Photos are for illustrative purposes only

IF YOU HAVE PNH,

YOU ARE NOT ALONE

Take a closer look—
and take control of PNH

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

TRIED. TESTED. ESTABLISHED.[a]

[a] As the first treatment of its kind approved by the FDA, SOLIRIS has been studied in 51 clinical trials, with 17 years of postmarket experience.

INDICATION

What is SOLIRIS?

SOLIRIS is a prescription medicine used to treat people with paroxysmal nocturnal hemoglobinuria (PNH). It is not known if SOLIRIS is safe and effective in children with PNH.

SELECT IMPORTANT SAFETY INFORMATION

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

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

- **SOLIRIS 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 your meningococcal vaccine(s) at least 2 weeks before your first dose of SOLIRIS.
2. If you have not been vaccinated and SOLIRIS must be started right away, you should receive the required vaccine(s) as soon as possible.
3. If you have not been vaccinated and SOLIRIS 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 SOLIRIS. 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 serious meningococcal infection**: fever, fever with high heart rate, headache and fever, confusion, muscle aches with flu-like symptoms, fever and rash, headache with nausea or vomiting, headache with a stiff neck or stiff back, or eyes sensitive to light.

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

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What is PNH?

P	N	H
Paroxysmal	*Nocturnal*	*Hemoglobinuria*
A sudden attack	**At nighttime**	**Hemoglobin in the urine**
Even though intravascular hemolysis due to PNH is always occurring, symptoms can worsen from time to time. This worsening happens when the immune system is more active, like during an infection or illness.	It was thought that the part of the immune system that causes intravascular hemolysis is more active at night, so symptoms like hemoglobinuria are often most obvious in the morning. However, intravascular hemolysis is happening at some level in people with PNH all the time, night and day.	Red blood cells (RBCs) destroyed by intravascular hemolysis release a dark red protein called hemoglobin. The body gets rid of the hemoglobin in the urine, which turns reddish or very dark. Not everyone with PNH has hemoglobinuria.

PNH is:

- A serious disease in which an important part of your blood—the red blood cells—are destroyed. This destruction is called intravascular hemolysis
- An acquired disease, which means you were not born with it and it is not inherited, but rather, PNH develops in some people over time
- Progressive, which means it can get worse over time, increasing your risk of major health problems
- Chronic, which means it is always happening
- Mediated by the complement cascade, which is one of your body's natural defense systems
- A disease where an acquired mutation in one of your genes prevents the production of a protein to help keep your RBCs healthy and safe from intravascular hemolysis. Without the protective proteins, red blood cells are destroyed by a part of your body's natural defenses, the complement system

Intravascular hemolysis is the main cause of the major health problems in patients with PNH.

How is PNH diagnosed, and what do the lab results mean?

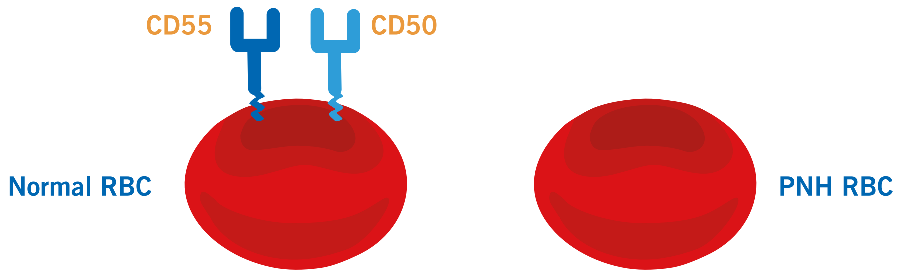
To find out if you have PNH, your healthcare provider might order some lab tests to look for:

Evidence of elevated intravascular hemolysis with this test	**Lactate dehydrogenase (LDH) level**	Measures LDH, an enzyme found in RBCs that is released during intravascular hemolysis. Knowing how much LDH is in your blood helps show how much intravascular hemolysis is happening in your body.
Signs of kidney damage with this test	**Creatinine**	Measures creatinine, a waste product in the blood, to show how well your kidneys are working.
Platelet levels with this test	**Platelet count**	Measures the amount of platelets in your blood. Platelets are used for clotting and play an important role in helping you heal from injury.
Clone size with this test	**High-sensitivity flow cytometry**	Measures the actual number of red and white blood cells affected by PNH in a small sample of circulating blood taken from your arm. This is the standard test for confirming whether or not you have PNH. Through continued monitoring, your healthcare provider can tell if your clone size is increasing.

