

ULTOMIRIS is only available through a restricted program called the ULTOMIRIS REMS (Risk Evaluation and Mitigation Strategy). All prescribers must be specially certified. To become certified, prescribers must:

- 1) **Review** the ULTOMIRIS Prescribing Information, [Prescriber Safety Brochure](#), [Patient Safety Brochure](#) and the [Patient Safety Card](#).
- 2) **Enroll** in the ULTOMIRIS REMS by completing this form.
- 3) **Counsel** patients and provide them with the Patient Safety Brochure and Patient Safety Card.

**There are 2 pages to this form. Complete page 1. Read the agreements and sign page 2.** Return BOTH pages to ULTOMIRIS REMS.

You may complete this form

- online at [www.ultomirisrems.com](http://www.ultomirisrems.com)
- by fax at 1-877-580-2596 (ALXN)
- by scanning and emailing to [REMS@alexion.com](mailto:REMS@alexion.com)
- by mailing to Alexion Pharmaceutical, Inc. ATTN: REMS Program, 121 Seaport Boulevard, Boston, MA 02210

**Prescriber Information: (please print)**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Prescriber NPI #: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Continue to page 2 to read the agreement and sign the form. You must return BOTH sides of this form.**

**By completing, signing and submitting this form, I acknowledge and agree that:**

- I have read and understand the ULTOMIRIS Prescribing Information (PI), *Prescriber Safety Brochure*, *Patient Safety Brochure*, and the *Patient Safety Card*.
- I understand the:
  - risk of meningococcal infections associated with ULTOMIRIS.
  - early signs of meningococcal infections
  - need for immediate medical evaluation of signs and symptoms with possible meningococcal infections
- Before treatment initiation at least 2 weeks prior to the first dose, I will:
  - Assess the patient's meningococcal vaccine status and immunize patients unless the risks of delaying ULTOMIRIS therapy outweigh the risks of developing meningococcal infection.
  - Provide the patient with a prescription for a two-week course of antibiotic prophylaxis if ULTOMIRIS must be started right away.
  - Counsel the patient about the signs and symptoms of meningococcal infections using the *Patient Safety Card*, and *Patient Safety Brochure*. Provide a copy of these materials to the patient. Instruct the patient to carry the *Patient Safety Card* at all times.
- During treatment, I will:
  - Assess the patient for early signs of meningococcal infection and evaluate immediately if infection is suspected.
  - Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infections.
  - Revaccinate patients according to the Advisory Committee on Immunization Practices recommendations.
- I will report cases of meningococcal infection including the patient's clinical outcomes to Alexion Pharmaceuticals, Inc.
- I understand that if I do not maintain compliance with the requirements of the ULTOMIRIS REMS, I will no longer be able to prescribe ULTOMIRIS.
- I understand that ULTOMIRIS REMS and its agents or contractors may contact me to support the administration of the ULTOMIRIS REMS.

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**Prescriber Signature**

**Date**

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**Print Name**