Alexion stands with the neurology community during the COVID-19 PANDEMIC

NOW MORE THAN EVER, PATIENTS ARE AT THE FOREFRONT OF EVERYTHING WE DO

Alexion is committed to doing our part to protect the safety of those around us by being smart in our actions and minimizing any potential interactions that could contribute to the spread of the COVID-19 virus and place additional burden on our healthcare systems.

Alexion's approach to responding to COVID-19 reflects the following priorities:

- Protecting patient and customer safety and medicine supply continuity
- Maintaining the integrity of our clinical trials and commitment to data quality
- Ensuring safety and a sense of security for people who work at Alexion
- Responsibly supporting our community and local healthcare systems
- Safeguarding our manufacturing, distribution, and research facilities
- Remaining nimble and responsive to the ever-changing situation while always remaining true to our core values

We will continue to support you and your patients

ONESOURCE®
Personalized Patient Support from Alexion

OneSource™ is a complimentary, personalized patient support program offered by Alexion. It is designed to support the specific needs of all patients with conditions we serve. OneSource is staffed by experts with advanced disease training, health insurance expertise, and information about community resources.

We understand that patient services have become more important during COVID-19. OneSource is proud to provide the following:

Answers to questions

To relieve stress on the healthcare system, offices, and healthcare staff, our team of trained experts is available to answer questions. Please call our OneSource team if you have questions or need additional support at 1-888-765-4747.

Continuity of access

If you have concerns about your patient's funding for their Alexion therapy, OneSource can assist with information on alternative funding options and resources.

Site of care support

Some patients receiving infusions may need to find an alternative site of care due to closures or concerns with their primary center. OneSource has tools to help source alternative locations and may be able to arrange for home infusions for eligible patients.

Many of these infusion providers have extensive plans in place to protect you from the spread of infectious diseases like COVID-19. These plans may be available on the infusion provider website.

To learn more about these options, you can contact OneSource at 1-888-765-4747 for help navigating during this challenging time.

For additional information regarding neuromyelitis optica spectrum disorder (NMOSD) and COVID-19, visit SOLIRISNMOSD-HCP.com/COVID-19.

ALEXION®

SOLIRIS® (eculizumab) use does not appear to increase risk of developing coronaviral infection[1,2]

Based on Alexion's understanding of the mechanism of action for SOLIRIS, and the extensive postmarketing experience (cumulatively, over 10 years of commercial distribution, and over 50,000 patient-years of exposure), it does not appear that patients treated with SOLIRIS are at higher risk of developing coronaviral infections or that the course of their infection will be different than in patients who have not received SOLIRIS.[1,2]

Viral respiratory infections were observed during Alexion-sponsored clinical trials for SOLIRIS. In the clinical trials, the viral respiratory infections were consistent with the types of infections common in the general population. The respiratory viral infections occurring in SOLIRIS were not serious in nature, and all resolved without discontinuing SOLIRIS treatment.[1,3]

Infection has been shown to amplify complement activity, which could have the potential to exacerbate a patient's underlying condition in a complement-mediated disease.[4-7] It is also important to note that SOLIRIS patients are at increased risk for developing meningococcal infections, which have some of the same early symptoms as COVID-19.[3] While meningococcal infection could present as classic meningitis with fever, headache, and neck stiffness, please note the presentation can also present as meningococcal sepsis without meningitis.[1]

INDICATION AND IMPORTANT SAFETY INFORMATION FOR SOLIRIS® (eculizumab)

INDICATION

Neuromyelitis Optica Spectrum Disorder (NMOSD)
Soliris is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening and fatal meningococcal infections have occurred in patients treated with Soliris and may become rapidly life-threatening or fatal if not recognized and treated early.

