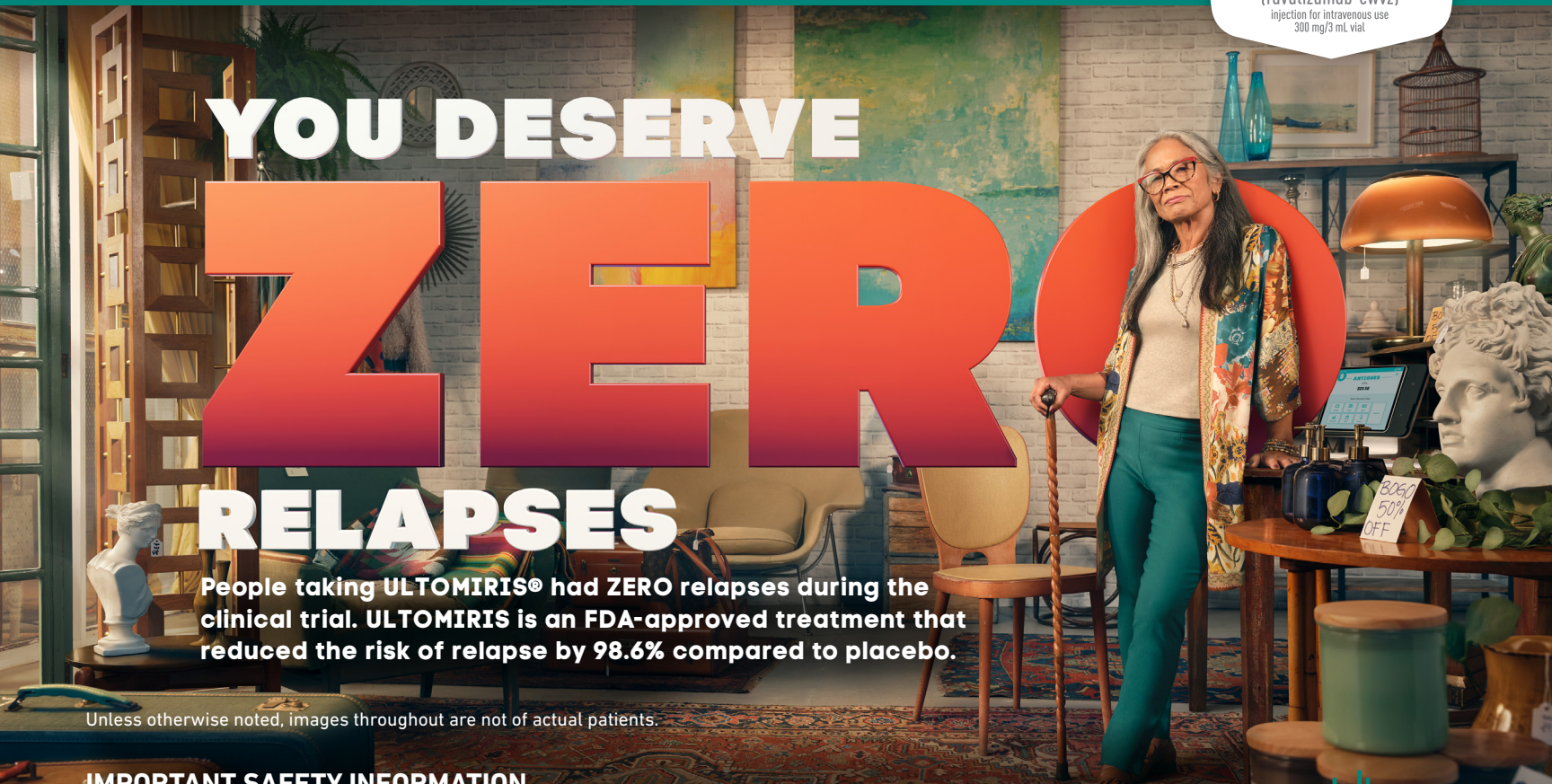
For adults with anti-aquaporin-4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder (NMOSD).
It is not known if ULTOMIRIS is safe and effective for the treatment of NMOSD in children.

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



YOU DESERVE ZERO RELAPSES

People taking ULTOMIRIS® had ZERO relapses during the clinical trial. ULTOMIRIS is an FDA-approved treatment that reduced the risk of relapse by 98.6% compared to placebo.

Unless otherwise noted, images throughout are not of actual patients.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about ULTOMIRIS?
ULTOMIRIS is a medicine that affects your immune system and may lower the ability of your immune system to fight infections.

- ULTOMIRIS increases your chance of getting serious meningococcal infections that may quickly become life-threatening or cause death if not recognized and treated early.

Please see additional Important Safety Information throughout and on pages 18-19, as well as the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious meningococcal infections.

Scan to hear this brochure read aloud.

