 4.1.1.6 MG0011 data	Section is added	As per protocol, only the medications taken during the DV0013 study entry are rolled over from the parent study MG0011 to DV0013. Any other important participant information that needs to be summarized within DV0013 outputs will be based on the MG0011 datasets.
Section 4.5.2.3 Adverse Events Summaries	Outputs are added to complete the list of PLS outputs	As requested by the Team
Section 4.5.3 Tolerability – Injections and Medication Errors	Following text has been deleted: Separate shift tables from Visit 1 to Visit 8 will assess participants' conception on the pain and skin reactions during or after the self-injection, based on a 5 level Likert type scale (Not at all bothered, …, Extremely bothered). The assessments to be summarized include pain, burning sensation, cold sensation, Itching, redness, swelling, bruising and hardening.	The SIAQ Version 2.1 questionnaire is recorded in the MyVeeva platform. During the study, it was observed that a portion of it was also captured in the study eCRF, resulting in duplicate data. It has been decided to leave the eCRF blank for all subjects on the corresponding page to eliminate the redundancy. The deleted text from the SAP pertains to the redundant SIAQ.

Section # and Name	Description of Change	Brief Rationale
Section 4.5.5.2 Vital signs	Deleted text related to the summaries of the pulse rate based on the average of 3 readings.	Pulse rate is be assessed in triplicate readings.
Section 4.5.5.4 Columbia-Suicide Severity Rating Scale (C-SSRS)	Participants are assessed via different versions of C-SSRS depending on if they have previously completed the Screening/Baseline version or not.	DV0013 participants coming from MG0011 and were previously enrolled in MG0009 study have never been assessed for suicidal behavior with reference to lifetime. This is not the case for the MG0011 participants within DV0013 who were previously enrolled in MG0010.
Section 6.3.1 Baseline characteristics and demographics	Age categories are updated to: Age (<18, 18 - <65, 65 - <85 and ≥85 years	To reflect the most recent standard age group categories as per UCB guidance in the standard shells template.
Section 6.6 Appendix 6: Prior/concomitant/follow-up medications	Added Text related to the summaries of Neisseria Vaccination.	Medications stopped before 30 days prior first dose in DV0013 are not in scope for this study. Exception is the Neisseria vaccination history that a full record of vaccination is needed.
Section 6.6.1	Any medications captured will be summarized and listed in SS instead of ES	Participants not dosed are not in scope for past, prior, and concomitant medications.
Section 6.10 Appendix 10: Compliance	A formula for derivation of the number of missed doses is provided. Text related to the capturing of missed doses through the study medication discontinuation eCRF page is deleted.	The eCRF page of study medication discontinuation is applicable for participants who discontinue the study. Thus, the number of missed doses cannot be captured within study completers. Thus, a derivation of the number of missed doses is provided.

7 REFERENCES

Clopper, C.; Pearson, E. S. (1934). "The use of confidence or fiducial limits illustrated in the case of the binomial". Biometrika 26: 404–413. doi:10.1093/biomet/26.4.404

Common Terminology Criteria for Adverse Events (CTCAE) Version 5 or later (United States Department of Health and Human Services, Version 5.0, November 17, 2017).

Coteur G (2015) SIAQ©v2 User Manual (2nd Ed). UCB, Braine L'Alleud, Belgium.

European Medicines Agency. ICH E9 Statistical principles for clinical trials. 05 February 1998, https://database.ich.org/sites/default/files/E9_Guideline.pdf, accessed 05 July 2024

European Medicines Agency. ICH E9 (R1) Addendum on estimands and sensitivity analysis in clinical trials to the guideline on statistical principles for clinical trials, 30 July 2020. https://www.ema.europa.eu/en/documents/scientific-guideline/ich-e9-r1-addendum-estimands-sensitivity-analysis-clinical-trials-guideline-statistical-principles_en.pdf, accessed 05 July 2024.

European Medicines Agency: EMA/762563/2014 - Pharmacovigilance Risk Assessment Committee (PRAC Good practice guide on recording, coding, reporting and assessment of 5. medication errors, 23 October 20214 https://www.ema.europa.eu/system/files/documents/regulatory-procedural-guideline/wc500196979_en.pdf, accessed 05 July 2024.

Keininger and Coteur: Assessment of self-injection experience in patients with rheumatoid arthritis: psychometric validation of the Self-Injection Assessment Questionnaire (SIAQ). Health and Quality of Life Outcomes 2011 9:2.

Mundt JC, Greist JH, Gelenberg AJ, et al. Feasibility and Validation of a Computer-Automated Columbia-Suicide severity Rating Scale Using Interactive Voice Response Technology. J Psychiatr Res. 2010;44(16):1224-8.

Posner K, Brown GK, Stanley B, et al. The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. Am J Psychiatry. 2011;168(12):1266-77.