ALEXION®
AstraZeneca Rare Disease

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

INDICATIONS & IMPORTANT SAFETY INFORMATION

INDICATIONS

Generalized Myasthenia Gravis (gMG)

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

Neuromyelitis Optica Spectrum Disorder

ULTOMIRIS is indicated for the treatment of adult patients with neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

ULTOMIRIS, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis* [*see Warnings and Precautions (5.1)*] Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least 2 weeks prior to the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against meningococcal bacteria in patients receiving a complement inhibitor. See *Warnings and Precautions (5.1)* for additional guidance on the management of the risk of serious infections caused by meningococcal bacteria.**
- **Patients receiving ULTOMIRIS are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious 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 and SOLIRIS REMS [*see Warnings and Precautions (5.2)*].

CONTRAINDICATIONS

- Initiation in patients with unresolved serious *Neisseria meningitidis* infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

ULTOMIRIS, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by meningococcal bacteria (septicemia and/or meningitis) in any serogroup, including non-groupable strains. Life-threatening and fatal meningococcal infections have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors.

Revaccinate patients in accordance with ACIP recommendations considering the duration of ULTOMIRIS therapy. Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information. If urgent ULTOMIRIS therapy is indicated in a patient who is not up to date with meningococcal vaccines according to ACIP recommendations, provide antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible. Various durations and regimens of antibacterial drug prophylaxis have been considered, but the optimal durations and drug regimens for prophylaxis and their efficacy have not been studied in unvaccinated or vaccinated patients receiving complement inhibitors, including ULTOMIRIS. The benefits and risks of treatment with ULTOMIRIS, as well as those associated with antibacterial drug prophylaxis in unvaccinated or vaccinated patients, must be considered against the known risks for serious infections caused by *Neisseria meningitidis*.

Vaccination does not eliminate the risk of serious meningococcal infections, despite development of antibodies following vaccination.

Closely monitor patients for early signs and symptoms of meningococcal infection and evaluate patients immediately if infection is suspected. Inform patients of these signs and symptoms and instruct patients to seek immediate medical care if they occur. Promptly treat known infections. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider interruption of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection depending on the risks of interrupting treatment in the disease being treated.

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

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INDICATIONS & IMPORTANT SAFETY INFORMATION (continued)

ULTOMIRIS and SOLIRIS REMS

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

Prescribers must enroll in the REMS, counsel patients about the risk of serious meningococcal infection, provide patients with the REMS educational materials, assess patient vaccination status for meningococcal vaccines (against serogroups A, C, W, Y, and B) and vaccinate if needed according to current ACIP recommendations two weeks prior to the first dose of ULTOMIRIS. Antibacterial drug prophylaxis must be prescribed if treatment must be started urgently, and the patient is not up to date with both meningococcal vaccines according to current ACIP recommendations at least two weeks prior to the first dose of ULTOMIRIS. Patients must receive counseling about the need to receive meningococcal vaccines and to take antibiotics as directed, signs and symptoms of meningococcal infection, and be instructed to carry the Patient Safety Card at all times during and for 8 months following ULTOMIRIS treatment.

Further information is available at www.UltSolREMS.com or 1-888-765-4747.

Other Infections

Serious infections with *Neisseria* species (other than *Neisseria meningitidis*), including disseminated gonococcal infections, have been reported.

ULTOMIRIS blocks terminal complement activation; therefore, 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.* Patients receiving ULTOMIRIS are at increased risk for infections due to these organisms, even if they develop antibodies following vaccination.

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 may result in systemic infusion-related reactions, including anaphylaxis and hypersensitivity reactions. In clinical trials, infusion-related reactions occurred in approximately 1 to 7% of patients treated with ULTOMIRIS. These events included lower back pain, drop 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

Adverse Reactions for gMG

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.

Adverse Reactions for NMOSD

Most common adverse reactions in adult patients with NMOSD (incidence ≥10%) were COVID-19, headache, back pain, arthralgia, and urinary tract infection. Serious adverse reactions were reported in 8 (13.8%) patients with NMOSD receiving ULTOMIRIS.

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.

To report SUSPECTED ADVERSE REACTIONS, contact Alexion Pharmaceuticals, Inc. at 1-844-259-6783 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information on page 1 and see accompanying full Prescribing Information, scan QR code on back page, or visit www.ultomirishcp.com/pi for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.

NEW Patient Checklist

ONESOURCE® Personalized Patient Support from Alexion

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

This checklist contains steps to initiate a patient on ULTOMIRIS® after it has been chosen as a treatment option.

☐ **Enroll in the REMS program (required)**

Due to the risk of meningococcal infections, prescribers must enroll in the Risk Evaluation and Mitigation Strategy (REMS) program to obtain ULTOMIRIS. Prescribers must counsel patients about the risk of serious meningococcal infection, provide them with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines.[1] For more information about the REMS program and/or details about the portal, contact the ULTOMIRIS and SOLIRIS REMS Administrator by calling **1-888-765-4747** and choose option 5 or visit **www.UltSolREMS.com** to learn more and enroll.