- **Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.**
- **Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of Soliris, unless the risks of delaying Soliris therapy outweigh the risk of developing a meningococcal infection. (See *Serious Meningococcal Infections* for additional guidance on the management of the risk of meningococcal infection).**
- **Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.**

Soliris is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the Soliris REMS, prescribers must enroll in the program. Enrollment in the Soliris REMS program and additional information are available by telephone: 1-888-SOLIRIS (1-888-765-4747) or at www.solirisrems.com.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infections.

SOLIRIS® (eculizumab) Injection for Intravenous Use 300 mg/30 mL vial

It is important to note that SOLIRIS® (eculizumab) patients are at increased risk for developing meningococcal infections, which have some of the same early symptoms as COVID-19[3]

Patients should be reminded that if they develop a headache and fever or have muscle aches with flu-like symptoms (or any symptoms as described on the "Patient Safety Card"), that they should call their doctor right away or seek emergency medical treatment, as these could be signs of a meningococcal infection that requires immediate medical attention. If patients cannot reach their doctor, immediately seek emergency medical treatment and show "Patient Safety Card" to emergency staff at the hospital.

Vaccination against *Neisseria meningitidis* is required before starting SOLIRIS therapy.[3] Please refer to the latest ACIP guidelines for updated vaccine recommendations.

SELECT IMPORTANT SAFETY INFORMATION

Contraindications

- Patients with unresolved serious *Neisseria meningitidis* infection
- Patients who are not currently vaccinated against *Neisseria meningitidis*, unless the risks of delaying Soliris treatment outweigh the risks of developing a meningococcal infection

Warnings and Precautions

Serious Meningococcal Infections Risk and Prevention

The use of Soliris increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis).

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Soliris. If Soliris must be initiated immediately in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide 2 weeks of antibacterial drug prophylaxis. Discontinue Soliris in patients who are undergoing treatment for serious meningococcal infections.

REMS

Prescribers must counsel patients about the risk of meningococcal infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccine(s).

Other Infections

Serious infections with *Neisseria* species (other than *N. meningitidis*), including disseminated gonococcal infections, have been reported.

Patients may have increased susceptibility to infections, especially with encapsulated bacteria. Additionally, *Aspergillus* infections have occurred in immunocompromised and neutropenic patients. Use caution when administering Soliris to patients with any systemic infection.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infections.

SOLIRIS® (eculizumab) Injection for Intravenous Use 300 mg/30 mL vial

Some treatments may put patients at greater risk for COVID-19

National Multiple Sclerosis Society guidance

In light of the recent outbreak of coronavirus (COVID-19), the National Multiple Sclerosis Society's National Medical Advisory Committee published its recommendations regarding the use of disease-modifying therapies (DMTs) for people with multiple sclerosis (MS). One of the recommendations deals with the use of B cell-depleting DMTs.

For the MS guidance, please refer to https://www.nationalmssociety.org/coronavirus-covid-19-information/multiple-sclerosis-and-coronavirus/ms-treatment-guidelines-during-coronavirus.

This may be concerning to physicians who treat patients with other autoimmune diseases, potentially including anti-aquaporin-4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder (NMOSD).

Background on B cells and B cell–depleting DMTs

As part of the immune system, B cells are responsible for protection against viruses and other pathogens.[8] The use of B cell–depleting DMT may render an individual less capable of naturally mounting an effective immune response to viral infection. The use of these therapies may reduce the efficacy or affect the safety of certain vaccinations.[9,10] To obtain more information about the potential effects of a particular B cell–depleting DMT on risks associated with COVID-19, please contact the manufacturer of the specific B cell–depleting DMT.