WHAT IS NMOSD

NMOSD IS A RARE DISEASE THAT CAUSES UNPREDICTABLE ATTACKS

Living with neuromyelitis optica spectrum disorder (NMOSD) can be complicated, but the more information you have, the better you can manage your condition.

When you have an autoimmune disease like NMOSD, your **body attacks its own healthy cells.** NMOSD is chronic or ongoing, and **worsens with each attack** that can result in various disabilities such as blindness and paralysis.

In anti-AQP4 antibody-positive NMOSD, part of your immune system called the "complement" damages the cells in your **brain, spinal cord,** and **eyes.** While the root cause of NMOSD is unknown, most people with the disease test positive for anti-AQP4 antibodies.

~7,000
people in the US are estimated to be living with NMOSD

3 OUT OF 4
people never fully recover from their first NMOSD attack

ABOUT 93%
of people with anti-AQP4 antibody-positive NMOSD have experienced a subsequent attack*

*Based on a study of 175 Caucasian people in Germany.

THE SYMPTOMS AND IMPACT OF NMOSD

While not everyone will experience the same or all symptoms, common NMOSD symptoms can include:

- Blurry vision or blindness in one or both eyes
- Weakness or paralysis in legs or arms
- Painful spasms
- Persistent hiccups
- Sleeping problems
- Persistent nausea; uncontrollable vomiting
- Numbness or loss of sensation throughout the body
- Bladder or bowel dysfunction
- Brain fog
- Anxiety
- Depression
- Sexual dysfunction

Within 5 years of their first attack:

22% of patients are expected to require a cane to walk.

Based on the results of 1 study, more than **40%** are expected to **become blind in at least 1 eye**.†

The goal of NMOSD treatment is to reduce the risk of relapse. Talk to your doctor about FDA-approved treatment options that could be right for you.

†In a study of 163 people who have anti-AQP4 antibody-positive NMOSD (2005-2011).

ABOUT THE CLINICAL TRIAL

ULTOMIRIS® WAS STUDIED IN A WIDE RANGE OF PEOPLE THROUGH ~1.5 YEARS*

The primary goal of the clinical trial was to measure the time it took participants to have an NMOSD attack.†

The clinical trial included 58 people treated with ULTOMIRIS and 47 people on placebo who had the following‡§‖:

- Anti-AQP4 antibody-positive NMOSD
- At least 1 relapse in the 12 months before the trial

People with different treatment histories, races, and ages were taking ULTOMIRIS in the trial.

Asian ancestry: **36%**, African ancestry: **10%**, White and other/unknown: **53%**

Across **5** continents

36% had previously taken rituximab¶

52% of people in the clinical trial were on ULTOMIRIS without using any other therapy

48% of people taking ULTOMIRIS were also on certain therapies, like immunosuppressive therapies (ISTs), that help control the immune system

*A median of 1.5 years (73.5 weeks) means half the people were studied for less than 1.5 years and in the study for longer with a range of 13.7-117.7 weeks.
†Any possible attacks were determined by a panel of experts.
‡As there are FDA-approved therapies available, the placebo group data were collected as part of a previously conducted trial.
§Placebo is an inactive substance or treatment that looks the same as, and is given in the same way as, the investigational medication being studied.
‖An Expanded Disability Status Scale (EDSS) score of ≤7 was also an inclusion requirement.
¶People who received rituximab during the 3 months before screening were not included in the trial.

IMPORTANT SAFETY INFORMATION (continued)

What is the most important information I should know about ULTOMIRIS? (continued)

