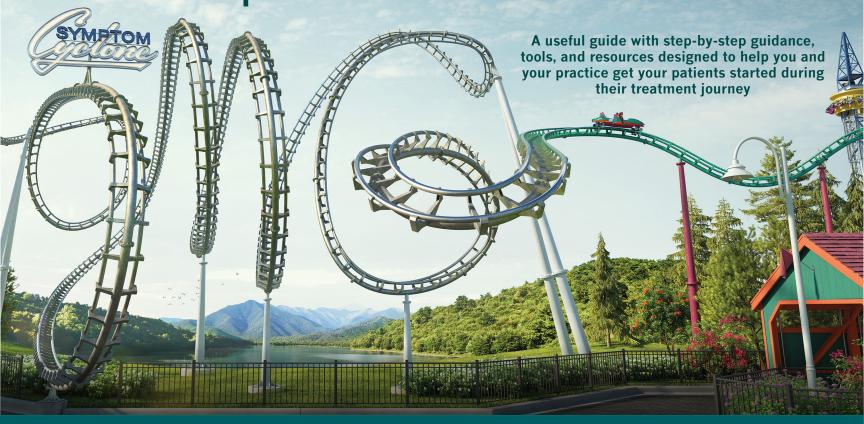


## How to start patients on ULTOMIRIS®1-4



#### **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

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)].

## Meet your team to help get your patients started



### 3 ways to connect to your team

## **Your Regional Account Manager (RAM)**

Your RAM is your main point of contact for any questions about ULTOMIRIS®. Reach out today to schedule your next conversation.

To be connected to your local representative, visit the link:

https://bit.ly/484uDeA
You can also call 1-833-445-2111
for live assistance.

## **Your Field Reimbursement Manager (FRM)**

Your FRM can help you navigate and understand payerspecific coverage and policies, case-specific prior authorization education, product acquisition and claims, prior authorization denial support, and provide your office with access and reimbursement education. You can also schedule time for your FRM to visit your office and discuss your specific needs.

To be connected to your local FRM, visit the link:

https://bit.ly/48gruli
You can also call 1-833-445-2111
for live assistance.

#### **Connect with OneSource™**

OneSource is here to help you and your office staff with logistical support, questions about treatment, health insurance navigation, and finding community connections. Contact OneSource at <u>1-888-765-4747</u> or via email at OneSource@Alexion.com.



## **Initiation roadmap**

Follow these steps to get your patients started with ULTOMIRIS®





## Enroll in the REMS program (required)

- · Due to the risk of meningococcal infections, ULTOMIRIS is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)1
- · Enrollment in the REMS program and additional information on the requirements are available at <u>UltSoIREMS.com</u> or by calling 1-888-765-4747

Click here to learn more



### Complete the **ULTOMIRIS** Patient & Prescriber Start Form

- Click here to fill out this required form online to take the next step in treatment
- Completing the Patient & Prescriber Start Form also begins OneSource enrollment. Once enrollment is complete, OneSource is available to assist with all additional steps
- Submitting online can streamline the overall onboarding process, but the form can also be submitted via fax or email



### Ensure patients receive appropriate vaccinations

- Vaccinate patients against meningococcal infection (serogroups A, C, W, Y and B) according to current ACIP recommendations at least 2 weeks prior to initiation of ULTOMIRIS1
- OneSource can help arrange for meningococcal vaccination before starting treatment
- Click here for more information about meningococcal vaccinations

OneSource assistance is available





#### Find an infusion center

- Depending on your patient's insurance, infusion might take place at a healthcare professional's office, an infusion center, or a patient's home
- Click here to find an infusion center nearby for your patients. or contact OneSource for live assistance



### **Ensure patients** complete their assessments

 You and your patients patients may have to complete the Quantitative Myasthenia Gravis and Myasthenia Gravis Activities of Daily Living assessments available here to gain approval for ULTOMIRIS depending on their payer



## Submit necessary paperwork to support insurance approval

- A majority of commercially insured and Medicare gMG patients have coverage for ULTOMIRIS, but restrictions may vary per region<sup>2</sup>
- Contact your Field Reimbursement Manager for assistance in reviewing your local payer policies
- Click here to access helpful resources to assist you in getting your patients access to **ULTOMIRIS**

