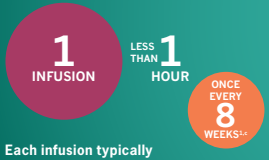
POCKET DOSING GUIDE

ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial



Each infusion typically lasts less than 1 hour for the majority of patients.[a,b]

ULTOMIRIS® gives adult patients predictable, consistent, once-every-8-week maintenance dosing[1,c]

Patients may require as few as 6 to 7 infusions per year, after initial loading dose

- **ULTOMIRIS is the first and only long-acting complement C5 inhibitor for adult patients**[1-3]
- **Less-than-1-hour infusion time for the majority of patients**[1,a]
- **If an adverse reaction occurs during the administration of ULTOMIRIS, the infusion may be slowed or stopped at the discretion of the physician**
- **The dosing schedule of ULTOMIRIS allows your adult patients up to 8 weeks of freedom between infusions, 2 weeks after the starting dose**[1,c]
- **If a patient misses an intravenous ULTOMIRIS dose, they should contact their healthcare provider immediately**

[a]Minimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight.[1]
[b]Patients are monitored for at least 1 hour after infusions for signs or symptoms of an infusion-related reaction.[1]
[c]Two weeks after the starting dose, ULTOMIRIS is infused every 8 weeks for adults.[1]

INDICATION

ULTOMIRIS is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive.

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- **Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.**
- **Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. See *Warnings and Precautions* for additional guidance on the management of the risk of meningococcal infection.**
- **Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.**

Because of the risk of serious meningococcal infections, ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ULTOMIRIS REMS.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Recommended dosing regimen for adult patients with gMG who are anti-AChR antibody positive[1]

ULTOMIRIS® is administered once every 8 weeks in adults, beginning 2 weeks after the loading dose.

Vaccinate patients for meningococcal disease according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations to reduce the risk of serious infection

- Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of ULTOMIRIS
- Patients who initiate ULTOMIRIS treatment less than 2 weeks after receiving meningococcal vaccine(s) must receive appropriate prophylactic antibiotics until 2 weeks after vaccination

ULTOMIRIS 100 mg/mL

The recommended weight-based dosing in adult patients with anti-AChR antibody-positive gMG (≥40 kg [88 lb]) consists of a loading dose followed 2 weeks later by the start of maintenance dosing every 8 weeks

- The dosing schedule is allowed to occasionally vary within 7 days of the scheduled infusion day (except for the first maintenance dose of ULTOMIRIS), but the subsequent doses should be administered according to the original schedule
- If a patient misses an intravenous ULTOMIRIS dose, they should contact their healthcare provider immediately

AChR, acetylcholine receptor; gMG, generalized myasthenia gravis.

Doses and infusion times for ULTOMIRIS 100 mg/mL[1]

Body Weight Range[a,b]	Loading Dose	Maintenance Dose	Minimum Infusion Time (loading maintenance dose)
40 kg (88 lb) to less than 60 kg (132 lb)	2400 mg	3000 mg	48 min, 54 min
60 kg (132 lb) to less than 100 kg (220 lb)	2700 mg	3300 mg	36 min, 42 min
100 kg (220 lb) or greater	3000 mg	3600 mg	24 min, 30 min

[a]Body weight at time of treatment.[1]

[b]Approximate weight in pounds was calculated using standard weight conversion of 1 kg = 2.205 lb.

If an adverse reaction occurs during the administration of ULTOMIRIS, the infusion may be slowed or stopped at the discretion of the physician. Monitor the patient for at least one hour following completion of the infusion for signs or symptoms of an infusion-related reaction.

SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Patients with unresolved *Neisseria meningitidis* infection.
- Patients who are not currently vaccinated against *Neisseria meningitidis*, unless the risks of delaying ULTOMIRIS treatment outweigh the risks of developing a meningococcal infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

Life-threatening meningococcal infections have occurred in patients treated with ULTOMIRIS. The use of ULTOMIRIS increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis). Meningococcal disease due to any serogroup may occur.