What is the meaning of clone size?

Clone size refers to the percentage (number) of blood cells that are affected by PNH. Not all of your blood cells are missing protective proteins. A test called high-sensitivity flow cytometry can measure how many cells have protective proteins and how many do not. The percentage that do not have protective proteins is called your PNH clone size.

Your PNH clone size may sometimes go up or down. A larger clone size means you have more of the RBCs that are missing protective proteins. But even with a small clone size, you can have PNH-related health problems. And in some people, it can increase over time, which may make their PNH symptoms worse. This is why it is important to monitor your clone size over time. There are recommendations about how often your healthcare provider should test—every 6 months to 1 year—but your healthcare provider may test more frequently. Speak with your healthcare provider about testing for PNH.



The tests listed in the table on page 2 are just some that your healthcare provider might order. There can be others. Work closely with your healthcare provider and keep track of those results, too.

Understanding PNH and your management plan can help minimize the impact of PNH on your daily life

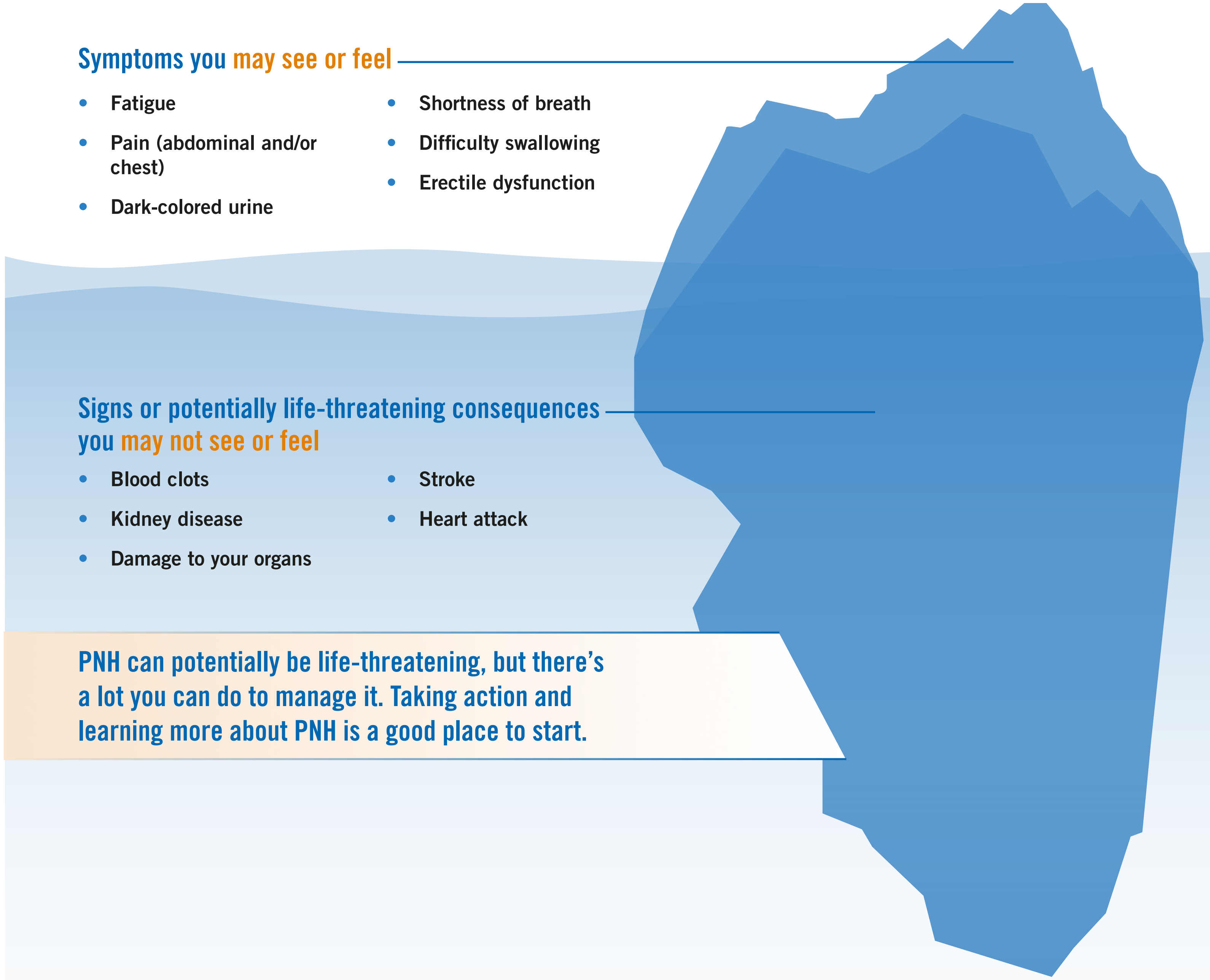
What are the effects of PNH?

