INDICATION

What is ULTOMIRIS?

ULTOMIRIS is a prescription medicine used to treat:

- adults and children 1 month of age and older with a disease called atypical Hemolytic Uremic Syndrome (aHUS). ULTOMIRIS is not used in treating people with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).
- adults with aHUS when administered subcutaneously (under your skin).

It is not known if ULTOMIRIS is safe and effective in children younger than 1 month of age.

Subcutaneous administration of ULTOMIRIS has not been evaluated and is not approved for use in children.

SELECT IMPORTANT SAFETY INFORMATION

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

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

1. You must receive meningococcal vaccines at least 2 weeks before your first dose of ULTOMIRIS if you are not vaccinated.
2. If your healthcare provider decided that urgent treatment with ULTOMIRIS is needed, you should receive meningococcal vaccination as soon as possible.
3. If you have not been vaccinated and ULTOMIRIS therapy must be initiated immediately, you should also receive 2 weeks of antibiotics with your vaccinations.
4. If you had a meningococcal vaccine in the past, you might need additional vaccination. Your healthcare provider will decide if you need additional vaccination.
5. Meningococcal vaccines reduce but 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: headache with nausea or vomiting, headache and fever, headache with a stiff neck or stiff back, fever, fever and a rash, confusion, muscle aches with flu-like symptoms and eyes sensitive to light.

Please see additional Important Safety Information on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Start planning for more freedom

Whether you've recently been diagnosed, you've been living with this condition for some time, or you're caring for someone with this uncommon illness, you are living with atypical hemolytic uremic syndrome, or simply atypical-HUS.

Working with your healthcare team, you'll learn that living with atypical-HUS can be manageable. Many people take a medication called ULTOMIRIS—a treatment that keeps working for 8 weeks, so you can enjoy 4 times more freedom between infusions*,† and spend less time thinking about atypical-HUS.

*Comparison based on adults, adolescents, and most children requiring an ULTOMIRIS infusion every 8 weeks versus SOLIRIS infusion needed every 2 weeks.
†Two weeks after the starting dose, ULTOMIRIS is infused intravenously every 8 weeks for most people and every 4 weeks for children weighing less than 44 pounds (20 kilograms).

EXPERIENCING SYMPTOMS

You experience symptoms or become hospitalized for a thrombotic microangiopathy (TMA) event.

GETTING A DIAGNOSIS

You receive an atypical-HUS diagnosis and work with your healthcare team to plan for vaccinations and treatment.

STARTING TREATMENT

You receive your first intravenous (IV) infusion of medicine. Some people start treatment with SOLIRIS® (eculizumab), given every 2 weeks.

ENROLLING IN ONESOURCE™

You get access to the one-on-one, personalized support you deserve from a team dedicated to helping people living with atypical-HUS.

FINDING FINANCIAL ASSISTANCE

The Alexion OneSource CoPay Program helps eligible individuals pay as low as $0 in out-of-pocket costs.‡

‡The Alexion OneSource CoPay Program is not valid for costs eligible to be reimbursed by government insurance programs or other federal or state programs. See page 24 for additional details.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

Order your atypical-HUS Resource Kit

Filled with important information, this is the must-have kit for everyone living with atypical-HUS.

Scan here to order today!

SWITCHING TO ULTOMIRIS

Many people taking SOLIRIS (eculizumab) choose to switch their treatment to long-acting ULTOMIRIS.

HAVING YOUR INFUSION

Most people only need one ULTOMIRIS infusion every 8 weeks, and getting infusions at home may be available.

LIVING YOUR LIFE

With 2 months of time between infusions for most people, you have the opportunity to spend your time how you want to—thinking less about atypical-HUS.

SUPPORTING YOUR NEWFOUND FREEDOM

OneSource is always available to help you make the most of planning for your infusions, from managing insurance changes to making college preparations and even getting ready for a vacation.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

In atypical-HUS, the complement system is key

Atypical-HUS is a rare disease that causes damage to blood vessels. This damage occurs when the complement system—a certain part of the immune system—acts out of control.

THE COMPLEMENT SYSTEM

Most people have never heard of the complement system, but it plays an important role in the body's immune system—eliminating harmful microorganisms or pathogens.

For people with atypical-HUS, the complement system becomes unable to "turn off" when it is supposed to—like a moving car with faulty brakes.

ULTOMIRIS GETS C5 BACK UNDER CONTROL

Scan here to see how ULTOMIRIS is designed to treat atypical-HUS by immediately getting C5 under control.