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without history of meningococcal vaccination at least 2 weeks prior to the first dose of ULTOMIRIS. Patients who initiate ULTOMIRIS treatment less than 2 weeks after receiving meningococcal vaccine(s) must receive appropriate prophylactic antibiotics until 2 weeks after vaccination.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial

ULTOMIRIS® 100 mg/mL dosing at a glance[1]

	Body Weight Range[a]	ULTOMIRIS Volume		Volume of 0.9% NaCl[b]		Total Volume (dose)	Minimum Infusion Time[c]	Maximum Infusion Rate
Loading Dose Administration	40 kg (88 lb) to <60 kg (132 lb)	24 mL	+	24 mL	=	48 mL (2400 mg)	48 min	60 mL/hr
	60 kg (132 lb) to <100 kg (220 lb)	27 mL	+	27 mL	=	54 mL (2700 mg)	36 min	90 mL/hr
	100 kg (220 lb) or greater	30 mL	+	30 mL	=	60 mL (3000 mg)	24 min	150 mL/hr
Maintenance Dose Administration	40 kg (88 lb) to <60 kg (132 lb)	30 mL	+	30 mL	=	60 mL (3000 mg)	54 min	67 mL/hr
	60 kg (132 lb) to <100 kg (220 lb)	33 mL	+	33 mL	=	66 mL (3300 mg)	42 min	95 mL/hr
	100 kg (220 lb) or greater	36 mL	+	36 mL	=	72 mL (3600 mg)	30 min	144 mL/hr

[a]Body weight at time of treatment.[1]
[b]Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.[1]
[c]Minimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight.[1]

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS, (continued)

Serious Meningococcal Infections, (continued)

In clinical studies, 2 adult patients with gMG were treated with ULTOMIRIS less than 2 weeks after meningococcal vaccination. All of these patients received antibiotics for prophylaxis of meningococcal infection until at least 2 weeks after meningococcal vaccination. The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established. Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Ordering vials for ULTOMIRIS 100 mg/mL[1]

The ULTOMIRIS 100 mg/mL formulation comes in 2 single-dose vials, 1100 mg/11 mL (aqua cap) and 300 mg/3 mL (lavender cap), and is a translucent, clear to yellowish color. With ULTOMIRIS 100 mg/mL, there is an optimal vial combination (3 mL and 11 mL) for each patient weight range.

	Body Weight Range[a]	ULTOMIRIS Volume	ULTOMIRIS Vial Combinations	
			1100 mg/11 mL	300 mg/3 mL
Loading Dose Administration	40 kg (88 lb) to <60 kg (132 lb)	24 mL	–	8
	60 kg (132 lb) to <100 kg (220 lb)	27 mL	–	9
	100 kg (220 lb) or greater	30 mL	–	10
Maintenance Dose Administration	40 kg (88 lb) to <60 kg (132 lb)	30 mL	–	10
	60 kg (132 lb) to <100 kg (220 lb)	33 mL	3	–
	100 kg (220 lb) or greater	36 mL	3	1

[a]Body weight at time of treatment.[1]

Do not mix ULTOMIRIS 100 mg/mL and 10 mg/mL concentrations together.[1]

100 mg/mL (3-mL vial):
J code, J1303;
National Drug Code,
NDC 25682-025-01

100 mg/mL (11-mL vial):
J code, J1303;
National Drug Code,
NDC 25682-028-01

ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial

Supplemental dosing of ULTOMIRIS® after PE, PP, or IVIg[1]

Concomitant use of ULTOMIRIS with PE, PP, or IVIg treatment can reduce serum ULTOMIRIS concentrations and requires a supplemental dose of ULTOMIRIS.

Body Weight Range[a]	Most Recent ULTOMIRIS Dose	Supplemental Dose Following Each PE or PP Intervention	Supplemental Dose Following Completion of an IVIg Cycle
40 kg (88 lb) to <60 kg (132 lb)	2400 mg	1200 mg	600 mg
	3000 mg	1500 mg	
60 kg (132 lb) to <100 kg (220 lb)	2700 mg	1500 mg	600 mg
	3300 mg	1800 mg	
100 kg (220 lb) or greater	3000 mg	1500 mg	600 mg
	3600 mg	1800 mg	
Timing of ULTOMIRIS supplemental dose		Within 4 hours following each PE or PP intervention	Within 4 hours following completion of an IVIg cycle

[a]Body weight at time of treatment.[1]

Neonatal Fc receptor (FcRn) blockers

Concomitant use of ULTOMIRIS with FcRn blockers (e.g., efgartigimod) may lower systemic exposures and reduce the effectiveness of ULTOMIRIS. Closely monitor for reduced effectiveness.

IVIg, intravenous immunoglobulin; PE, plasma exchange; PP, plasmapheresis.

Administration of ULTOMIRIS for adult patients transitioning from eculizumab[1]

- Administer the loading dose of ULTOMIRIS at the time of the next scheduled eculizumab dose
- Administer ULTOMIRIS maintenance doses once every 8 weeks, starting 2 weeks after the loading dose
- ULTOMIRIS dosing is based on body weight: see the dosing chart on page 3
- ULTOMIRIS REMS enrollment is required even if previously enrolled in SOLIRIS REMS as these programs are different

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS, (continued)

ULTOMIRIS REMS

Due to the risk of meningococcal infections, ULTOMIRIS is available only through a restricted program under a REMS called ULTOMIRIS REMS.

