### Interactive Pocket Guide to NMOSD Therapeutics†


#### Approved Therapeutics

<table>
<thead>
<tr>
<th>Feature</th>
<th>Soliris®</th>
<th>Uplizina®</th>
<th>Enspryng®</th>
<th>Rituxan®</th>
<th>Actemra®</th>
<th>Ultomiris®</th>
<th>CellCept®</th>
<th>Imuran®</th>
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</thead>
<tbody>
<tr>
<td>Medical Name</td>
<td>Eculizumab</td>
<td>Inebilizumab</td>
<td>Satralizumab</td>
<td>Rituximab</td>
<td>Tocilizumab</td>
<td>Ravulizumab</td>
<td>Mycophenolate</td>
<td>Azathioprine</td>
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<tr>
<td>Disease Target</td>
<td>Complement Protein CS</td>
<td>CD19+ B Cells</td>
<td>IL-6 Receptor</td>
<td>CD20+ B Cells</td>
<td>IL-6 Receptor</td>
<td>Complement Protein CS</td>
<td>T and B Cell IMPDH Enzyme</td>
<td>DNA &amp; RNA Synthesis</td>
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<tr>
<td>Clinical Trial Name</td>
<td>PREVENT</td>
<td>NMOmentum</td>
<td>Sakura Sky</td>
<td>RIN-1</td>
<td>TANGO</td>
<td>CHAMPION</td>
<td>MONICA</td>
<td>TANGO</td>
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<tr>
<td>Clinical Trial Efficacy</td>
<td>Yes; See Data (Mono/Poly)</td>
<td>Yes; See Data (Mono/Poly)</td>
<td>Yes; See Data (Mono/Poly)</td>
<td>Non-Trial Data (Mono/Poly)</td>
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<tr>
<td>U.S. FDA Status</td>
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<tr>
<td>Package Insert</td>
<td>Soliris®</td>
<td>Uplizina®</td>
<td>Enspryng®</td>
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<td>Actemra®</td>
<td>Ultomiris®</td>
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<td>Imuran®</td>
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<tr>
<td>Approved Indication</td>
<td>Anti-AQP4+ Age 18+ Yrs</td>
<td>Anti-AQP4+ Age 18+ Yrs</td>
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<td>Medication Guide Summary</td>
<td>Soliris®</td>
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</tbody>
</table>

### Status in < 18 Yrs
- Not Approved: Clinical Trial Used in HUS
- Not Approved: Consult Peds Neurologist
- Not Approved: Outcomes in Adolescents
- Approved for NHL, RA, GPA, MOGAD Data
- Approved for SJIA and PJJ
- Approved for HUS, PHN, MG
- > 3 months old; Consult Peds
- Avoid Use (Fetal Harm)
- Avoid Use (Fetal Malignancy)

### Status in Pregnancy
- Data Available; Consult Neuro
- Data Pending; Consult Neuro
- Data Available; Consult Neuro
- Avoid Use (Fetal Harm)
- Avoid Use (Fetal Malignancy)

### Status in Comorbidity
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist
- Efficacy Intact [see TANGO]
- Consult Neurologist

### Safety Warning
- **Label Box:** Nm Infection
- **Label Box:** IRx; Infection; Ab; PMN
- **Label Box:** IRx; Infection; Ab; PMN
- **Label Box:** Infection; Tox; Malignancy
- **Label Box:** Hepatitis B; Malignancy
- **Label Box:** TPMT Enzyme Level
- **Label Box:** Avoid Use (Fetal Harm)
- **Label Box:** Avoid Use (Fetal Malignancy)

### Maintenance Dosing
- **Uniform Dose (1,200 mg)**
- **Uniform Dose (300 mg)**
- **Uniform Dose (120 mg)**
- **Uniform Dose (~375mg/m²)**
- **Uniform Dose (8mg/kg/4wk)**
- **Uniform Dose (3g/60-100kg)**
- **Uniform Dosing up to 2 g/day**
- **Uniform Dosing (2-3 mg/kg/d)**

### Mode of Dosing
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Intravenous Infusion**
- **Oral Tablet**

### Mono or Poly Tx
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro
- ± Add On; Consult Neuro

### Induction Regimen
- Every Week First 4 Doses
- Every 2 Weeks First 2 Doses
- Every 2 Weeks First 3 Doses
- Every 2 Week Half-Doses
- Every 2 Weeks First 3 Doses
- Loading Dose for 2 Weeks
- Loading Dose
- Loading Dose; Consult Neuro

### Routine Regimen
- Every 2 Wks
- Every 24 Wks
- Every 4 wks
- Every 24 Wks
- Every Wk
- Every Wks
- Usually Daily if Oral

### PLEX Re-Dosing
- Re-Dose < 60 min Post-PLEX
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist
- Consult Neurologist

### Company Website
- Soliris® Website
- Uplizina® Website
- Enspryn® Website
- Rituxan® Website
- Actemra® Website
- Ultomiris® Website
- CellCept® Website
- Imuran® Website

### Patient Support
- OneSource® Website
- Horizon BYS® Website
- Access Solutions® Website

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*Important: content is reference information only and subject to update; it neither expresses nor implies recommendations for therapy. Consult FDA-approved label.

† Label Box Warnings & Precautions per the U.S. FDA [2022] [www.accessdata.fda.gov/scripts/cder/daf/index.cfm]; see FDA label/package insert for specific therapies.

‡ U.S. CDC Advisory Committee on Immunization in Persons with Altered Immune Competence (ACIP) [2022] [access 7-1-22 via website: www.cdc.gov/vaccines/acip/].