

For your adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive¹

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

Start your adult patients with gMG on ULTOMIRIS[®] as soon as possible¹
Follow these 3 steps to initiate treatment:

**Complete Forms
and Enrollments**

- Fill out the ULTOMIRIS Patient & Prescriber Start Form
- Enroll in the REMS program

**Prepare Patients
for Treatment**

- Ensure patients complete or update appropriate meningococcal vaccinations at least 2 weeks before treatment initiation¹
- Find an infusion center that meets your patients' needs

**Confirm Access &
Insurance Coverage**

- Ensure patients complete required payer assessments
- Submit paperwork to support insurance coverage

SEE MORE >

about how to get your patients started
on ULTOMIRIS as soon as possible

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

You must enroll and complete certification in the REMS program before you can prescribe ULTOMIRIS.

Visit UltSolREMS.com to enroll in the REMS program or call 1-888-765-4747.

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)*].

Please see additional Important Safety Information throughout and full [Prescribing Information](#) for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.

Meningococcal vaccination is part of a risk-mitigation strategy that takes into account how C5 inhibitors work¹⁻³

Your patient must receive both MenACWY and MenB vaccine series. The vaccines may be administered during the same visit but at different injection sites.^{3,4}

Required Meningococcal Vaccination Regimen



MenACWY: A single booster every 5 years if risk remains.



MenB-4C: A single booster 1 year following completion of primary series, then every 2-3 years if risk remains.

OR



MenACWY: A single booster every 5 years if risk remains.



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.

^aMenB vaccines are not interchangeable. Patients must receive the same product for all doses.³

^bFor additional information on clinical considerations, refer to the most current ACIP recommendations and CDC immunization schedule.

ACIP, Advisory Committee on Immunization Practices; C5, complement component 5; CDC, Centers for Disease Control and Prevention; MenACWY, meningococcal serogroups A, C, W, and Y; MenB, multicomponent meningococcal serogroup B; MenB-4C, multicomponent meningococcal serogroup B-4C; MenB-FHbp, bivalent factor H-binding protein meningococcal serogroup B.

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

Required meningococcal vaccinations

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 ACIP recommendations for patients receiving a complement inhibitor.¹

- ACIP recommends that persons using complement inhibitors should complete or update their meningococcal vaccinations at least 2 weeks before complement inhibitor initiation unless the risks of delaying treatment outweigh the risks of developing meningococcal disease²
- Revaccinate patients in accordance with ACIP recommendations considering the duration of ULTOMIRIS therapy^{1,a}

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 ULTOMIRIS³
- 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 administered³



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^{1,b}

The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established.¹

Vaccination does not eliminate the risk of meningococcal infections, despite development of antibodies following vaccination.¹

^aNote that ACIP recommends an administration schedule in patients receiving complement inhibitors that differs from the administration schedule in the vaccine prescribing information.¹

^bSeveral antibiotics are available for the treatment of meningococcal disease, including ceftriaxone, cefotaxime, and, when the diagnosis is confirmed, penicillin.²

ACIP, Advisory Committee on Immunization Practices; MenACWY, meningococcal serogroups A, C, W, and Y; MenB, multicomponent meningococcal serogroup B.

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

Predictable, once-every-8-week maintenance dosing starting 2 weeks after an initial loading dose^{1,a}

Understanding weight-based dosing and preparation for administration

Consult the dosing table when determining the appropriate dose.

Body Weight Range ^{1,b,c}	Loading Dose ¹	Maintenance Dose ¹	Minimum Infusion Time (loading, maintenance dose) ¹
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

Monitor the patient for at least 1 hour following completion of the infusion for signs and symptoms of an infusion-related reaction. If an adverse reaction occurs during the administration of ULTOMIRIS[®], the infusion may be slowed or stopped at the discretion of the physician.¹



With a predictable, patient-friendly infusion schedule, ULTOMIRIS **decreases the treatment burden for adult patients with gMG** who are anti-AChR antibody positive. ULTOMIRIS offers **the only once-every-8-week maintenance dosing schedule¹**

^aMinimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight.¹

^bBody weight at time of treatment.¹

^cApproximate weight in pounds was calculated using standard weight conversion of 1 kg=2.205 lb.