1. You must complete or update meningococcal vaccine(s) at least 2 weeks before your first dose of ULTOMIRIS.

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

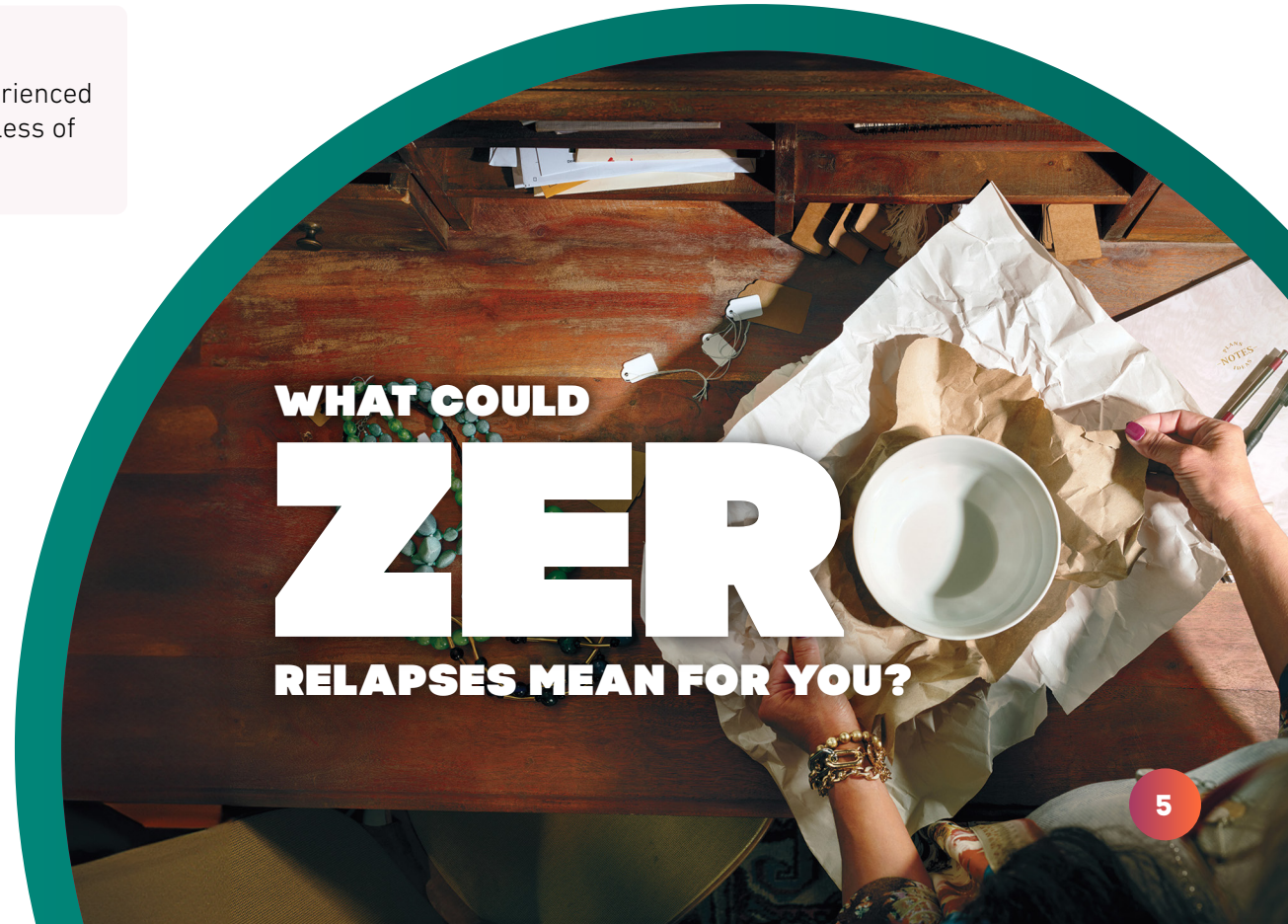
HOW EFFECTIVE IS ULTOMIRIS

PEOPLE TAKING ULTOMIRIS HAD ZERO RELAPSES

In a clinical trial, ULTOMIRIS reduced the chance of relapse by 98.6% compared to placebo.

100% of people taking ULTOMIRIS experienced **ZERO relapses** regardless of prior therapy[#]

[#]This was observed during the first treatment period, which ended when the last person in the study completed 50 weeks.



Please see additional Important Safety Information throughout and on pages 18-19, as well as the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious meningococcal infections.

DURING THE CLINICAL TRIAL, ZERO PEOPLE TREATED WITH ULTOMIRIS WERE HOSPITALIZED DUE TO RELAPSE

Before starting ULTOMIRIS, 74% (43/58) of people with NMOSD were hospitalized due to relapse.

Relapse-related hospitalizations and use of other relapse treatments during the clinical trial*

While being treated with ULTOMIRIS, people experienced:

- **ZERO Hospitalizations** vs 15 (31.9%) with placebo
- **ZERO High-dose oral steroids** vs 6 (12.8%) with placebo
- **ZERO IV steroids** vs 22 (46.8%) with placebo
- **ONE Plasma exchange** vs 9 (19.1%) with placebo

In addition to the main goal of measuring the time it took participants to have an NMOSD attack, the study also examined other effects, known as "prespecified exploratory endpoints." These provide more insight into the treatment, but they are primarily used to guide future research rather than to draw final conclusions. While the information about hospitalizations was planned in advance, further research is needed, and the results should be interpreted with caution.

Individual results with ULTOMIRIS may vary. Talk with your healthcare team about any questions you have.

*As reported by the treating doctors in the clinical trial.

IMPORTANT SAFETY INFORMATION (continued)

What is the most important information I should know about ULTOMIRIS? (continued)

2. If you have not completed your meningococcal vaccines and ULTOMIRIS must be started right away, you should receive the required vaccine(s) as soon as possible.
3. If you have not been vaccinated and ULTOMIRIS must be started right away, you should also receive antibiotics for as long as your healthcare provider tells you.