OneSource assistance is available



OneSource assistance is available



OneSource assistance is available



## **Enroll in the REMS program to begin**



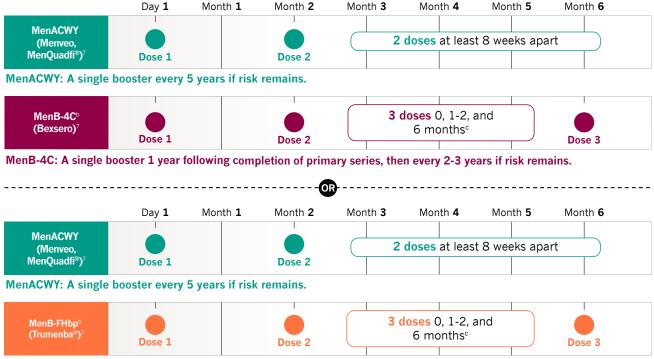
## **Meningococcal Vaccination Recommendations**

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 complete or update vaccination at least 2 weeks prior to complement inhibitor initiation unless the risks of delaying treatment outweigh the risks of developing meningococcal disease<sup>5</sup>
- Revaccinate patients in accordance with ACIP recommendations considering the duration of ULTOMIRIS therapy<sup>1,a</sup> The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established.<sup>1</sup>

#### **Required Meningococcal Vaccination Regimen**

Your patient must receive both MenACWY and MenB vaccine series. The vaccines may be administered during the same visit but at different injection sites.<sup>5,6</sup>



MenB-FHbp: A single booster 1 year following completion of primary series, then every 2-3 years if risk remains.

This list is not exhaustive and is intended to provide an example of most commonly prescribed meningococcal vaccines. The choice of vaccine brand deemed medically appropriate is the decision of the treating HCP.

CDC, Centers for Disease Control and Prevention; REMS, Risk Evaluation and Mitigation Strategy.

<sup>&</sup>lt;sup>a</sup>Note that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information.<sup>1</sup>

bMenB vaccines are not interchangeable. Patients must receive the same product for all doses.

For additional information on clinical considerations, refer to the most current ACIP recommendation and CDC immunization schedule.

# Treatment with ULTOMIRIS® starts after vaccination is completed¹



## **ULTOMIRIS** is available only through a Risk Evaluation and Mitigation Strategy (REMS) program

- You must enroll and complete certification in the ULTOMIRIS and SOLIRIS REMS program before you can prescribe ULTOMIRIS<sup>1</sup>
- Visit <u>UltSolREMS.com</u> to enroll in the ULTOMIRIS and SOLIRIS REMS program or call <u>1-888-765-4747</u>

# Please see the respective meningococcal vaccine's Prescribing Information for complete details, including the vaccine's Warnings, Precautions, and Contraindications.

- If your patient received meningococcal vaccines in the past, they might need additional vaccination before starting ULTOMIRIS<sup>6</sup>
- The choice of vaccine deemed medically appropriate is your independent decision
- In most cases, your patients can receive meningococcal vaccines at a physician's office or retail pharmacy
- To help reduce the risk of meningococcal infections, the complete series for the MenACWY and MenB vaccines should be administered<sup>6</sup>

If patients have not been vaccinated and ULTOMIRIS must be started right away, provide antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible.<sup>1,a</sup>

<sup>a</sup>Several antibiotics are available for the treatment of meningococcal disease, including ceftriaxone, cefotaxime, and, when the diagnosis is confirmed, penicillin.<sup>8</sup>

Learn more about vaccinations with ULTOMIRIS here

Read more

## Navigating coverage with ease





Alexion Access Navigator is a dedicated resource website for US healthcare professionals and their offices that contains downloadable access and reimbursement materials for ULTOMIRIS® in generalized myasthenia gravis (gMG).

## These resources can help your patients have the support they need along their journey:

#### Begin the journey at AlexionAccessNavigator.com/ULTOMIRIS

Start here

#### **ULTOMIRIS gMG Common Prior Authorization (PA) Criteria**

General information about the PA process and common criteria

#### **ULTOMIRIS Medical Necessity/Appeal Letter**

• Use these when responding to a request from a patient's insurance company to provide a Letter of Medical Necessity

#### **ULTOMIRIS Access & Reimbursement Guide**

· An educational support resource for healthcare providers (HCPs), HCP offices, and infusion centers

#### **ULTOMIRIS gMG Coding & Billing Guide**

• Contains objective and factual coding, billing, and claims information to support access and appropriate reimbursement

#### **Compendium of gMG References**

• Use this compendium of references when completing a PA, precertification, reauthorization, or appeal request, as they may be helpful when completing the request to your patient's insurance company

# A majority of commercially insured and Medicare **gMG patients** have coverage for ULTOMIRIS.<sup>2,a</sup>

Restrictions may vary per region. Reach out to your FRM with questions about local access.

<sup>&</sup>lt;sup>a</sup>The payer policy allows for use of ULTOMIRIS, usually under the medical benefit.<sup>2</sup> FRM, Field Reimbursement Manager.