☐ **Complete the ULTOMIRIS Neurology Patient & Prescriber Start Form to get your patients started**

OneSource™ may be able to assist your patients with

- Education
- Community connections
- Financial assistance
- Health insurance navigation
- Ongoing support
- Vaccination support

☐ **Confirm that patients have received prescriptions for required meningococcal vaccinations**

Patients can be vaccinated at

i. Primary care office
ii. Local pharmacy
iii. Local hospital
iv. Health department
v. Travel clinic

Complete or update meningococcal vaccination (for serogroups A, C, W, Y and B) at least 2 weeks prior to administration of the first dose of ULTOMIRIS, per the current Advisory Committee on Immunization Practices (ACIP) recommendations for patients receiving a complement inhibitor.[1]

- **ACIP recommends that persons using complement inhibitors should be vaccinated at least 2 weeks before complement inhibitor initiation unless the risks for delaying treatment outweigh the risks for developing meningococcal disease[2]**
- **Revaccinate patients in accordance with ACIP recommendations considering the duration of ULTOMIRIS therapy[1]***

If urgent ULTOMIRIS therapy is indicated in a patient who is not up to date with meningococcal vaccines according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible.[1,2,†]

Vaccine	Primary Vaccination	Booster Vaccination
MenACWY (Menveo®, MenQuadfi®)[3,4]	**2 doses** at least 8 weeks apart	1 dose every 5 years, if risk remains
+		
MenB-4C (Bexsero®)[3,4]	**2 doses** at least 1 month apart‡	1 dose 1 year following completion of primary series, and every 2 to 3 years thereafter, if risk remains
MenB-FHbp (Trumenba®)[3,4]	**3 doses** 0, 1–2, and 6 months apart‡	1 dose 1 year following completion of primary series, and every 2 to 3 years thereafter, if risk remains

*Follow the most current ACIP recommendations. They may differ from those provided in the vaccine's Prescribing Information.[1]
†Several antibiotics are available for the treatment of meningococcal disease, including ceftriaxone, cefotaxime, and, when the diagnosis is confirmed, penicillin.[2]
‡MenB vaccines are not interchangeable. Patients must receive the same product for all doses. For MenB-FHbp, if dose 2 was administered at least 6 months after dose 1, dose 3 is not needed; if dose 3 is administered earlier than 4 months after dose 2, a fourth dose should be administered at least 4 months after dose 3.[3]

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- ☐ **Identify the preferred site of care for infusions on the Start Form**
  - a. Prescriber's office
  - b. Home infusion
  - c. Infusion center

- ☐ **Encourage completion of assessment tools (for gMG patients only)**[5]
  - a. Patient-reported
    - i. MG-ADL
  - b. Physician-reported
    - ii. QMG

- ☐ **Confirm that the ULTOMIRIS order has been placed**
  An Alexion Customer Operations Representative will facilitate the order processing and delivery.

- ☐ **Refer to the Sample Letter of Medical Necessity, should a payer request one**

Alexion Patient Services is here to help you and your patients.

OneSource™ is a complimentary, personalized patient support program tailored to the specific needs of adults living with anti-AChR antibody-positive gMG or anti-AQP4 antibody-positive NMOSD.

For more information, please visit **alexiononesource.com**, or contact us at

1-888-765-4747 **OneSource@alexion.com**

Please see Important Safety Information throughout and see accompanying full Prescribing Information, scan this QR code, or visit www.ultomirishcp.com/pi for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.

Scan QR code or visit this link: www.ultomirishcp.com/pi

AChR, acetylcholine receptor; AQP4, aquaporin-4; gMG, generalized myasthenia gravis; MG-ADL, myasthenia gravis activities of daily living; NMOSD, neuromyelitis optica spectrum disorder; QMG, quantitative myasthenia gravis.

References: 1. ULTOMIRIS. Prescribing information. Alexion Pharmaceuticals, Inc. **2.** Mbaeyi SA, Bozio CH, Duffy J, et al. Meningococcal vaccination: recommendations of the Advisory Committee on Immunization Practices, United States, 2020. *MMWR Recomm Rep.* 2020;69(9):1-41. **3.** Centers for Disease Control and Prevention. ACIP adult immunization schedule. Updated February 29, 2024. Accessed March 20, 2024. https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf **4.** Centers for Disease Control and Prevention. Meningococcal vaccination: what everyone should know. Updated November 2023. Accessed March 20, 2024. https://www.cdc.gov/vaccines/vpd/mening/public/index.html **5.** Resources for professionals. Myasthenia Gravis Foundation of America. Accessed March 20,2024. https://myasthenia.org/professionals/resources-for-professionals

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