PNH might affect your health-related quality of life. The signs and symptoms of PNH can be tough to identify, and many are similar to other diseases. PNH can often affect the way you feel and live your life. It may make you feel very tired and weak. It might affect your ability to walk short distances, work regular hours at your job, make it to healthcare providers' appointments, or even attend family functions. Some symptoms of PNH might include:

- Difficulty swallowing
- Abdominal and/or chest pain
- Shortness of breath
- Dark-colored urine
- Severe tiredness
- Erectile dysfunction (ED)

If you have PNH, intravascular hemolysis is always taking place. Even if you can't see or feel intravascular hemolysis, you can still have serious health problems because of it, which can include blood clots (potentially leading to stroke or heart attack), kidney disease, and/or damage to your other organs.

PNH is just like an iceberg—what you can't see or feel can cause the most damage



Symptoms you may see or feel

- **Fatigue**
- **Pain (abdominal and/or chest)**
- **Dark-colored urine**
- **Shortness of breath**
- **Difficulty swallowing**
- **Erectile dysfunction**

Signs or potentially life-threatening consequences you may not see or feel

- **Blood clots**
- **Kidney disease**
- **Damage to your organs**
- **Stroke**
- **Heart attack**

PNH can potentially be life-threatening, but there's a lot you can do to manage it. Taking action and learning more about PNH is a good place to start.

SOLIRIS® (eculizumab) is approved by the FDA to treat adult patients with PNH

What is SOLIRIS?

- SOLIRIS is a complement inhibitor indicated for the treatment of adult patients with PNH to reduce intravascular hemolysis
- SOLIRIS is a prescription medicine called a humanized monoclonal antibody, which is a protein that your body recognizes as natural
- SOLIRIS works by blocking complement (part of your body's defense system) from attacking your PNH red blood cells, white blood cells, and platelets
  - SOLIRIS can lower the ability of your immune system to fight infections

By reducing ongoing intravascular hemolysis, SOLIRIS may help reduce fatigue and improve health-related quality of life.

SOLIRIS was shown to be effective in two clinical studies. Patients with PNH experienced the following:

87%

reduction in intravascular hemolysis, as measured by LDH

92%

overall reduction in blood clots—one of the serious health problems with PNH

94%

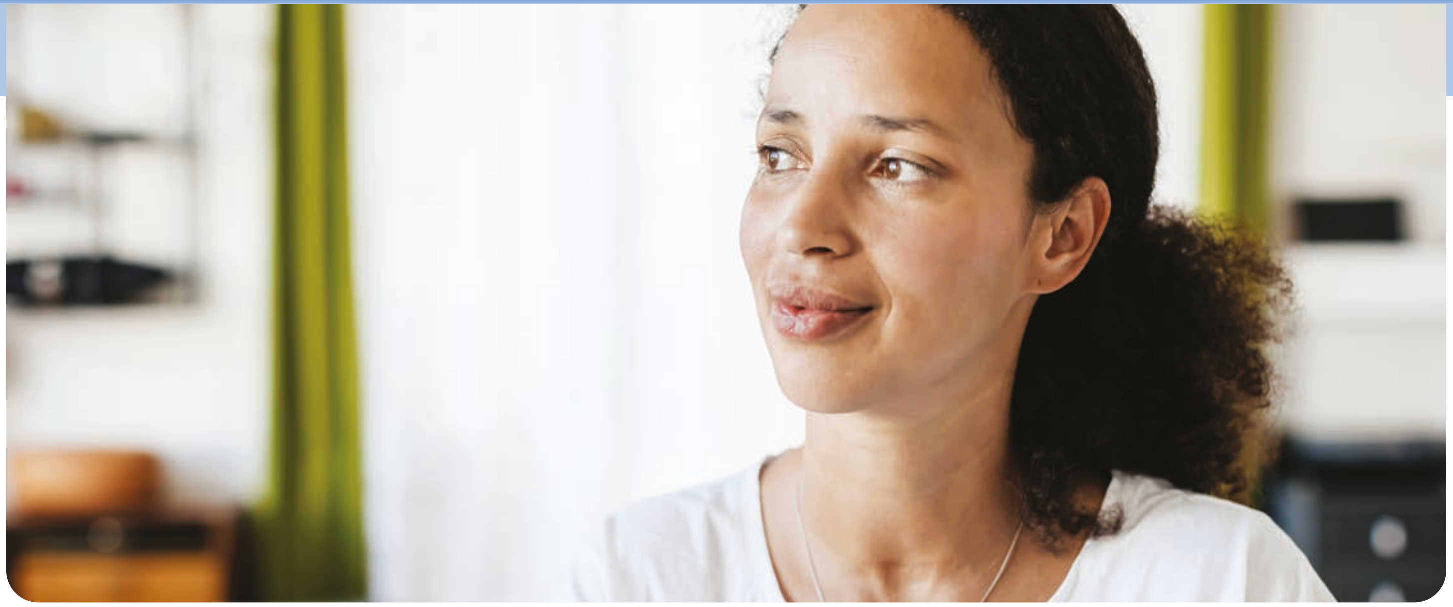
fewer blood clots in patients with PNH who received anticoagulants before and during treatment with SOLIRIS