Under the ULTOMIRIS REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risk of meningococcal infection/sepsis, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines.

Additional information on the REMS requirements is available at www.ultomirisrems.com or 1-888-765-4747.

Other Infections

Patients may have increased susceptibility to infections, especially with encapsulated bacteria, such as infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae*, *Haemophilus influenzae*, and to a lesser extent, *Neisseria gonorrhoeae*. If ULTOMIRIS is administered to patients with active systemic infections, monitor closely for worsening infection.

Thromboembolic Event Management

The effect of withdrawal of anticoagulant therapy during treatment with ULTOMIRIS has not been established. Treatment should not alter anticoagulant management.

Infusion-Related Reactions

Intravenous administration of ULTOMIRIS may result in systemic infusion-related reactions, including anaphylaxis and hypersensitivity reactions. In clinical trials, infusion-related reactions occurred in approximately 1% of patients treated with ULTOMIRIS. These events included lower back pain, drop in blood pressure, elevation in blood pressure, limb discomfort, drug hypersensitivity (allergic reaction), dysgeusia (bad taste), and drowsiness. These reactions did not require discontinuation of ULTOMIRIS. If signs of cardiovascular instability or respiratory compromise occur, interrupt ULTOMIRIS infusion and institute appropriate supportive measures.

ULTOMIRIS®
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injection for intravenous use
300 mg/3 mL vial

1 

Weigh your patient

2 

Determine **how many ULTOMIRIS vials are needed based on patient weight, prescribed dose, and dosage form and strength** (see pages 2-6 for reference)

- Vials should be stored at refrigeration (2°C-8°C, 36°F-46°F). Protect from light. Do not freeze
- Each vial of ULTOMIRIS is intended for single dose only

3 

Allow ULTOMIRIS vials to **come to room temperature** (18°C-25°C, 64°F-77°F) naturally, without using any heat source

4 

Visually inspect each ULTOMIRIS vial to be sure there is no particulate or precipitate (if either is present, do not use)

5 

Using aseptic technique, **withdraw the volume of ULTOMIRIS (corresponding to the prescribed dose) from the appropriate number of vials and dilute in an infusion bag using 0.9% Sodium Chloride Injection, USP** (see pages 2-6 for reference)

- ULTOMIRIS is supplied in single-dose vials (1100 mg/11 mL and 300 mg/3 mL) to enable an optimal vial combination for each weight cohort
- ULTOMIRIS requires dilution to a final concentration of 50 mg/mL for the 3-mL and 11-mL vials

SELECT IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS

Most common adverse reactions in adult patients with gMG (incidence ≥10%) were diarrhea and upper respiratory tract infection. Serious adverse reactions were reported in 20 (23%) of patients treated with ULTOMIRIS and in 14 (16%) patients receiving placebo. The most frequent serious adverse reactions were infections reported in at least 8 (9%) patients treated with ULTOMIRIS and in 4 (4%) patients treated with placebo. Of these infections, one fatal case of COVID-19 pneumonia was identified in a patient treated with ULTOMIRIS and one case of infection led to discontinuation of ULTOMIRIS.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

6 

Gently mix the solution by swirling (do not shake or introduce air bubbles)

7 

Administer the solution immediately to your patient through a **0.2- or 0.22-micron filter**

- If the solution is not administered immediately, the solution can be stored under refrigeration (2°C-8°C, 36°F-46°F) for ≤24 hours, taking into account the expected infusion time. Do not freeze the solution
- When administering stored (refrigerated) solution, be sure to bring it to room temperature naturally before administering, and be sure to administer within 4 hours

8 

The **length of infusion time will vary** based on the dose as determined by the patient's weight, but the rate of infusion should not exceed the maximum for each dose (see page 4 for reference)

9 

Monitor your patient for at least 1 hour following infusion to ensure no signs or symptoms of an infusion-related reaction occur

- If an adverse reaction occurs during the administration of ULTOMIRIS, the infusion may be slowed or stopped at the discretion of the physician. Interrupt ULTOMIRIS infusion and institute appropriate supportive measures if signs of cardiovascular instability or respiratory compromise occur
- Some signs of infusion-related reaction include: lower back pain, drop in blood pressure, elevation in blood pressure, and limb discomfort

SELECT IMPORTANT SAFETY INFORMATION

DRUG INTERACTIONS

Plasma Exchange, Plasmapheresis, and Intravenous Immunoglobulins

Concomitant use of ULTOMIRIS with plasma exchange (PE), plasmapheresis (PP), or intravenous immunoglobulin (IVIg) treatment can reduce serum ravulizumab concentrations and requires a supplemental dose of ULTOMIRIS.