COMPLEMENT PROTEIN 5 (C5)

C5, which is a part of the complement system, is an important protein that helps the body destroy foreign or damaged cells.

NORMALLY, COMPLEMENT IS UNDER CONTROL

Normally, control mechanisms in your body keep C5 and other complement proteins from attacking healthy cells.

WHAT C5 DOES IN ATYPICAL-HUS

In atypical-HUS, the control mechanisms fail, and uncontrolled C5 activity can result in complement damaging healthy cells.

UNCONTROLLED C5 CAN LEAD TO ORGAN DAMAGE

Uncontrolled C5 activity causes damage to blood vessels, which leads to something called thrombotic microangiopathy (or simply TMA). TMA involves abnormal clotting, damaged red blood cells, and reduced blood flow.

This TMA damage is the cause of the atypical-HUS signs and symptoms you might feel, and it can lead to problems in the kidneys and other vital organs. In atypical-HUS, the risk of TMA complications is lifelong but may be managed.

YOU HAVE ACCESS TO ANSWERS

OneSource is ready to help you with information, education, and assistance with treatment logistics.
Meet your OneSource team by calling **1-888-765-4747**.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

You can be in control when C5 is under control

ULTOMIRIS is a treatment that is designed to target the cause of atypical-HUS damage and get you back to living your life.*

ULTOMIRIS GETS C5 BACK UNDER CONTROL

When C5 is quickly under control—and stays under control—you can get back to making plans for the future, and spend less time thinking about atypical-HUS.

START GETTING LEVELS BACK TO NORMAL

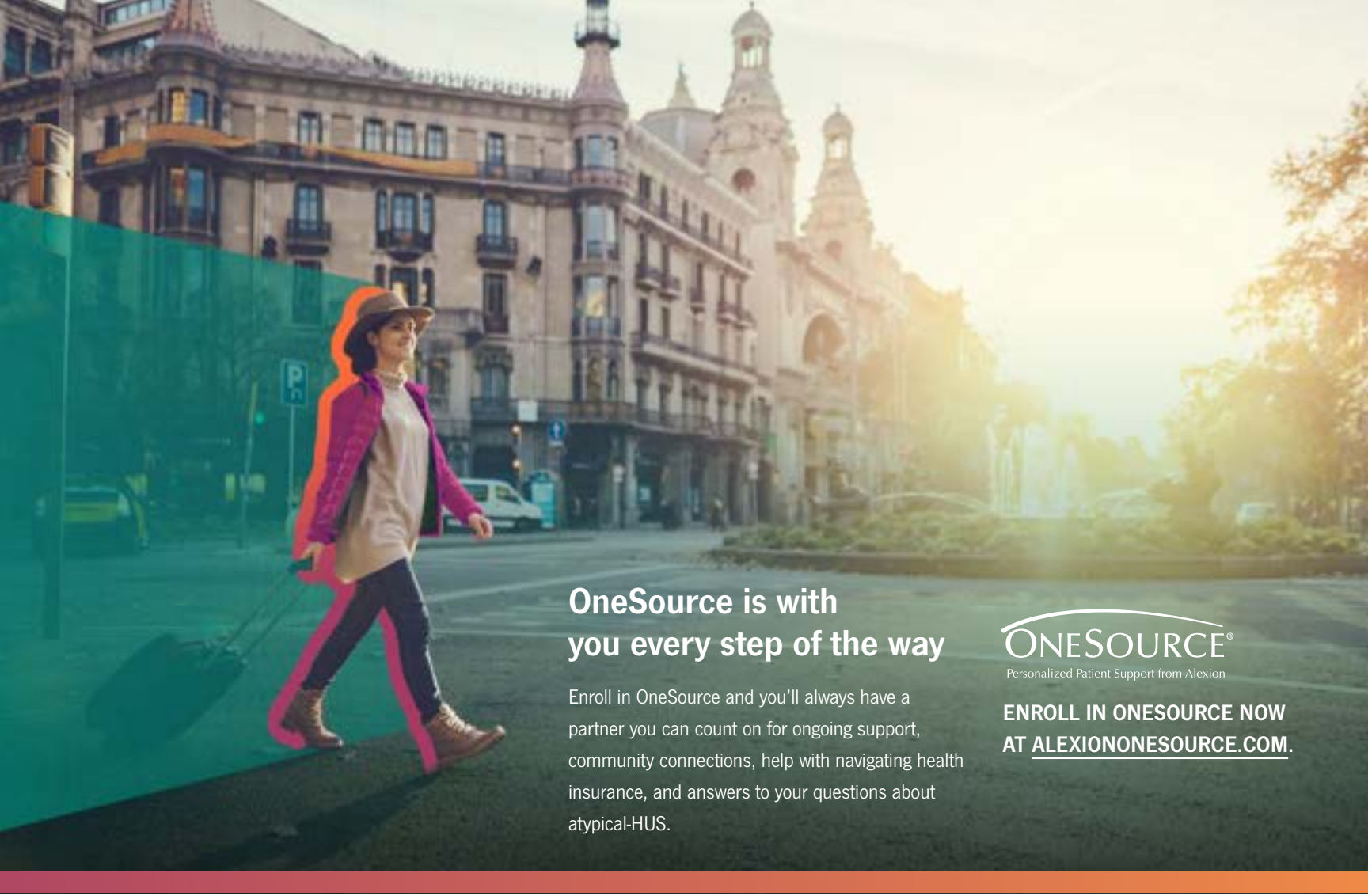
In 2 clinical trials, most adults and children taking ULTOMIRIS were able to see certain blood tests return to normal, and their kidney function began to improve.†