HOW IT WORKS

ULTOMIRIS IS A TARGETED TREATMENT OPTION

In most **healthy people**, part of the immune system called the "complement" normally helps **destroy harmful invading cells**, like some bacteria.

In **anti-AQP4 antibody-positive NMOSD**, antibodies are formed, which target the AQP4 protein. This leads to activation of the complement system and causes it to mistakenly attack and **damage the cells in the brain, spinal cord, and eyes.**

While the exact way it works in NMOSD **isn't fully understood, ULTOMIRIS binds to and blocks C5**—a part of the complement system involved in this damage.

TARGETS WITHIN 1 HOUR

ULTOMIRIS starts targeting a source of damage within 1 hour of the first dose for almost all patients.

TARGETS

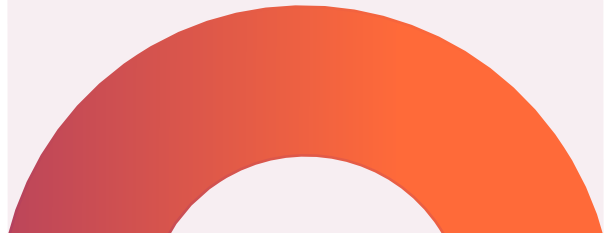
ULTOMIRIS targets a major driver of damage—specifically, a part of the complement system.

BLOCKS

ULTOMIRIS blocks a protein called C5 in the complement system, which plays a vital role in activating other complement proteins that cause further damage.

PREVENTS

ULTOMIRIS is thought to prevent activation of other complement proteins that may cause damage in NMOSD.



Please see additional Important Safety Information throughout and on pages 18-19, as well as the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious meningococcal infections.

SAFETY INFORMATION

THE SAFETY OF ULTOMIRIS® WAS STUDIED IN A CLINICAL TRIAL

The safety of ULTOMIRIS in people with NMOSD is consistent with the established safety profile of ULTOMIRIS in clinical trials of other conditions.

The most common side effects (≥10%) of ULTOMIRIS during the clinical trial for NMOSD were*:

- headache (24%)
- COVID-19 infection (24%)
- back pain (12%)
- joint pain (10%)
- urinary tract infection (10%)

Serious adverse reactions were reported in 8 (13.8%) adults with NMOSD receiving ULTOMIRIS. The most common serious adverse events were infections, reported in 5 (8.6%) adults.

*The trial was conducted during the COVID-19 pandemic (Dec 2019-Mar 2022), before approved vaccinations. Please talk to your doctor about any concerns you may have.

COVID-19, coronavirus disease 2019.

IMPORTANT SAFETY INFORMATION (continued)

What is the most important information I should know about ULTOMIRIS? (continued)

4. If you had a meningococcal vaccine in the past, you might need additional vaccines before starting ULTOMIRIS. Your healthcare provider will decide if you need additional meningococcal vaccines.
5. Meningococcal vaccines do not prevent all meningococcal infections. **Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a meningococcal infection**: fever, fever with high heart rate, headache and fever, confusion, muscle aches with flu-like symptoms, fever and a rash, headache with nausea or vomiting, headache with a stiff neck or stiff back, or eyes sensitive to light.

Your healthcare provider will give you a Patient Safety Card about the risk of serious meningococcal infection. Carry it with you at all times during treatment and for 8 months after your last ULTOMIRIS dose. Your risk of meningococcal infection may continue for several months after your last dose of ULTOMIRIS. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.

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300 mg/3 mL vial

Register for in-person and virtual events to learn more about ULTOMIRIS.

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HELP PROTECT YOURSELF WITH MENINGOCOCCAL VACCINATION

Because of how ULTOMIRIS works in your body, it can reduce your immune system's ability to fight infections, like a serious meningococcal infection. Proactively protect yourself by working with your doctor and getting vaccinated before you start ULTOMIRIS.

Before taking ULTOMIRIS, you must complete or update 2 types of vaccination against meningococcal infection, at least 2 weeks before your first dose. Meningococcal infection could quickly become life-threatening or cause death if not recognized and treated early.

If your doctor decides that you need urgent treatment, you should receive meningococcal vaccines as soon as possible.

If you have not been vaccinated and treatment must be started immediately, you should also receive antibiotics until you have completed all of your vaccinations.

If you had a meningococcal vaccine in the past, talk to your doctor about whether you may need additional vaccines before starting ULTOMIRIS.

Find more information about getting vaccinated against meningococcal infections before starting ULTOMIRIS.

OneSource™ Vaccination Support

- Help with locating a vaccination site
- Information on internal or external resources that may be able to cover vaccination costs
- Resources to help you keep track of your vaccinations
- A Patient Safety Card about the meningococcal infection risk to carry with you and share with any doctor or nurse who treats you
- Helpful questions to ask your healthcare provider

Contact OneSource for more information about how we may be able to provide vaccination support. Call 1-888-765-4747 (Monday-Friday 8 AM-8 PM ET) or visit **AlexionOneSource.com/ULTOMIRIS**.