↓

reduced fatigue and improved health-related quality of life after 3 weeks of treatment

SELECT IMPORTANT SAFETY INFORMATION

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 3 months after your last dose of SOLIRIS. Your risk of meningococcal infection may continue for several weeks after your last dose of SOLIRIS. It is important to show this card to any healthcare provider who treats you. This will help them diagnose and treat you quickly.



What are your treatment options?

Your healthcare provider may recommend additional treatments for your PNH, such as:

- Anticoagulants (blood thinners)
- Corticosteroids
- Blood transfusions
- RBC supplements

However, these types of treatment do not address chronic intravascular hemolysis, the consequence of PNH. Results for each PNH patient on SOLIRIS may be different, so the improvements you see in your health and your experiences with your therapy may differ from others.

Keep in mind that in PNH your bone marrow continues to make cells that are missing protective proteins, putting PNH RBCs at constant risk of intravascular hemolysis. In addition to making PNH cells, your bone marrow may also have trouble simply making cells. This means fewer cells get produced. As a result, some patients on SOLIRIS still might need blood transfusions to make up for the lower number of cells.

Common side effects in people with PNH treated with SOLIRIS include: headaches, runny nose and colds, sore throat, back pain, and nausea.

In SOLIRIS clinical trials, most people also received blood-thinning medicine. The effect of stopping blood-thinning medicine during treatment with SOLIRIS has not been studied. Therefore, treatment with SOLIRIS should not alter anticoagulant management.

Speak with your healthcare provider about how SOLIRIS can help in the treatment of PNH.

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To watch and track your PNH, your healthcare provider will consider all of your lab test results, signs, and symptoms

How can I help my healthcare provider monitor my PNH?

Track your symptoms and lab results. They will show you and your healthcare provider the full story of how you are physically affected by PNH.

Be sure to keep track of changes in your symptoms. Monitoring your symptoms is important, because PNH can manifest in serious ways. It can cause blood clots, which block veins and arteries and can lead to heart attack, stroke, and damage to your organs, as well as other problems.

If you experience issues with your kidneys, have had a blood clot before, or have been told you have persistent elevated LDH, you should remain in touch with your healthcare provider.

You don't have to accept feeling sick

When you deal with PNH every day, over time you may learn to cope with your symptoms. For example, being overly tired might become the way you are used to feeling. But it may not have to be that way. You don't have to accept feeling sick. That is why it is important to track your signs and symptoms—so you can tell if they're getting worse over time instead of just coping with them. Talk to your healthcare provider about management options—you shouldn't have to feel like being sick is normal.

Partnering with your healthcare provider is key to successful management of PNH.

It's easier to watch and track your PNH when you know how to speak with your healthcare provider. Speak with your healthcare provider frequently, and be sure to tell the whole story.

- Tell your healthcare provider about your symptoms, even if you don't think they're related to your PNH
- Tell your healthcare provider when the symptoms started and how often they happen
- Show your healthcare provider where on your body you feel your symptoms
- Describe how bad your symptoms get
- In addition to your prescription medicines, let them know any vitamins, supplements, or herbal, over-the-counter medicines you are taking

Asking questions will keep you informed. Here are a few you might want to ask your healthcare provider:	
?	What can I do to feel less tired?
?	What can I do to help reduce the health risks of PNH?
?	Can my disease get worse over time? How will I know if it is?
?	What are my options for managing PNH?
?	I would like a copy of my lab test results. Would you please help me understand them?