*Two ULTOMIRIS studies lasting 26 weeks looked closely at the effectiveness and safety of ULTOMIRIS in 56 adults and 14 children who had never been treated for atypical-HUS. See page 10 to learn more about these studies.

†By 6 months, 84% of adults and 93% of children saw normalization in platelets, 77% of adults and 86% of children saw normalization in LDH, and 59% of adults and 83% of children saw a 25% or more improvement in serum creatinine.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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



OneSource is with you every step of the way

Enroll in OneSource and you'll always have a partner you can count on for ongoing support, community connections, help with navigating health insurance, and answers to your questions about atypical-HUS.

ONESOURCE®
Personalized Patient Support from Alexion

ENROLL IN ONESOURCE NOW AT ALEXIONONESOURCE.COM.

Select Important Safety Information (cont'd)

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

Please familiarize yourself with all the safety information about ULTOMIRIS on the cover and here, and see the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

ULTOMIRIS is only available through a program called the ULTOMIRIS REMS. Before you can receive ULTOMIRIS, your healthcare provider must: enroll in the ULTOMIRIS REMS program; counsel you about the risk of meningococcal infection; give you information and a **Patient Safety Card** about the symptoms and your risk of meningococcal infection (as discussed above); and make sure that you are vaccinated with a meningococcal vaccine, and if needed, get revaccinated with the meningococcal vaccine. Ask your healthcare provider if you are not sure if you need to be revaccinated.

ULTOMIRIS may also increase the risk of other types of serious infections. Make sure your child receives vaccinations against *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib) if treated with ULTOMIRIS. Call your healthcare provider right away if you have any new signs or symptoms of infection.

Who should not receive ULTOMIRIS?

Do not receive ULTOMIRIS if you have a meningococcal infection or have not been vaccinated against meningococcal infection unless your healthcare provider decides that urgent treatment with ULTOMIRIS is needed.

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, and are breastfeeding or plan to breastfeed. It is not known if ULTOMIRIS will harm your unborn baby or if it 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.

If you have aHUS, your healthcare provider will need to monitor you closely for at least 12 months after stopping treatment for signs of worsening aHUS or problems related to a type of abnormal clotting and breakdown of your red blood cells called thrombotic microangiopathy (TMA). Symptoms or problems that can happen with TMA may include: confusion or loss of consciousness, seizures, chest pain (angina), difficulty breathing and blood clots or stroke.

ULTOMIRIS can cause serious side effects including allergic reactions to acrylic adhesive. Allergic reactions to the acrylic adhesive may happen with your subcutaneous ULTOMIRIS treatment. If you have an allergic reaction during the delivery of subcutaneous ULTOMIRIS, remove the on-body injector and get medical help right

Select Important Safety Information (cont'd)

away. Your healthcare provider may treat you with medicines to help prevent or treat allergic reaction symptoms as needed.

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, tiredness, feeling faint, discomfort in your arms or legs, bad taste, or drowsiness. Stop treatment of ULTOMIRIS and tell your healthcare provider or nurse right away if you develop these symptoms, or any other symptoms during your ULTOMIRIS infusion that may mean you are having a serious infusion reaction, including: chest pain, trouble breathing or shortness of breath, swelling of your face, tongue, or throat, and feel faint or pass out.