Meningococcal vaccines do not prevent all meningococcal infections. Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a serious meningococcal infection:

- fever
- fever with high heart rate
- headache and fever
- confusion
- muscle aches with flu-like symptoms
- fever and a rash
- headache with nausea or vomiting
- headache with stiff neck or stiff back
- eyes sensitive to light

Patient Safety Card

- Your healthcare provider will give you a Patient Safety Card about the risk of serious meningococcal infection
- Carry it with you at all times during treatment and for 8 months after your last ULTOMIRIS dose
- Your risk of meningococcal infection may continue for several months after your last dose of ULTOMIRIS
- It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly

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

Before you can receive ULTOMIRIS, your healthcare provider must:

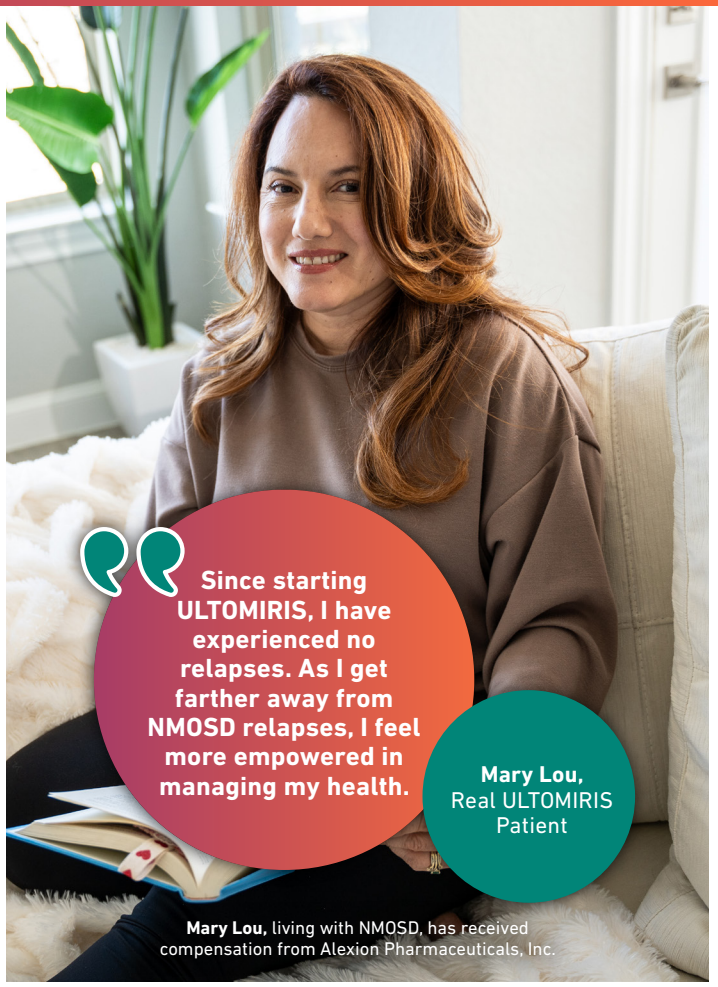
- enroll in the ULTOMIRIS and SOLIRIS REMS program
- counsel you about the risk of serious meningococcal infection
- give you information about the signs and symptoms of serious meningococcal infection

STARTING ULTOMIRIS®

LIFE CAN BE A LITTLE MORE PREDICTABLE WITH ULTOMIRIS DOSING

- Given through an intravenous (IV) infusion directly into your vein*
- Administered by a healthcare provider at an infusion location or doctor's office
- At-home infusion option (for those eligible)
- Your insurance and where you live can influence where you get ULTOMIRIS. Contact an Alexion OneSource™ team member to understand your infusion options

*These infusions begin 2 weeks after taking the starting dose.



IMPORTANT SAFETY INFORMATION (continued)

ULTOMIRIS is only available through a program called the ULTOMIRIS and SOLIRIS Risk Evaluation and Mitigation Strategy (REMS). Before you can receive ULTOMIRIS, your healthcare provider must: enroll in the REMS program; counsel you about the risk of serious meningococcal infections; give you information about the signs and symptoms of serious meningococcal infection; make sure that you are vaccinated against serious infections caused by meningococcal bacteria, and that you receive antibiotics if you need to start ULTOMIRIS right away and are not up to date on your vaccines; give you a **Patient Safety Card** about your risk of meningococcal infection.

A **1-HOUR** INFUSION, ONCE EVERY **8 WEEKS**†‡ OR **6-7 TIMES A YEAR**

†Minimum infusion times for ULTOMIRIS 100 mg/mL maintenance doses range from 30 minutes to less than 1 hour for most people, depending on body weight. If a side effect occurs during the infusion of ULTOMIRIS, the infusion may be slowed or stopped by the healthcare provider. After your infusion, your care team will monitor you for at least 1 additional hour for infusion-related reactions.