Neonatal Fc Receptor Blockers

Concomitant use of ULTOMIRIS with neonatal Fc receptor (FcRn) blockers (e.g., efgartigimod) may lower systemic exposures and reduce effectiveness of ULTOMIRIS. Closely monitor for reduced effectiveness of ULTOMIRIS.

ULTOMIRIS®
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injection for intravenous use
300 mg/3 mL vial

INDICATION & IMPORTANT SAFETY INFORMATION

ULTOMIRIS® (ravulizumab-cwvz) injection for intravenous use 300 mg/3 mL vial

INDICATION

ULTOMIRIS is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- **Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.**
- **Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. See *Warnings and Precautions* for additional guidance on the management of the risk of meningococcal infection.**
- **Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.**

Because of the risk of serious meningococcal infections, ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ULTOMIRIS REMS.

CONTRAINDICATIONS

- Patients with unresolved *Neisseria meningitidis* infection.
- Patients who are not currently vaccinated against *Neisseria meningitidis,* unless the risks of delaying ULTOMIRIS treatment outweigh the risks of developing a meningococcal infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

Life-threatening meningococcal infections have occurred in patients treated with ULTOMIRIS. The use of ULTOMIRIS increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis). Meningococcal disease due to any serogroup may occur.

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without history of meningococcal vaccination at least 2 weeks prior to the first dose of ULTOMIRIS. Patients who initiate ULTOMIRIS treatment less than 2 weeks after receiving meningococcal vaccine(s) must receive appropriate prophylactic antibiotics until 2 weeks after vaccination.

In clinical studies, 2 adult patients with gMG were treated with ULTOMIRIS less than 2 weeks after meningococcal vaccination. All of these patients received antibiotics for prophylaxis of meningococcal infection until at least 2 weeks after meningococcal vaccination. The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established. Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection.

ULTOMIRIS REMS

Due to the risk of meningococcal infections, ULTOMIRIS is available only through a restricted program under a REMS called ULTOMIRIS REMS.

Under the ULTOMIRIS REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risk of meningococcal infection/sepsis, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines.

Additional information on the REMS requirements is available at www.ultomirisrems.com or 1-888-765-4747.

ULTOMIRIS® (ravulizumab-cwvz) injection for intravenous use 300 mg/3 mL vial

Other Infections

Patients may have increased susceptibility to infections, especially with encapsulated bacteria, such as infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae, Haemophilus influenzae,* and to a lesser extent, *Neisseria gonorrhoeae*. If ULTOMIRIS is administered to patients with active systemic infections, monitor closely for worsening infection.

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The effect of withdrawal of anticoagulant therapy during treatment with ULTOMIRIS has not been established. Treatment should not alter anticoagulant management.

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Intravenous administration of ULTOMIRIS may result in systemic infusion-related reactions, including anaphylaxis and hypersensitivity reactions. In clinical trials, infusion-related reactions occurred in approximately 1% of patients treated with ULTOMIRIS. These events included lower back pain, drop in blood pressure, elevation in blood pressure, limb discomfort, drug hypersensitivity (allergic reaction), dysgeusia (bad taste), and drowsiness. These reactions did not require discontinuation of ULTOMIRIS. If signs of cardiovascular instability or respiratory compromise occur, interrupt ULTOMIRIS infusion and institute appropriate supportive measures.

ADVERSE REACTIONS

Most common adverse reactions in adult patients with gMG (incidence ≥10%) were diarrhea and upper respiratory tract infection. Serious adverse reactions were reported in 20 (23%) of patients treated with ULTOMIRIS and in 14 (16%) patients receiving placebo. The most frequent serious adverse reactions were infections reported in at least 8 (9%) patients treated with ULTOMIRIS and in 4 (4%) patients treated with placebo. Of these infections, one fatal case of COVID-19 pneumonia was identified in a patient treated with ULTOMIRIS and one case of infection led to discontinuation of ULTOMIRIS.

DRUG INTERACTIONS

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Concomitant use of ULTOMIRIS with plasma exchange (PE), plasmapheresis (PP), or intravenous immunoglobulin (IVIg) treatment can reduce serum ravulizumab concentrations and requires a supplemental dose of ULTOMIRIS.