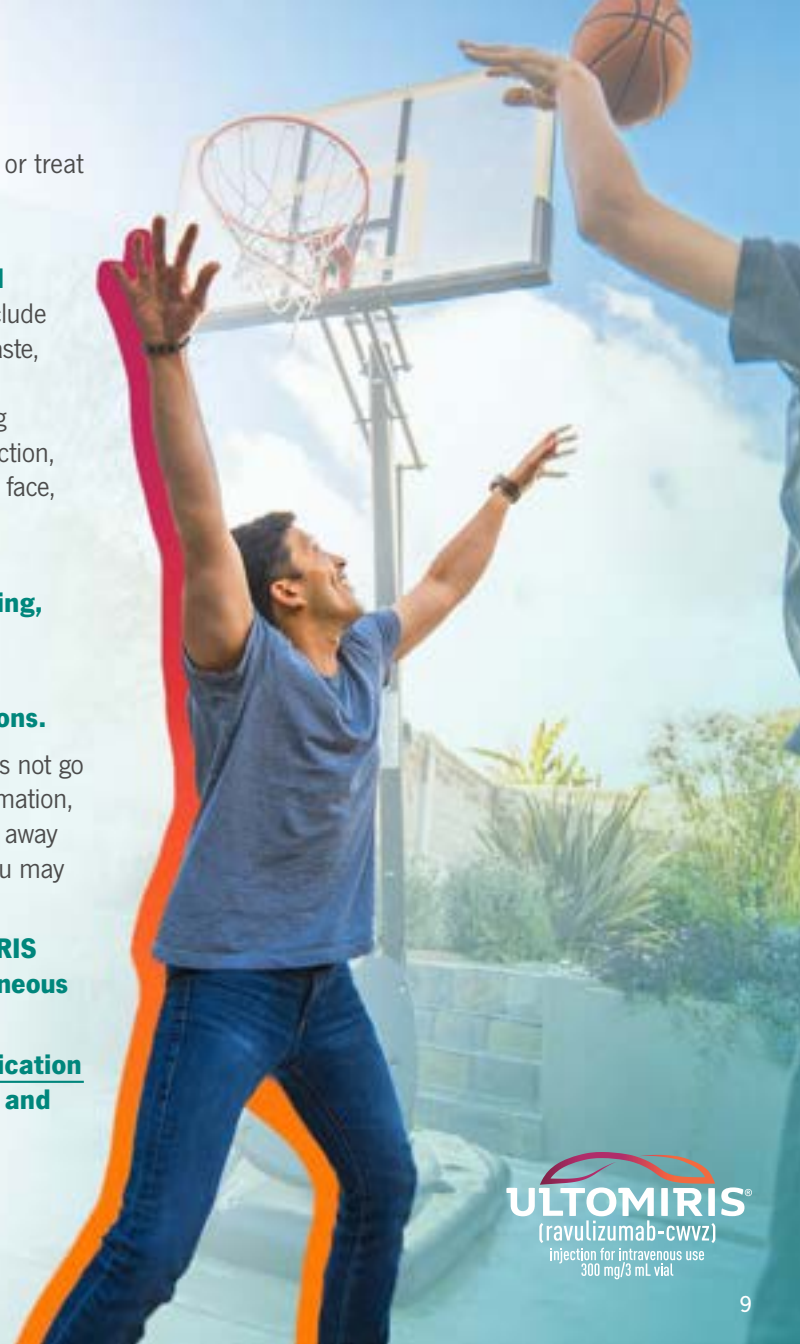
The most common side effects of ULTOMIRIS in people treated for aHUS are upper respiratory tract infection, diarrhea, nausea, vomiting, headache, high blood pressure and fever.

The most common side effects of subcutaneous administration of ULTOMIRIS in adults treated for aHUS are local injection site reactions.

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**.

Read the Instructions for Use that comes with subcutaneous ULTOMIRIS for instructions about the right way to prepare and give your subcutaneous ULTOMIRIS injections through an on-body injector.

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



What will you be doing while ULTOMIRIS is working?

ULTOMIRIS (ravulizumab-cwvz) is designed to get C5 under control immediately.

Just as importantly, for most people ULTOMIRIS is able to keep C5 under control for up to 8 weeks.

HERE'S HOW ULTOMIRIS HAS BEEN SHOWN TO HELP.