‡Two weeks after an initial loading dose.

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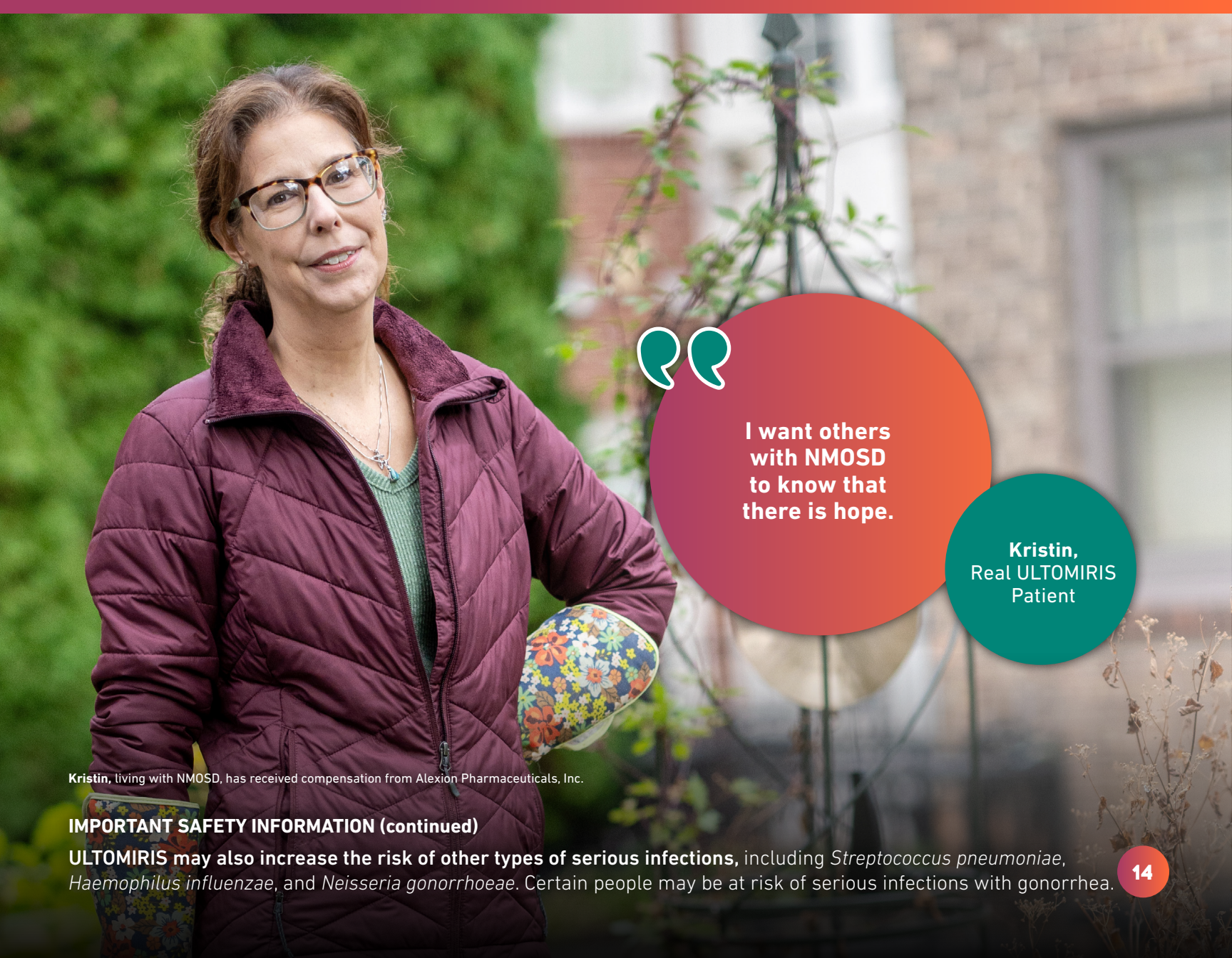

Kristin, living with NMOSD, has received compensation from Alexion Pharmaceuticals, Inc.

IMPORTANT SAFETY INFORMATION (continued)

ULTOMIRIS may also increase the risk of other types of serious infections, including *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Neisseria gonorrhoeae*. Certain people may be at risk of serious infections with gonorrhea.

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SUPPORT

ONESOURCE™ IS HERE TO HELP YOU EVERY STEP OF THE WAY

ONESOURCE®
Personalized Patient Support from Alexion

Alexion OneSource

OneSource is a free, personalized patient support program offered by Alexion. Whether you're newly diagnosed or have had your condition for years, our specialists will be by your side.

Scan the QR code to learn more

Contact OneSource support for help with treatment education, understanding your insurance benefits, and more.