Helpful information about SOLIRIS

What do I need to know before taking SOLIRIS?

SOLIRIS is a medicine that affects your immune system. SOLIRIS can lower the ability of your immune system to fight infections. SOLIRIS increases your chance of getting serious and life-threatening meningococcal infections. You must receive meningococcal vaccination at least 2 weeks before your first dose of SOLIRIS unless you have already had this vaccine. If your healthcare provider decides that urgent treatment with SOLIRIS is needed, you should receive meningococcal vaccination as soon as possible.

For SOLIRIS to reduce intravascular hemolysis, the drug needs to stay above a certain level in your blood. However, like all drugs, SOLIRIS is broken down and removed from your body over time.

The time that it takes your body to remove half of the drug is called the "half-life" of that drug. The half-life of SOLIRIS is about 11-17 days. A regular therapy schedule keeps SOLIRIS in your body at a level where it works best.

SOLIRIS should be infused according to the recommended dosing schedule for you to get the most out of your treatment. If the level of SOLIRIS in your body gets too low, intravascular hemolysis can occur.

Intravascular hemolysis is the underlying cause of the major health problems in PNH. Missing doses can cause intravascular hemolysis to happen. Work closely with your healthcare provider to best manage PNH.

If you forget or miss a SOLIRIS infusion, call your healthcare provider right away. To get the most from your SOLIRIS therapy, stick with your treatment schedule.

SELECT IMPORTANT SAFETY INFORMATION

SOLIRIS is only available through a program called the ULTOMIRIS and SOLIRIS Risk Evaluation and Mitigation Strategy (REMS). Before you can receive SOLIRIS, 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 SOLIRIS right away and you are not up to date on your vaccines; give you a **Patient Safety Card** about your risk of meningococcal infection.

SOLIRIS 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. Certain fungal infections (*Aspergillus*) may occur if you take SOLIRIS and have a weak immune system or a low white blood cell count.

Treatment considerations

		Are laboratory tests useful in determining your response to treatment in reducing intravascular hemolysis?	
Lab values	**Things to keep in mind while on treatment**	**Yes**	**No**
LDH	• LDH is key for tracking the level of intravascular hemolysis caused by PNH • It's important to track over time to see how PNH is affecting you • LDH level, in comparison with your LDH level before starting SOLIRIS, shows how well you are responding to SOLIRIS; the less LDH there is, the better SOLIRIS is working	●	
Hemoglobin/ Anemia	• In PNH, even if you don't have anemia, you might still be at risk of intravascular hemolysis and blood clots • Hemoglobin is released into the bloodstream when RBCs are destroyed by intravascular hemolysis • When outside of cells, hemoglobin is harmful and is the cause of the signs, symptoms, and serious health problems associated with PNH • Increased hemoglobin levels during treatment do not mean protection against intravascular hemolysis • Hemoglobin levels in PNH patients with bone marrow problems might be low because of RBC production issues		●
Platelet counts	• Your platelet count might stay the same even after months of treatment, regardless of a decrease in LDH level and need for blood transfusions		●
Transfusion requirements	• Transfusions may still be necessary for patients with bone marrow issues, because SOLIRIS only treats intravascular hemolysis and not RBC production issues		●

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Helpful information about SOLIRIS (cont'd)

How is SOLIRIS given?

For SOLIRIS to work properly, the way that it is given to you is important:

- SOLIRIS is given as an infusion into a vein in your hand or arm
- The actual infusion generally takes about 35 minutes in adults
- You will start with weekly dosing for the first 5 weeks
- Then you will receive an infusion every 2 weeks

Serious allergic reactions can happen during your SOLIRIS infusion. Tell your healthcare provider or nurse right away if you get these symptoms during your SOLIRIS infusion: chest pain, trouble breathing or shortness of breath, swelling of your face, tongue, or throat, feel faint or pass out.

If you have an allergic reaction to SOLIRIS, your healthcare provider may need to infuse SOLIRIS more slowly, or stop SOLIRIS.

Your infusions should take place at a location that is convenient for you. Infusions must be given by trained healthcare professionals, usually at a healthcare provider's office, health clinic, or infusion center. For the hour following your infusion, you may be monitored for allergic reaction.

What should I do before my first infusion?

Before your first infusion, **talk to your healthcare provider**.

Let your healthcare provider know:

- If you have an infection or fever
- If you are pregnant or nursing—find out about the risks and benefits of treatment with SOLIRIS
- About the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements

SELECT IMPORTANT SAFETY INFORMATION

Who should not receive SOLIRIS?