Two studies were conducted to look closely at the effectiveness and safety of ULTOMIRIS in 56 adults and 14 children who had never been treated for atypical-HUS. Both studies lasted 26 weeks and then continued to evaluate people in the study for up to 1 year (52 weeks in the adult study, 50 weeks in the children's study). The studies looked at whether ULTOMIRIS was able to help people achieve a complete TMA response, which is demonstrated by LDH and platelet counts returning to normal and kidney function starting to improve.*

GET BLOOD LEVELS BACK TO NORMAL

People with uncontrolled atypical-HUS typically have high levels of an enzyme called lactate dehydrogenase, or LDH. Most people taking ULTOMIRIS saw their LDH levels and their platelet count go back to normal over time—and stay stable through 1 year.†

MAINTAIN YOUR LEVELS

The majority of adults and children taking ULTOMIRIS achieved complete TMA response in 6 months or less.‡ This means that certain blood levels were able to get back to normal, and kidney function began to improve.* Importantly, everyone who achieved this stayed that way for the rest of the study.

*59% of adults and 83% of children saw a 25% or more improvement in serum creatinine by 6 months.
†73% of adults and 86% of children had normalization of a combined measure of LDH and platelet count by 6 months.
‡54% of adults and 71% of children achieved a complete TMA response by 6 months.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

ONESOURCE®
Personalized Patient Support from Alexion

QUESTIONS ABOUT ULTOMIRIS?

Call a OneSource team member at

1-888-765-4747

to get one-on-one support and ULTOMIRIS information.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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Improvements can continue over time

TWO YEAR-LONG STUDIES SHOW THAT ULTOMIRIS CONTINUED TO HELP PEOPLE WITH ATYPICAL-HUS WITH CONSISTENT USE.

KIDNEY FUNCTION IMPROVEMENT IS POSSIBLE

Most people taking ULTOMIRIS saw their kidney function improve in less than 6 months—and continued to maintain those improvements over time. Many of these people saw ongoing improvement in their kidney function with continued treatment.*

REDUCE THE NEED FOR DIALYSIS

Taking ULTOMIRIS may reduce your risk of needing dialysis. And if you're currently on dialysis, you may get to stop it—and stay off it.

That's because in the clinical trials, everyone who no longer needed dialysis after starting ULTOMIRIS was able to stay off dialysis for the rest of the year-long study.†

*As measured by serum creatinine. Individuals with certain forms of advanced kidney disease may be unable to see improvements in kidney function. 59% of adults and 83% of children saw a 25% or more improvement in serum creatinine by 6 months. 69% of adults and 100% of children had improved kidney function measured by eGFR by 1 year.

†Of the people who were on dialysis when starting ULTOMIRIS, 59% of adults and 80% of children were able to go off dialysis by 26 weeks—and stay off dialysis through the rest of the 1 year study. Of the adults who were not on dialysis when starting ULTOMIRIS, 22% started dialysis by week 26. No children needed to start dialysis after starting ULTOMIRIS through 26 weeks.

START PLANNING FOR YOUR FUTURE WITH ULTOMIRIS. MAKE AN APPOINTMENT TO TALK TO YOUR DOCTOR ABOUT YOUR ATYPICAL-HUS TREATMENT PLAN.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

ULTOMIRIS®
(ravulizumab-cwvz)
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Understanding and managing side effects

ULTOMIRIS has been well studied and has an established safety profile that was demonstrated based on 4 clinical trials across 2 diseases, including atypical-HUS.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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MOST SIDE EFFECTS WERE MILD TO MODERATE

The most common side effects of ULTOMIRIS in people with atypical-HUS were upper respiratory tract infections, diarrhea, nausea, vomiting, headache, high blood pressure, and fever.

ULTOMIRIS is a medicine that affects your immune system and can lower the ability of your immune system to fight infections, increasing your chance of getting serious and life-threatening meningococcal infections that may quickly become life-threatening and cause death if not recognized and treated early.

REDUCE YOUR RISK OF EXPERIENCING A SERIOUS SIDE EFFECT

By getting a meningococcal vaccine, you can reduce your risk of certain infections. That's why you must be vaccinated before taking ULTOMIRIS.

Your doctor will explain the risks and benefits associated with taking ULTOMIRIS before you get started. You can learn more at **ULTOMIRIS.com**.

ONESOURCE®
Personalized Patient Support from Alexion

LOOKING FOR PERSONALIZED SUPPORT THROUGHOUT YOUR TREATMENT?

Scan here to find a OneSource Patient Education Manager (PEM) near you or call

1-888-765-4747

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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How do I know it's working?