Neonatal Fc Receptor Blockers

Concomitant use of ULTOMIRIS with neonatal Fc receptor (FcRn) blockers (e.g., efgartigimod) may lower systemic exposures and reduce effectiveness of ULTOMIRIS. Closely monitor for reduced effectiveness of ULTOMIRIS.

Please see accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

REFERENCES

1. ULTOMIRIS. Prescribing information. Alexion Pharmaceuticals, Inc. **2.** Kulasekararaj AG, Hill A, Rottinghaus ST, et al. *Blood*. 2019;133(6):540-549. **3.** Lee JW, Sicre de Fontbrune F, Wong Lee Lee L, et al. *Blood*. 2019;133(6):530-539.

Comprehensive support for your patients and your practice

ONESOURCE®
Personalized Patient Support from Alexion

OneSource™ is a comprehensive, complimentary, and personalized patient support program offered by Alexion to help with a variety of patient needs

We can help make sense of health insurance coverage, answer questions about treatment with ULTOMIRIS®, and foster connections to community resources. With our experience and resources, we're here to help you and your patients feel supported every step of the way.

Alexion OneSource Specialists assist with:

Education

- Providing your patients with educational resources and materials related to generalized myasthenia gravis (gMG)
- Helping to answer your patients' questions about the disease or treatment logistics
- Providing information about meningococcal vaccinations and can help your patients locate a vaccination center

Ongoing support

- Personalized support for your patients in maintaining therapy during their major life events, such as a change in job, insurance status, provider, or relocation

Health insurance navigation

- Helping your patients understand ULTOMIRIS health insurance coverage
- Exploring alternative funding options and financial resources

Community connections

- Providing information to patients regarding in-person and online meetings and events
- Connecting patients with other people living with gMG

Contact OneSource at 1-888-765-4747 or visit AlexionOneSource.com

OneSource gives patients the confidence of comprehensive, personalized support throughout their gMG treatment journey

Please see Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Alexion OneSource CoPay Program

As low as

$0

Out-of-pocket costs for eligible patients

Your eligible adult patients may pay as little as $0 in out-of-pocket costs.

Copay assistance

- The Alexion OneSource CoPay Program provides financial assistance by covering eligible patients' out-of-pocket medication and infusion costs associated with ULTOMIRIS up to $15,000 US dollars per calendar year
- This program is valid ONLY for patients with commercial insurance who have a valid prescription for a U.S. FDA-approved indication for ULTOMIRIS
- Additional requirements apply. By participating in the Program, participants acknowledge that they understand and agree to comply with the complete terms and conditions, available at AlexionOneSource.com/CoPay

ULTOMIRIS®
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injection for intravenous use
300 mg/3 mL vial

For your adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive

ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial

Each infusion typically lasts less than 1 hour for the majority of patients.[a,b]

ULTOMIRIS® gives adult patients predictable, consistent, once-every-8-week maintenance dosing[1,c]

Patients may require as few as 6 to 7 infusions per year, after initial loading dose

- **ULTOMIRIS is the first and only long-acting complement C5 inhibitor for adult patients**[1-3]
- **Less-than-1-hour infusion time for the majority of patients**[1,a]
- **If an adverse reaction occurs during the administration of ULTOMIRIS, the infusion may be slowed or stopped at the discretion of the physician**
- **The dosing schedule of ULTOMIRIS allows your adult patients up to 8 weeks of freedom between infusions, 2 weeks after the starting dose**[1,c]
- **If a patient misses an intravenous ULTOMIRIS dose, they should contact their healthcare provider immediately**

[a]Minimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight.[1]
[b]Patients are monitored for at least 1 hour after infusions for signs or symptoms of an infusion-related reaction.[1]
[c]Two weeks after the starting dose, ULTOMIRIS is infused every 8 weeks for adults.[1]

Considerations when initiating patients on ULTOMIRIS[1]

- The patient must be at least 18 years old and diagnosed with anti-AChR antibody-positive gMG
- Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies
- Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS
- The recommended dosing consists of a loading dose followed by maintenance dosing, administered by intravenous infusion
- The length of infusion time will vary based on the dose as determined by the patient's weight
- Starting 2 weeks after the loading dose administration, begin maintenance doses once every 8 weeks, based on body weight
- Monitor patient for at least 1 hour following infusion to ensure no signs or symptoms of an infusion-related reaction occur
- ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)
- HCPs who prescribe ULTOMIRIS must be specifically certified. Certification consists of review of REMS educational materials and enrollment in the ULTOMIRIS REMS program

Please see Important Safety Information throughout and accompanying full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

ALEXION
AstraZeneca Rare Disease