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

Before you receive SOLIRIS, 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 SOLIRIS will harm your unborn baby or if it passes into your breast milk.

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 PNH, your healthcare provider will need to monitor you closely for at least 8 weeks after stopping SOLIRIS. Stopping treatment with SOLIRIS may cause breakdown of your red blood cells due to PNH. Symptoms or problems that can happen due to red blood cell breakdown include: drop in the number of your red blood cell count, drop in your platelet count, confusion, kidney problems, blood clots, difficulty breathing, and chest pain.

You must receive meningococcal vaccination at least 2 weeks before your first dose of SOLIRIS, unless you have already received this vaccine

Get vaccinated. SOLIRIS can lower the ability of your immune system to fight some bacterial infections. Before taking SOLIRIS, you must be vaccinated against meningococcal infection, a severe infection that can occur in the blood and that requires immediate medical attention. Your healthcare provider or nurse will make sure you receive this vaccine at least 2 weeks before your first infusion.

If your healthcare provider decides that urgent treatment with SOLIRIS is needed, you should get the meningococcal vaccine as soon as possible.

If you had a meningococcal vaccine in the past, you might need a booster dose before starting SOLIRIS. Your healthcare provider will decide if you need another dose of a meningococcal vaccine.

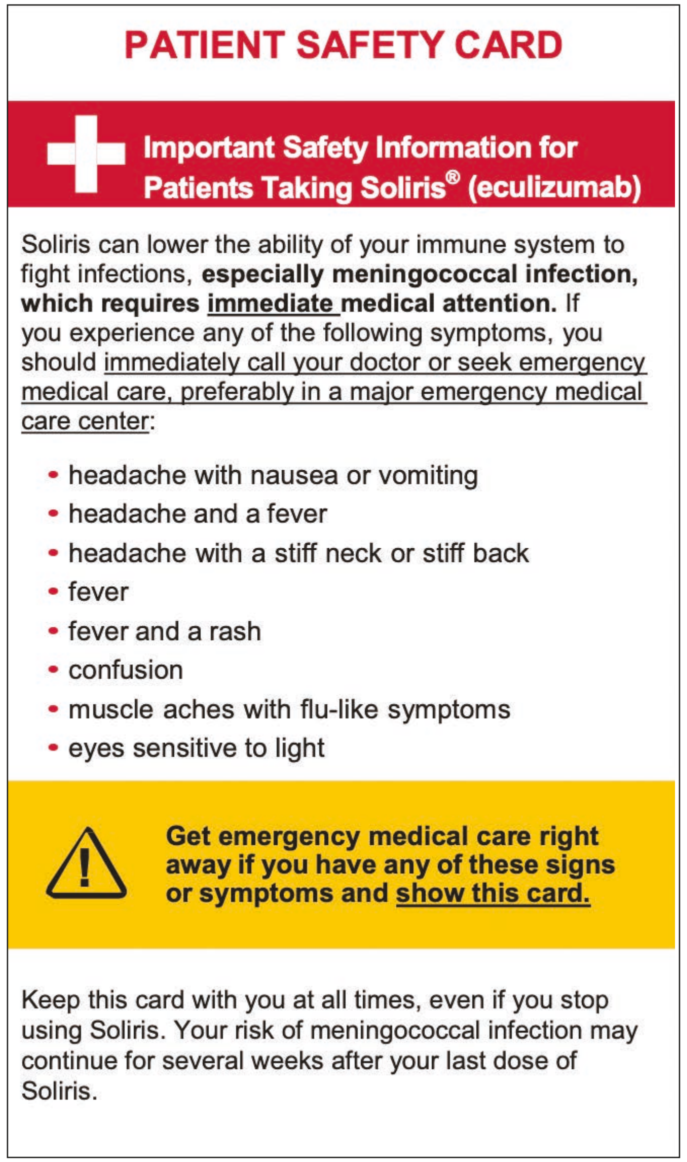
What are the symptoms of meningococcal infection?

The same mechanism that SOLIRIS uses to stop intravascular hemolysis can increase your risk of getting an infection, especially meningococcal infection. **Call your healthcare provider or get emergency medical care right away if you get any of these signs and symptoms of meningococcal infection:** headache with nausea or vomiting; headache and a fever; headache with a stiff neck or stiff back; fever; fever and a rash; confusion; muscle aches with flu-like symptoms; eyes sensitive to light.