As mentioned on page 5, damage from uncontrolled C5 and complement activity can result in TMA.

These TMA events are what can lead to some of the very serious problems associated with atypical-HUS, including organ failure.

But ULTOMIRIS works by blocking C5 and preventing TMA events.

To ensure TMA events are under control, your doctor may check that certain measures are headed in the right direction or remaining stable:

Platelet count increasing to a normal count (and staying there)

LDH level decreasing to a normal range (and staying there)

Improvement in serum creatinine levels (a measure of kidney function)

No additional TMA events or increased atypical-HUS symptoms

Decreased or eliminated need for dialysis

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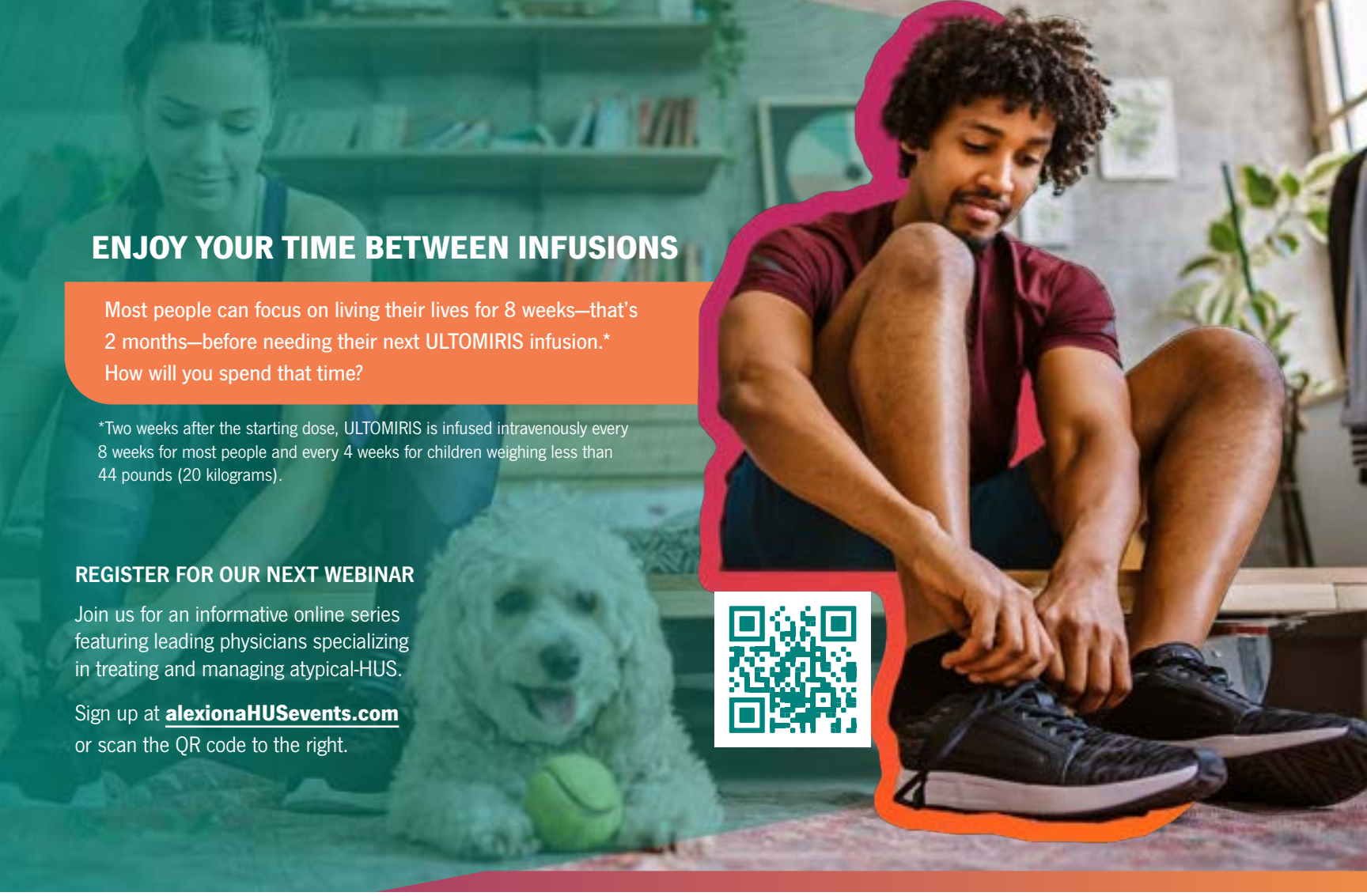

ENJOY YOUR TIME BETWEEN INFUSIONS

Most people can focus on living their lives for 8 weeks—that's 2 months—before needing their next ULTOMIRIS infusion.* How will you spend that time?