AChR, acetylcholine receptor; gMG, generalized myasthenia gravis.

SELECT IMPORTANT SAFETY INFORMATION

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.

Please see additional Important Safety Information throughout and full [Prescribing Information](#) for ULTOMIRIS, including **Boxed WARNING** regarding serious and life-threatening or fatal meningococcal infections.

ULTOMIRIS® 100mg/mL dosing at a glance¹

	Body Weight Range ^a	ULTOMIRIS Volume	Volume of 0.9% of NaCl ^b	Total Volume (dose)	Minimum Infusion Time ^c	Maximum Infusion Rate	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	+ 24 mL	= 48 mL (2400 mg)	48 min	60 mL/hr	—	8
	60 kg (132 lb) to <100 kg (220 lb)	27 mL	+ 27 mL	= 54 mL (2700 mg)	36 min	90 mL/hr	—	9
	100 kg (220 lb) or greater	30 mL	+ 30 mL	= 60 mL (3000 mg)	24 min	150 mL/hr	—	10
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	—	10
	60 kg (132 lb) to <100 kg (220 lb)	33 mL	+ 33 mL	= 66 mL (3300 mg)	42 min	95 mL/hr	3	—
	100 kg (220 lb) or greater	36 mL	+ 36 mL	= 72 mL (3600 mg)	30 min	144 mL/hr	3	1

[CONSULT THE ULTOMIRIS DOSING CALCULATOR >](#)

See full [Prescribing Information](#) for additional details.

Concomitant use of ULTOMIRIS with PE, PP, or IVIg treatment can reduce serum ULTOMIRIS concentrations and requires a supplemental dose of ULTOMIRIS.¹

^aBody weight at time of treatment.¹

^bDilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.¹

^cMinimum infusion time for ULTOMIRIS 100 mg/mL maintenance doses ranges from 30 minutes to less than 1 hour, depending on body weight.¹

IVIg, intravenous immunoglobulin; NaCl, sodium chloride; PE, plasma exchange; PP, plasmapheresis; USP, United States Pharmacopeia.

SELECT IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Serious Meningococcal Infections (continued)

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.

Please see additional Important Safety Information throughout and full [Prescribing Information](#) for ULTOMIRIS, including **Boxed WARNING** regarding serious and life-threatening or fatal meningococcal infections.

Comprehensive support you can count on for your patients



OneSource[™] is a comprehensive, complimentary, and personalized patient support program offered by Alexion to help with a variety of your patients' needs from diagnosis through treatment.

Alexion OneSource Specialists help coordinate:



Financial assistance

- OneSource CoPay Assistance: As low as \$0 out-of-pocket costs for eligible patients^a
- Covering up to \$15,000 US dollars per calendar year for eligible patients' out-of-pocket medication and infusion costs associated with ULTOMIRIS^{®a}

^aAdditional eligibility requirements apply; see Terms and Conditions at qr.short.az/TermsConditions.



Education and ongoing support

- Providing your patients with educational resources related to generalized myasthenia gravis (gMG), answering questions about the disease or treatment logistics
- Offering personalized support for your patients to maintain therapy during major life events, such as a change in job, insurance status, provider, or relocation
- Sharing information about meningococcal vaccinations and vaccination centers near your patients



Health insurance navigation

Helping your patients understand ULTOMIRIS health insurance coverage, as well as alternative funding options and financial resources



Community connections

Fostering connections between your patients and other people living with gMG through in-person and online meetings and events



PHONE: 1.888.765.4747
8:30 AM to 8 PM ET Monday-Friday



EMAIL:
OneSource@Alexion.com



WEBSITE:
AlexionOneSource.com



Personalized access support for your practice



Alexion Access Navigator provides resources to help you and your office navigate financial access for your patients

Alexion Access Navigator is:



A dedicated resource

Alexion Access Navigator is an online resource for US healthcare professionals and their offices that contains downloadable access and reimbursement materials for ULTOMIRIS® in gMG, including:

- ULTOMIRIS Access & Reimbursement Guide
- ULTOMIRIS gMG Common Prior Authorization Criteria
- ULTOMIRIS gMG Appeal Letter



Ready to help

Our team is ready to help you and your office navigate patient access for ULTOMIRIS. Your dedicated Field Reimbursement Manager (FRM) can provide the following:

- HCP Office Access and Reimbursement Education
- Case-Specific Prior Authorization Education
- Product Acquisition and Claims Support
- Prior Authorization Denial Educational Support

To access resources or connect with an FRM, visit [AlexionAccessNavigator.com](https://www.alexion.com/alexion-access-navigator)

gMG, generalized myasthenia gravis.

Please see Important Safety Information throughout and full [Prescribing Information](#) for ULTOMIRIS, including **Boxed WARNING** regarding serious and life-threatening or fatal meningococcal infections.

INDICATION & IMPORTANT SAFETY INFORMATION

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

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.

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.

Please see full [Prescribing Information](#) for ULTOMIRIS, including **Boxed WARNING regarding serious and life-threatening or fatal meningococcal infections.**

IMPORTANT SAFETY INFORMATION

(continued)

WARNINGS AND PRECAUTIONS (continued) **ULTOMIRIS and SOLIRIS REMS (continued)**

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

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 $\geq 10\%$) 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

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.

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 www.UltomirisPregnancyStudy.com to enroll in or to obtain information about the registry.

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

To start the OneSource™ enrollment process for your patients:



Ask your patient to complete the **Patient Enrollment Form**: qr.short.az/enroll

If your patient requires a form in Spanish, they can visit qr.short.az/SpanishStartForm



Follow the steps at the top of page 1 to complete your **Prescriber Form**: qr.short.az/enrollment



For vaccination support, complete the **Vaccination Order Form**

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

Your Regional Account Manager (RAM) can provide any assistance you need.

For your adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive¹

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

A heritage of helping patients

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.⁷

ULTOMIRIS[®] has a history of data:



>34,000 patient years of use over 6 years globally in 4 rare, complement-mediated diseases^{8,9}



>700 patients studied in multiple indications¹



7 years of postmarketing experience¹

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

Jesse, started ULTOMIRIS in 2023.

Jesse has received compensation from Alexion Pharmaceuticals, Inc.

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.

ULTOMIRIS is supplied as:

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)

SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

References: **1.** ULTOMIRIS. Prescribing Information. Alexion Pharmaceuticals, Inc. **2.** Mbaeyi SA, et al. *MMWR Recomm Rep.* 2020;69(9):1-41. **3.** Centers for Disease Control and Prevention. Adult immunization schedule notes. Published November 21, 2024. Accessed November 20, 2025. <https://www.cdc.gov/vaccines/hcp/immunization-schedules/adult-notes.html#note-mening> **4.** Centers for Disease Control and Prevention. Clinical guidance for managing meningococcal disease risk in patients receiving complement inhibitor therapy. Published November 26, 2024. Accessed November 20, 2025. <https://www.cdc.gov/meningococcal/hcp/clinical-guidance/complement-inhibitor.html> **5.** Centers for Disease Control and Prevention. ACIP Recommendations. Published May 15, 2025. Accessed June 2, 2025. <https://www.cdc.gov/acip/vaccine-recommendations/index.html> **6.** Centers for Disease Control and Prevention. Administering meningococcal vaccines. Reviewed November 20, 2023. Accessed October 8, 2025. <https://www.cdc.gov/vaccines/vpd/mening/hcp/administering-vaccine.html> **7.** Safety and efficacy of eculizumab in refractory generalized myasthenia gravis (REGAIN study). ClinicalTrials.gov identifier: NCT01997229. Updated July 16, 2019. Accessed December 18, 2025. <https://www.clinicaltrials.gov/study/NCT01997229> **8.** ULTOMIRIS. Summary of Product Characteristics. Alexion Pharmaceuticals, Inc. **9.** Carrillo Infante C, Mujeebuddin A. *PLoS One.* 2025;20(9):e0332073.

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

ALEXION[®]
AstraZeneca Rare Disease

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