Throughout your treatment, a OneSource Support Specialist (OSS) can:

- Help you avoid interruptions in your treatment due to insurance changes, travel plans, or other life events
- Assist you in understanding your insurance benefits

AlexionOneSource.com

A local Patient Education Manager (PEM) can provide:

- Site-of-care disease or treatment education
- Support in one-to-one or group settings

mynmosdpem.com

GET IN TOUCH

Call today to connect with your PEM or OSS • 1-888-765-4747, Monday-Friday, 8:30 AM-8 PM ET

FREQUENTLY ASKED QUESTIONS

What is the difference between ULTOMIRIS® and eculizumab?

ULTOMIRIS is built on the foundation of eculizumab. Both treatments bind to and block complement protein C5, but ULTOMIRIS is designed to last longer so that you only need a maintenance dose once every 8 weeks (2 weeks after an initial loading dose).

How do I talk to my doctor about switching to ULTOMIRIS from a therapy that was not FDA approved for NMOSD?

Our Doctor Discussion Guide provides you with a list of questions to ask your doctor when considering switching to ULTOMIRIS from another therapy.

Scan to download the Doctor Discussion Guide.

How long will I be on therapy?

NMOSD is a chronic, lifelong disease and there is no known cure. Speak with your doctor about the duration of your therapy.

Will I have to keep taking my other medications along with ULTOMIRIS?

As ULTOMIRIS and other medicines can affect each other, tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements, and vaccines you have had.

In the clinical trial, 48.3% of people taking ULTOMIRIS continued certain immunosuppressant therapies. Talk to your doctor about therapies you are currently taking and whether they may need to adjust your dose.

IMPORTANT SAFETY INFORMATION (continued)

Who should not receive ULTOMIRIS?

Do not receive ULTOMIRIS if you have a serious meningococcal infection when you are starting ULTOMIRIS.

If I received the meningococcal vaccines already, do I need to receive them again?

If you've had a meningococcal vaccine before, you may need additional doses before starting ULTOMIRIS—talk to your neurologist about whether a booster is needed to stay up to date.

What should I tell my doctor before starting ULTOMIRIS?

Before you receive ULTOMIRIS, tell your doctor about all of your medical conditions, including if you:

- have an infection or fever
- are pregnant or plan to become pregnant. It is not known if ULTOMIRIS will harm your unborn baby
- are breastfeeding or plan to breastfeed. It is not known if ULTOMIRIS passes into your breast milk. You should not breastfeed during treatment and for 8 months after your final dose of ULTOMIRIS

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. ULTOMIRIS and other medicines can affect each other, causing side effects. Know the medicines you take and the vaccines you receive. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

Where can I get more information about ULTOMIRIS?

- Explore more information about ULTOMIRIS for NMOSD at **ULTOMIRIS.com/NMOSD**
- Connect with your local Patient Education Manager at **mynmosdpem.com**
- Find a local event to hear from an NMOSD specialist at **ULTOMIRIS.com/nmosd/join-our-events**
- Your healthcare team is the best resource for decisions about your treatment

Scan the QR code to explore more FAQs at ULTOMIRIS.com/NMOSD

INDICATION & IMPORTANT SAFETY INFORMATION

INDICATION

What is ULTOMIRIS?

ULTOMIRIS is a prescription medicine used to treat adults with a disease called Neuromyelitis Optica Spectrum Disorder (NMOSD) who are anti-aquaporin 4 (AQP4) antibody positive. It is not known if ULTOMIRIS is safe and effective for the treatment of NMOSD in children.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about ULTOMIRIS?

ULTOMIRIS is a medicine that affects your immune system and may lower the ability of your immune system to fight infections.

- **ULTOMIRIS increases your chance of getting serious meningococcal infections that may quickly become life-threatening or cause death if not recognized and treated early.**
  1. You must complete or update meningococcal vaccine(s) at least 2 weeks before your first dose of ULTOMIRIS.
  2. If you have not completed your meningococcal vaccines and ULTOMIRIS must be started right away, you should receive the required vaccine(s) as soon as possible.
  3. If you have not been vaccinated and ULTOMIRIS must be started right away, you should also receive antibiotics for as long as your healthcare provider tells you.
  4. If you had a meningococcal vaccine in the past, you might need additional vaccines before starting ULTOMIRIS. Your healthcare provider will decide if you need additional meningococcal vaccines.
  5. Meningococcal vaccines do not prevent all meningococcal infections. **Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of a meningococcal infection**: fever, fever with high heart rate, headache and fever, confusion, muscle aches with flu-like symptoms, fever and a rash, headache with nausea or vomiting, headache with a stiff neck or stiff back, or eyes sensitive to light.