Carry your Patient Safety Card now.
The Patient Safety Card lists the signs and symptoms of meningococcal infection and tells you what to do if you experience any of them.

Start carrying the card today, and carry it with you at all times during treatment and for 3 months after your last SOLIRIS dose, if treatment is discontinued. Your risk of meningococcal infection may continue for several weeks after your last dose of SOLIRIS.

Show this card to any healthcare professional involved in treating you for any issues, whether or not they are related to PNH.



PATIENT SAFETY CARD

Important Safety Information for Patients Taking Soliris® (eculizumab)

Soliris can lower the ability of your immune system to fight infections, **especially meningococcal infection, which requires immediate medical attention.** If you experience any of the following symptoms, you should immediately call your doctor or seek emergency medical care, preferably in a major emergency medical care center:

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

Get emergency medical care right away if you have any of these signs or symptoms and show this card.

Keep this card with you at all times, even if you stop using Soliris. Your risk of meningococcal infection may continue for several weeks after your last dose of Soliris.

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

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Resources to make your PNH experience a little easier

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

Before you can receive SOLIRIS, 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 SOLIRIS right away and you are not up to date on your vaccines
- Give you a **Patient Safety Card** about your risk of meningococcal infection

SOLIRIS may also increase the risk of other types of serious infections.

SELECT IMPORTANT SAFETY INFORMATION

What are the possible side effects of SOLIRIS?

SOLIRIS can cause serious side effects including serious infusion-related reactions. Tell your healthcare provider or nurse right away if you get any of these symptoms during your SOLIRIS infusion: chest pain, trouble breathing or shortness of breath, swelling of your face, tongue, or throat, and feel faint or pass out. If you have an infusion-related reaction to SOLIRIS, your healthcare provider may need to infuse SOLIRIS more slowly, or stop SOLIRIS.

The most common side effects in people with PNH treated with SOLIRIS include: headache, pain or swelling of your nose or throat (nasopharyngitis), back pain, and nausea.

Infusion tips

You might be feeling unsure about getting intravenous infusions, but there are ways to improve the experience:

Drink plenty of water. This will help your healthcare provider find your veins more easily	Wear comfortable, layered clothing that you can adjust in case you become overly warm or cool	Keep busy during your infusion by reading, watching TV, or doing any other activity you can do while seated and still

You may need to arrive early or stay late after your treatment, depending on the requirements of your treatment center.

To manage PNH better, learn all you can about the disease, work closely with your healthcare provider, and take SOLIRIS according to your dosing schedule.

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Additional resources

Where can I find out more?

If you have PNH, you are not alone. It is natural to think you are alone when you are diagnosed with PNH, because it is a rare disease. Communicating with others who have had similar experiences and who understand can make a difference. Here are some organizations that offer information, advice, and support.

OneSource™

Available from Alexion at no cost to people living with PNH. You'll get one-to-one support from a Support Specialist who is knowledgeable in insurance matters. OneSource can help you learn about PNH, help you identify options for access to SOLIRIS, and give ongoing support for people living with PNH and those who care for them. All you have to do is ask.
AlexionOneSource.com

PNHSource

Complete information about PNH and helpful tools to manage the disease, all in one resource.
PNHSource.com

National Organization for Rare Disorders (NORD)

A not-for-profit organization dedicated to helping people with rare disorders, such as PNH.
rarediseases.org

Aplastic Anemia & MDS International Foundation (AA&MDSIF)

A nonprofit resource for assistance, advocacy, and support for patients living with aplastic anemia (AA), myelodysplastic syndromes (MDS), and PNH.
aamds.org

Living With PNH Facebook Page

A Facebook page whose purpose is to raise awareness of PNH and build an active community of patients, caregivers, and advocates to learn together and share their experiences living with the disease.
facebook.com/PNHSource

PNH Research and Support Foundation

A volunteer-based organization that helps raise money for PNH research and offers limited financial support for PNH-related expenses to qualified applicants.
pnh.aamds.org

Alexion provides a list of resources as a courtesy and is not responsible for the content provided by those resources.

ONESOURCE®
Personalized Patient Support from Alexion

You and your physician can talk to a OneSource Support Specialist for free to learn more about your disease, resources that are available, and support regarding financial information or coverage.

Call 1-888-765-4747, email OneSource@Alexion.com, or visit AlexionOneSource.com

PNH management and SOLIRIS

If you have PNH, it means your bone marrow is creating RBCs that are at constant risk of intravascular hemolysis. Staying on an effective treatment plan and continuing to educate yourself will help you manage PNH.