*Two weeks after the starting dose, ULTOMIRIS is infused intravenously every 8 weeks for most people and every 4 weeks for children weighing less than 44 pounds (20 kilograms).

REGISTER FOR OUR NEXT WEBINAR

Join us for an informative online series featuring leading physicians specializing in treating and managing atypical-HUS.

Sign up at **alexionaHUSevents.com** or scan the QR code to the right.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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(ravulizumab-cwvz)
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Ready to make the switch?

You may have started your treatment with SOLIRIS (eculizumab)

For many people living with atypical-HUS, the first medication that a hospital or their doctor will start them on is called SOLIRIS. This medication works similarly to ULTOMIRIS but needs to be infused every 2 weeks.

If you are switching your treatment from SOLIRIS to ULTOMIRIS, you should receive your starting dose of ULTOMIRIS at the time of your next scheduled SOLIRIS dose.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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(ravulizumab-cwvz)
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300 mg/3 mL vial

BUILT ON THE FOUNDATION OF SOLIRIS

Both ULTOMIRIS and SOLIRIS (eculizumab) work to remove C5 from the bloodstream to prevent the uncontrolled complement activity that can cause TMA.

ULTOMIRIS IS DESIGNED TO LAST LONGER

The scientists behind SOLIRIS were able to update the medicine and create ULTOMIRIS, a treatment that is recycled and reused by the body more effectively.* This improved recycling is what lets ULTOMIRIS stay in the body up to 4 times longer—and what makes it the first and only long-acting treatment for atypical-HUS.

*Based on preclinical data.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

ULTOMIRIS®
(ravulizumab-cwvz)
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300 mg/3 mL vial

You deserve to make your time your own

With the confidence that ULTOMIRIS is continually working to control C5, you'll have the free time you need between infusions for vacations, hobbies, family, and the many things that bring you joy.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

ULTOMIRIS IS ENGINEERED FOR FEWER INFUSIONS

Because ULTOMIRIS can keep you protected longer, you can take advantage of needing fewer infusions. That's why so many people living with atypical-HUS are choosing to switch their treatment to long-acting ULTOMIRIS.

MAKE THE MOST OF YOUR INFUSIONS

Visit **ULTOMIRIS.com** to find tips and tricks to make your infusion experience more comfortable.

SWITCH TO FEWER INFUSIONS*

SOLIRIS (eculizumab)
Adults and children

26

Infusions per year
(after starting dose)

One year on SOLIRIS

ULTOMIRIS
Most people

7 **(or 13 infusions for children under 44 lb [20 kg])**

Infusions per year
(after starting dose)

One year on ULTOMIRIS

***Two weeks after the starting dose, ULTOMIRIS is infused intravenously every 8 weeks for most people and every 4 weeks for children weighing less than 44 pounds (20 kilograms).**

INFUSIONS TAKE AN HOUR OR LESS

With ULTOMIRIS, most infusions take about an hour or less, depending on which dose you are on. Keep in mind that after each infusion, you may be monitored for at least 1 hour for infusion-related reactions.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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(ravulizumab-cwvz)
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300 mg/3 mL vial

Ready to talk to your doctor?

Your healthcare team is always your best source of information about your care, so it's important that they understand your needs. Talk to your healthcare team about considering ULTOMIRIS as part of your atypical-HUS treatment plan.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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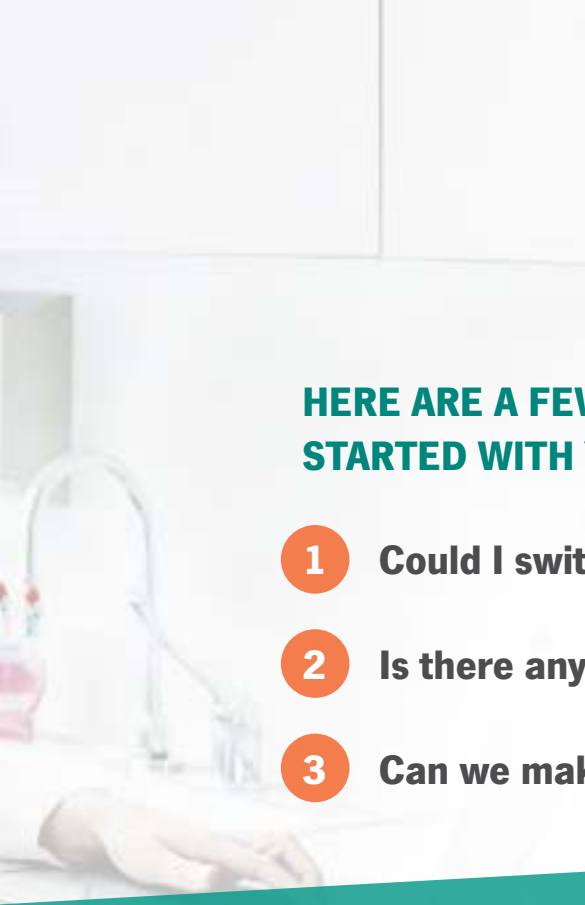