Your healthcare provider will give you a Patient Safety Card about the risk of serious meningococcal infection. Carry it with you at all times during treatment and for 8 months after your last ULTOMIRIS dose. Your risk of meningococcal infection may continue for several months after your last dose of ULTOMIRIS. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.

ULTOMIRIS is only available through a program called the ULTOMIRIS and SOLIRIS Risk Evaluation and Mitigation Strategy (REMS). Before you can receive ULTOMIRIS, your healthcare provider must: enroll in the REMS program; counsel you about the risk of serious meningococcal infections; give you information about the signs and symptoms of serious meningococcal infection; make sure that you are vaccinated against serious infections caused by meningococcal bacteria, and that you receive antibiotics if you need to start ULTOMIRIS right away and are not up to date on your vaccines; give you a **Patient Safety Card** about your risk of meningococcal infection.

ULTOMIRIS may also increase the risk of other types of serious infections, including *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Neisseria gonorrhoeae*. Certain people may be at risk of serious infections with gonorrhea.

Who should not receive ULTOMIRIS?
Do not receive ULTOMIRIS if you have a serious meningococcal infection when you are starting ULTOMIRIS.

Before you receive ULTOMIRIS, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection or fever
- are pregnant or plan to become pregnant. It is not known if ULTOMIRIS will harm your unborn baby.
  - Pregnancy Registry: There is a registry for pregnant women who take ULTOMIRIS to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking ULTOMIRIS, talk to your healthcare provider about how you can join this registry or you may contact the registry at 1-833-793-0563 or www.UltomirisPregnancyStudy.com to enroll.
- are breastfeeding or plan to breastfeed. It is not known if ULTOMIRIS passes into your breast milk. You should not breastfeed during treatment and for 8 months after your final dose of ULTOMIRIS.

Tell your healthcare provider about all the vaccines you receive and medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements which could affect your treatment.

What are the possible side effects of ULTOMIRIS?
ULTOMIRIS can cause serious side effects including infusion-related reactions. Symptoms of an infusion-related reaction with ULTOMIRIS may include lower back pain, stomach (abdominal) pain, muscle spasms, changes in blood pressure, tiredness, feeling faint, shaking chills (rigors), discomfort in your arms or legs, or bad taste. Stop treatment of ULTOMIRIS and tell your healthcare provider right away if you develop these symptoms, or any other symptoms during your ULTOMIRIS infusion that may mean you are having a serious infusion-related reaction, including: chest pain, trouble breathing or shortness of breath, swelling of your face, tongue, or throat, and feel faint or pass out.

The most common side effects of ULTOMIRIS in people with NMOSD are COVID-19 infection, headache, back pain, urinary tract infection, and joint pain (arthralgia).

Tell your healthcare provider about any side effect that bothers you or that does not go away. These are not all the possible side effects of ULTOMIRIS. For more information, ask your healthcare provider or pharmacist. Call your healthcare provider right away if you miss an ULTOMIRIS infusion or for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please see the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious meningococcal infections.

WHO KNEW ZERO COULD MEAN SO MUCH?

ASK your healthcare provider if ULTOMIRIS® could be a good option for you

VISIT ULTOMIRIS.com/NMOSD for more information

SCAN TO TAKE THE NEXT STEP

Connect with a Patient Education Manager about how to start ULTOMIRIS and download your own personalized discussion guide for talking to your doctor.

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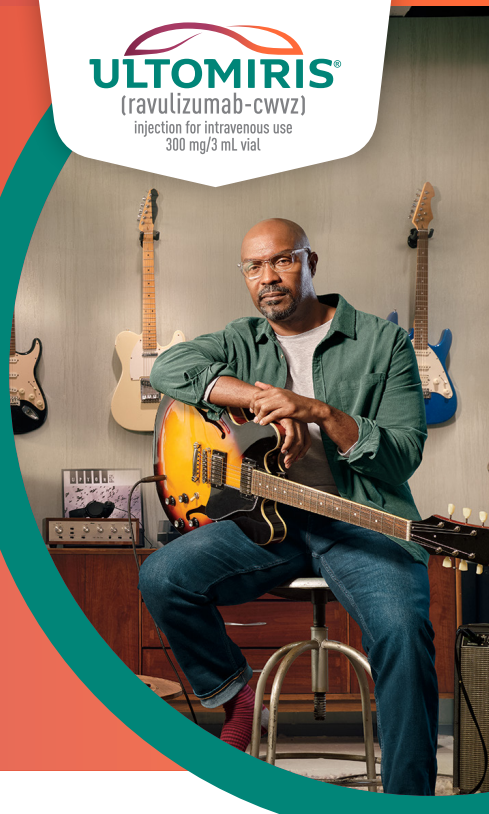

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- **ULTOMIRIS increases your chance of getting serious meningococcal infections that may quickly become life-threatening or cause death if not recognized and treated early.**

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ALEXION®
AstraZeneca Rare Disease