Stay committed

PNH is a lifelong disease that takes steady commitment. For SOLIRIS to keep working, maintain adherence to the prescribed dosing schedule, unless your healthcare provider decides a change is necessary.

Take note

Sometimes the signs and symptoms of PNH become more intense or come and go. This can be a short-term change and does not necessarily mean SOLIRIS is not working. Note any time you experience a change in your health and tell your healthcare provider.

Keep track

Keeping track of your signs, symptoms, and lab results will show you the full story of how you are physically affected by PNH. It will also show your progress with SOLIRIS.

Connect with a local Patient Education Manager

Patient Education Managers (PEMs) are a local resource to help you learn more about your disease through community education sessions and events.

Reach out today to connect with a PEM who can provide you with additional support when starting SOLIRIS.

Find your PEM at AlexionOneSource.com/PEM-finder.

SELECT IMPORTANT SAFETY INFORMATION
What are the possible side effects of SOLIRIS? (cont'd)
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 SOLIRIS. For more information, ask your healthcare provider or pharmacist. Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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Glossary

anemia
The condition of having a lower-than-normal number of red blood cells or amount of hemoglobin. Anemia reduces the ability of the blood to carry oxygen and is sometimes found in PNH.

blood clots
Blood clots form when parts of your body's blood clump together. In a healthy body, this can stop bleeding when you're cut or injured. But in certain conditions, these clumps can block blood flow in the veins and arteries, which can be dangerous. In PNH, a clot can happen at any time and can cause serious health problems.

bone marrow
Soft tissue inside your large bones. Stem cells, contained in your bone marrow, work to create the cells in your blood: red blood cells, white blood cells, and platelets.

complement
Also known as complement cascade; in healthy individuals, a sequence of protein reactions in the blood that is part of the body's natural defense system. It helps fight against bacteria and other foreign matter in the body.

erectile dysfunction (ED)
A condition found in men that affects their ability to achieve an erection.

fatigue
Tiredness, trouble concentrating, and weakness to the point where even normal, everyday activities may become a struggle.

intravascular hemolysis
When red blood cells burst inside blood vessels.

kidney damage
Healthy kidneys clean your blood by removing excess fluid, minerals, and wastes. They also make hormones that keep your bones strong and your blood healthy. In PNH, the blood cells that burst release iron and hemoglobin into your system. As a result, blood vessels in the kidneys can get injured. This injury reduces the level at which your kidneys work.

paroxysmal nocturnal hemoglobinuria (PNH)
A disease where red blood cells are created without certain protective proteins on their surface. This causes them to burst inside blood vessels (a process called intravascular hemolysis) and can result in serious health problems. Signs and symptoms include stomach pain, chest pain, difficulty swallowing, anemia, shortness of breath, and fatigue. Life-threatening complications from PNH include blood clots, which may lead to kidney failure, and damage to your other organs.

progressive
A progressive disease is one that gets worse over time.

proteins
Proteins are the building blocks of life. The body needs protein to repair and maintain itself. In PNH, some or all red blood cells lack an important protective protein on their surface. Without this protein, PNH red blood cells are attacked by complement, part of the body's natural defense system, resulting in intravascular hemolysis.

red blood cells (RBCs)
A type of cell found in your blood that delivers oxygen and removes waste (carbon dioxide) in your body. Red blood cells affected by PNH are attacked and destroyed because they are missing a protective protein.

white blood cells
A type of cell found in your blood that helps your immune system fight disease and infection.

$0 out-of-pocket costs for eligible patients[a,b]

- The Alexion OneSource CoPay Program provides financial assistance by covering eligible patients' out-of-pocket medication and infusion costs associated with SOLIRIS up to $15,000 US dollars per calendar year
- Valid only for patients with commercial insurance who have a valid prescription for a US FDA–approved indication of SOLIRIS. Not valid for costs eligible to be reimbursed by government insurance programs[c] or other federal or state programs (including any state prescription drug assistance programs)
- Additional requirements may apply. Contact Alexion OneSource for more information on patient eligibility
- The most common side effects of SOLIRIS in people treated for PNH are upper respiratory tract infection and headache

[a] Based on typical commercial patient out-of-pocket deductible limits.

[b] Additional terms and conditions apply. Please contact OneSource with additional questions.

[c] Includes Medicaid, Medicare (including Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense, or TRICARE. Patients residing in Massachusetts, Michigan, Minnesota, and Rhode Island are eligible for assistance with medication costs but are not eligible for assistance with infusion costs.

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