## **Get support for your patients**





#### Whatever life puts in front of you, OneSource is ready to help.

OneSource provides details on the CoPay Program and helps explain insurance coverage while addressing financial concerns or gaps in coverage. The team also supports patients by assisting with vaccinations, locating infusion centers, connecting the generalized myasthenia gravis (gMG) community, offering education, and more.

## Support is available to help patients on ULTOMIRIS® treatment

Provide your patients with the following resources so they can learn more about treatment and the ways they will be supported on their journey.

Encourage your patients to enroll in OneSource by visiting this link

**Explore OneSource enrollment** 

#### **Patient Starter Kit**

- Ask your local representative for a Starter Kit for your patients to prepare for treatment
- Patients can benefit from a step-by-step explanation of how to start and stay on ULTOMIRIS

**Patient Brochure** 

**Download here** 

**OneSource Brochure** 

**Download here** 

Email the completed form to OneSource@Alexion.com or fax to 1-800-420-5150.

OneSource can help your patients start and stay on track with ULTOMIRIS

## As low as \$0 out-of-pocket treatment costs for eligible patients<sup>a</sup>

<sup>a</sup>The Alexion OneSource CoPay Program provides financial assistance by covering up to \$15,000 US dollars per calendar year for eligible patients' out-of-pocket medication and infusion costs associated with ULTOMIRIS.

# **ULTOMIRIS®** provides once-every-8-week dosing starting 2 weeks after initial loading dose



### Understanding weight-based dosing and preparation for administration

Consult the dosing table when determining the appropriate dose.1

## **Supplemental dosing**

Concomitant use of ULTOMIRIS with plasma exchange, plasmapheresis, or intravenous immunoglobulin treatment can reduce serum ravulizumab concentrations and requires a supplemental dose of ULTOMIRIS.<sup>1</sup>

## **Weight-based dosing and infusion times**

Body Weight Range <sup>1,a,b</sup>	Loading Dose <sup>1</sup>	Maintenance Dose	<b>Minimum Infusion Time</b> (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		



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 1 hour following completion of the infusion for signs or symptoms of an infusion-related reaction.<sup>1</sup>

With a predictable infusion schedule, ULTOMIRIS offers more time between doses for adult patients with gMG who are anti-AChR antibody positive. ULTOMIRIS offers the only once-every-8-week maintenance dosing schedule starting 2 weeks after initial dose<sup>1</sup>

AChR, acetylcholine receptor; gMG, generalized myasthenia gravis.

<sup>&</sup>lt;sup>a</sup>Body weight at time of treatment.<sup>1</sup>

<sup>&</sup>lt;sup>b</sup>Approximate weight in pounds was calculated using standard weight conversion of 1 kg=2.205 lb.



### **Infusion Guidelines and Vial Recommendations**

	Body Weight Range <sup>a</sup>	ULTOMIRIS® Volume	Volume of 0.9% of NaC	þ	Total Volume (dose)	Minimum Infusion Time <sup>c</sup>	Maximum Infusion Rate		IRIS Vial nations 300 mg/ 3 mL
ration	40 kg (88 lb) to <60 kg (132 lb)	24 mL	+ 24 mL	=	<b>48 mL</b> (2400 mg)	48 min	60 mL/hr	_	8
Loading Dose Administration	60 kg (132 lb) to <100 kg (220 lb)	27 mL	+ 27 mL	=	<b>54 mL</b> (2700 mg)	36 min	90 mL/hr	-	9
Loading	100 kg (220 lb) or greater	30 mL	+ 30 mL	=	<b>60 mL</b> (3000 mg)	24 min	150 mL/hr	_	10
istration	40 kg (88 lb) to <60 kg (132 lb)	30 mL	+ 30 mL	=	<b>60 mL</b> (3000 mg)	54 min	67 mL/hr	_	10
Maintenance Dose Administration	60 kg (132 lb) to <100 kg (220 lb)	33 mL	+ 33 mL	=	<b>66 mL</b> (3300 mg)	42 min	95 mL/hr	3	_
Maintena	100 kg (220 lb) or greater	36 mL	+ 36 mL	=	<b>72 mL</b> (3600 mg)	30 min	144 mL/hr	3	1

Open the online dosing calculator

Click here

Each infusion typically lasts less than 1 hour for the majority of patients.<sup>1</sup>

In clinical trials, after the administration of ULTOMIRIS, the IV line was flushed with 0.9% sodium chloride.2

### Storage and handling

- Store ULTOMIRIS vials in their original cartons, refrigerated at 2 °C to 8 °C (36 °F to 46 °F), to protect from light until time of use<sup>1</sup>
- If the diluted ULTOMIRIS infusion solution is not used immediately, storage under refrigeration at 2 °C to 8 °C (36 °F to 46 °F) must not exceed 24 hours, taking into account the expected infusion time. Once removed from refrigeration, administer the diluted ULTOMIRIS infusion solution within 4 hours if prepared with ULTOMIRIS 3 mL or 11 mL vials¹
- DO NOT FREEZE; DO NOT SHAKE1

NaCl, sodium chloride; USP, United States Pharmacopeia.

