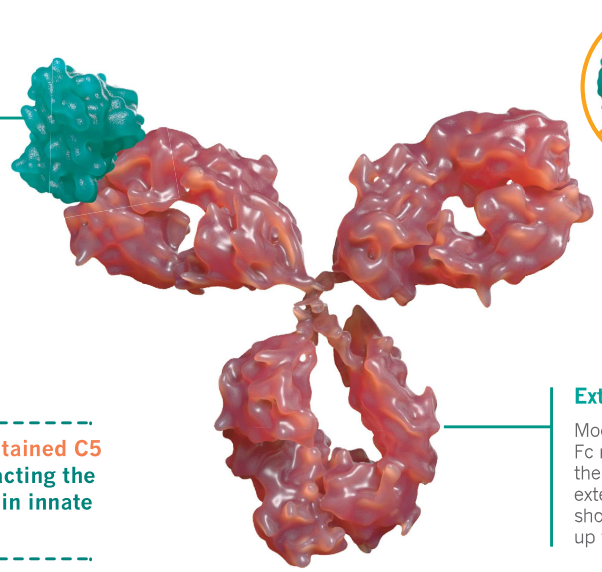
ULTOMIRIS® (ravulizumab) injection for intravenous use

ULTOMIRIS® TARGETS C5 AND TERMINAL COMPLEMENT TO INHIBIT INTRAVASCULAR HEMOLYSIS IN PATIENTS WITH PNH[1]*

DESIGNED FOR EXTENDED C5 INHIBITION AND ELIMINATION[1–3]

C5 inhibition

ULTOMIRIS® binds C5 with high affinity to give immediate, complete, and sustained C5 inhibition, without disrupting proximal complement immune activity.[1,4]



C5 elimination

Modifications to the Fab regions of ULTOMIRIS® cause bound C5 to be released into the lysosome, where it is degraded.[3]

ULTOMIRIS® is designed to provide sustained C5 inhibition and elimination without impacting the essential role of proximal complement in innate immune system activity.[1,3,4]

Extended half-life

Modification of the ULTOMIRIS® Fc region enhances its affinity for the neonatal Fc receptor (FcRn) and extends its retention in circulation (as shown in preclinical models), allowing up to 8 weeks between infusions.[1,3†]

ULTOMIRIS® is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria.[1]

PNH: paroxysmal nocturnal hemoglobinuria; SD: standard deviation.
* Clinical significance has not been established.
† The mean (SD) terminal elimination half-life of ULTOMIRIS® is 49.7 (8.9) days.[1]

ALEXION® AstraZeneca Rare Disease

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INTRODUCING A NEW OPTION IN PNH

WIDEN THEIR WORLD

ULTOMIRIS® PROVIDES IMMEDIATE, COMPLETE, AND SUSTAINED C5 INHIBITION AND 358 INFUSION FREE DAYS PER YEAR[1]

ULTOMIRIS® ALLOWS YOUR PNH PATIENTS TO FOCUS ON WHAT MATTERS MOST IN THEIR LIVES BEYOND TREATMENT

ULTOMIRIS® is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria.[1]

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS®. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.
- Patients must be vaccinated against meningococcal infections prior to, or at the time of, initiating ULTOMIRIS®, unless the risks of delaying ULTOMIRIS® therapy outweigh the risks of developing a meningococcal infection.
- Monitor patients for early signs of meningococcal infections and treat immediately if infection is suspected.

ULTOMIRIS® in Canada is available under a controlled distribution program. Patients are enrolled in a dedicated Patient Support Program (PSP).

Please consult the Product Monograph at https://alexion.com/documents/ultomiris_product_monograph_approved_english for important information relating to conditions of clinical use, contraindications, most serious warnings and precautions, other relevant warnings and precautions, adverse reactions, drug interactions, and dosing that has not been discussed in this piece. The Product Monograph is also available by calling 1-844-922-0605.

References: 1. ULTOMIRIS® Product Monograph. Alexion Pharmaceuticals, Inc. September 22, 2021. **2.** Data on file, Alexion Pharmaceuticals, Inc. **3.** Sheridan D, et al. PLoS One. 2018;13(4): e0195909. doi: 10.1371/journal.pone.0195909. **4.** Kelly R, et al. *Ther Clin Risk Manag*. 2009;5:911-921.

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