Mechanism of action of SOLIRIS® (eculizumab)

SOLIRIS is a monoclonal antibody that specifically binds with high affinity to the complement protein C5, inhibiting its cleavage to C5a and C5b and preventing the generation of the terminal complement complex C5b-9.[3] C5 inhibitors have no impact on antibody production. SOLIRIS inhibits terminal complement and thus preserves the immunoregulatory and immunoprotective functions of the proximal components (proteins upstream of C5) of the complement cascade, thereby allowing for an immune response to viral infections.[3,11] The precise mechanism by which SOLIRIS exerts its therapeutic effect in NMOSD is unknown, but it is presumed to involve inhibition of aquaporin-4 antibody-induced terminal complement C5b-9 deposition.[3]

CDC recommendations

Please see the full list of CDC recommendations for COVID-19 for information about populations that may be at higher risk of developing severe illness from COVID-19.

Coronavirus (COVID-19) home page: https://www.cdc.gov/coronavirus/2019-ncov/index.html

People who are higher risk of severe illness: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html

For additional information regarding NMOSD, COVID-19, and supply of SOLIRIS, please visit SOLIRISNMOSD-HCP.com/COVID-19.

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Infusion-Related Reactions

Administration of Soliris may result in infusion-related reactions, including anaphylaxis or other hypersensitivity reactions. Interrupt Soliris infusion and institute appropriate supportive measures if signs of cardiovascular instability or respiratory compromise occur.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infections.

SOLIRIS® (eculizumab) Injection for Intravenous Use 300 mg/30 mL vial

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Adverse Reactions

The most frequently reported adverse reactions in the NMOSD placebo-controlled trial (≥10%) are: upper respiratory infection, nasopharyngitis, diarrhea, back pain, dizziness, influenza, arthralgia, pharyngitis, and contusion.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infections.

References: 1. Data on file; Global Drug Safety. Alexion Pharmaceuticals, 2020. **2.** SOLIRIS (eculizumab) Periodic Benefit Risk Evaluation Report; Global Drug Safety. Alexion Pharmaceuticals 2019. **3.** SOLIRIS [package insert]. Boston, MA: Alexion Pharmaceuticals, Inc. **4.** Olie KH, Goodship TH, Verlaak R, et al. Posttransplantation cytomegalovirus-induced recurrence of atypical hemolytic uremic syndrome associated with a factor H mutation: successful treatment with intensive plasma exchanges and ganciclovir. *Am J Kidney Dis*. 2005;45(1):e12-e15. **5.** Berner R, Krause MF, Gordjani N, et al. Hemolytic uremic syndrome due to an altered factor H triggered by neonatal pertussis. *Pediatr Nephrol*. 2002;17(3):190-192. **6.** Brodsky RA, Peffault de Latour R, Rottinghaus ST, et al. Characterization of breakthrough hemolysis events observed in the phase 3 randomized studies of ravulizumab versus eculizumab in adults with paroxysmal nocturnal hemoglobinuria [published online ahead of print January 16, 2020]. *Haematologica*. doi:10.3324/haematol.2019.236877. **7.** Ueda T, Hayakawa J, Yamanishi M, Maeda M, Fukunaga Y. Efficacy of eculizumab in a patient with paroxysmal nocturnal hemoglobinuria requiring transfusions 14 years after a diagnosis in childhood. *J Nippon Med Sch*. 2013;80(2):155-159. **8.** Chaplin DD. Overview of the immune response. *J Allergy Clin Immunol*. 2010;125(2 suppl 2):S3-S23. **9.** National Multiple Sclerosis Society. https://www.nationalmssociety.org/coronavirus-covid-19-information/multiple-sclerosis-and-coronavirus/ms-treatment-guidelines-during-coronavirus. Accessed March 26, 2020. **10.** Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html. Accessed March 26, 2020. **11.** Rother RP, Rollins SA, Mojcik CF, Brodsky RA, Bell L. Discovery and development of the complement inhibitor eculizumab for the treatment of paroxysmal nocturnal hemoglobinuria. *Nat Biotechnol*. 2007;25(11):1256-1264.

ALEXION®

US/ALL/0060 02/21

ONESOURCE®
Personalized Patient Support from Alexion

SOLIRIS®
(eculizumab)
Injection for Intravenous Use
300 mg/30 mL vial