<sup>&</sup>lt;sup>a</sup>Body weight at time of treatment.<sup>1</sup>

<sup>&</sup>lt;sup>b</sup>Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.<sup>1</sup>

 $<sup>^{\</sup>rm c}$ Minimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight. $^{\rm 1}$ 

# INDICATION & IMPORTANT SAFETY INFORMATION



#### **INDICATION**

ULTOMIRIS is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are antiacetylcholine receptor (AChR) 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.

# SELECT IMPORTANT SAFETY INFORMATION



## WARNINGS AND PRECAUTIONS, (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 <u>www.UltSolREMS.com</u> or <u>1-888-765-4747</u>.

#### **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

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 to 7% of patients,

including lower back pain, abdominal pain, muscle spasms, drop or elevation in blood pressure, rigors, limb discomfort, drug hypersensitivity (allergic reaction), and dysgeusia (bad taste). These reactions did not require discontinuation of ULTOMIRIS. If signs of cardiovascular instability or respiratory compromise occur, interrupt ULTOMIRIS 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**

<u>Plasma Exchange, Plasmapheresis, and Intravenous</u> <u>Immunoglobulins</u>

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.

#### **USE IN SPECIFIC POPULATIONS**

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ULTOMIRIS during pregnancy. Healthcare providers and patients may call 1-833-793-0563 or go to <a href="https://www.UltomirisPregnancyStudy.com">www.UltomirisPregnancyStudy.com</a> to enroll in or to obtain information about the registry.

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

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



## A heritage of helping patients and prescribers

A foundation of support

With 20 years of complement research experience and over a decade of providing complement inhibition in the clinical setting, Alexion is committed to bringing therapies to patients with rare diseases.<sup>9</sup>

ULTOMIRIS® has a history of data:

>800

>800 patients studied in multiple indications<sup>2</sup>

12,300

More than 12,300 patient-years of exposure across 4 rare, complement-mediated diseases<sup>1,2</sup>



5+ years of postmarketing experience<sup>1</sup>

## With a legacy of access and support, you can choose ULTOMIRIS with confidence.

References: 1. ULTOMIRIS. Prescribing Information. Alexion Pharmaceuticals, Inc. 2. Data on file. Alexion Pharmaceuticals, Inc. 3. Muppidi S, Wolfe GI, Conaway M, et al. MG-ADL: still a relevant outcome measure. *Muscle Nerve*. 2011; 44(5):727-731. 4. Meisel A, Annane D, Vu T, et al. Long-term efficacy and safety of ravulizumab in adults with anti-acetylcholine receptor antibody-positive generalized myasthenia gravis: results from the phase 3 CHAMPION MG open-label extension. *J Neurol*. 2023; 270(8):3862-3875. 5. CDC. Clinical Guidance for Managing Meningococcal Disease Risk in Patients Receiving Complement Inhibitor Therapy. Meningococcal Disease. Updated November 26, 2024. Accessed December 19, 2024. https://www.cdc.gov/meningococcal/hcp/clinical-guidance/complement-inhibitor.html 6. CDC. Adult Immunization Schedule by Age. Vaccines & Immunizations. Published November 21, 2024. Accessed December 19, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html 7. CDC. Adult Immunization Schedule Notes. Vaccines & Immunizations. Updated November 21, 2024. Accessed December 19, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-mening 8. CDC. Clinical Guidance for Meningococcal Disease. Updated August 21, 2024. Accessed December 19, 2024. https://www.cdc.gov/meningococcal/hcp/clinical-guidance/index.html 9. Safety and efficacy of eculizumab in refractory generalized myasthenia gravis (REGAIN study). ClinicalTrials.gov identifier: NCT01997229. Updated July 16, 2019. Accessed March 29, 2024. https://www.clinicaltrials.gov/study/NCT01997229

#### **How to Order ULTOMIRIS**

Place your order with an authorized specialty distributor OR send your completed prescription to the payer-designated specialty pharmacy. An Alexion Customer Operations Representative will work with either party to facilitate order processing and delivery.

#### **Ordering ULTOMIRIS**

Single-dose vials, one vial per carton NDC 25682-025-01 SINGLE-UNIT, 300 mg/3 mL (100 mg/mL) NDC 25682-028-01 SINGLE-UNIT, 1100 mg/11 mL (100 mg/mL)



**Click here** to find more resources

Click below for PI:

#### Download here

Please see Important Safety Information on cover and on pages 10-11 as well as full Prescribing Information for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.





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