STILL HAVE QUESTIONS?

We've answered some **Frequently Asked Questions** about switching to ULTOMIRIS.

Scan here to get the answers.

HERE ARE A FEW QUESTIONS TO GET THE CONVERSATION STARTED WITH YOUR DOCTOR:

1. **Could I switch to ULTOMIRIS?**
2. **Is there anything I need to know before starting ULTOMIRIS?**
3. **Can we make a plan for my first ULTOMIRIS infusion?**

ULTOMIRIS costs less annually than SOLIRIS (eculizumab)

The exact amount you will pay depends upon your insurance provider and coverage plan. Your OneSource team can help you determine your out-of-pocket costs and identify alternative funding sources for ULTOMIRIS.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

Pay as low as $0 in out-of-pocket costs

With the Alexion OneSource CoPay Program, eligible individuals may save on medication and infusion costs.*

UNDERSTANDING YOUR HEALTH INSURANCE

Navigating the insurance complexities associated with treatment can be confusing and feel overwhelming. We understand that this may be unfamiliar territory for you—it is for most. With OneSource, you have a dedicated team at your side to guide you through the process.

WE'RE HERE TO HELP

OneSource team members can provide you with information to help you understand your insurance plan and your coverage options for ULTOMIRIS.

Plus, they are available to assist with information on alternative funding options and resources for you.

INFUSIONS FROM THE COMFORT OF HOME

You may be able to enjoy the convenience of having your infusions at home. Talk with a OneSource team member to learn more.

*The Alexion OneSource CoPay Program is not valid for costs eligible to be reimbursed by government insurance programs or other federal or state programs (including any state prescription drug assistance programs), including Medicaid, Medicare (including Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense, or TRICARE. People residing in Massachusetts, Michigan, Minnesota, and Rhode Island are eligible for assistance with medication costs but are not eligible for assistance with infusion costs.

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

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

ONESOURCE®

Personalized Patient Support from Alexion

Talk with a OneSource team member and learn how you can better understand your health insurance.

Call OneSource at 1-888-765-4747.

ONESOURCE®

Personalized Patient Support from Alexion

HELP AND ENCOURAGEMENT WHEN YOU NEED IT

OneSource is a free, personalized support program designed for people living with atypical-HUS.

Your OneSource team will be by your side to help you understand more about atypical-HUS, provide treatment-related resources, and offer reassurance when you need it.

Atypical-HUS information

From getting a better understanding of atypical-HUS to questions about treatment logistics, we can provide you with educational materials and useful information to help put you at ease.

Connect with the community

Discover in-person and online meetings and events, atypical-HUS support meetings, and advocacy groups.

Talk one-on-one

With our Peer Connects program, you can talk directly with people who get it—others like you who are living with atypical-HUS. Call Peer Connects today at **1-877-757-2420** to register.*

Ongoing support

You're never alone. Should you need information, support, or just a little encouragement, your OneSource team is always here for you.

*Must be at least 18 years old to register.

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Start thinking less about atypical-HUS

TALK
to your doctor

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SIGN UP
for updates at **ULTOMIRIS.com**

START PLANNING
for up to 8 weeks of freedom*

*Two weeks after the starting dose, ULTOMIRIS is infused intravenously every 8 weeks for most people and every 4 weeks for children weighing less than 44 pounds (20 kilograms).

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

Please see Important Safety Information on the cover and on pages 8 and 9 and the accompanying full Prescribing Information and Medication Guide for ULTOMIRIS, including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

ALEXION®
AstraZeneca Rare Disease