We invite you to learn more about why OCREVUS might be the right choice for treating your relapsing MS.

This guide is for people with relapsing MS

What is OCREVUS?
OCREVUS is a prescription medication used to treat adults with relapsing forms of multiple sclerosis. It is not known if OCREVUS is safe or effective in children.

Who should not receive OCREVUS?
Do not receive OCREVUS if you have an active hepatitis B virus (HBV) infection.
Do not receive OCREVUS if you have had a life threatening allergic reaction to OCREVUS. Tell your healthcare provider if you have had an allergic reaction to OCREVUS or any of its ingredients in the past.

Important Safety Information
What is the most important information I should know about OCREVUS?
OCREVUS can cause serious side effects, including:
• Infusion-related reactions: OCREVUS can cause infusion-related reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion-related reaction.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Tell MS your plans have changed

OCREVUS is the first and only treatment proven to work for both relapsing MS and primary progressive MS (PPMS).

Important Safety Information for OCREVUS
What is the most important information I should know about OCREVUS?
OCREVUS can cause serious side effects, including:
• Infection:
  OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Proven in relapsing MS

Proven reductions in relapses

Proven to slow disability progression

Proven to impact brain lesions

Safety information from clinical studies

Given every 6 months*

Get personal support with OCREVUS CONNECTSTM

Have fewer maybes with OCREVUS

*First dose of OCREVUS is split—given as 2 separate infusions 2 weeks apart.

Important Safety Information for OCREVUS

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

OCREVUS can cause serious side effects, including:

• Infection:
  OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Thanks for considering our invitation.

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Please see Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
OCREVUS was proven in 2 large, identical clinical studies against REBIF®*

People included in the studies

A total of 1656 people
(827 received OCREVUS, 829 received REBIF)

18-55 years of age

The average time since diagnosis was about 4 years

People who had experienced ≥2 relapses in last 2 years, or ≥1 relapse in last year

Those who had T1 gadolinium-enhancing (Gd+) lesions and/or T2 hyperintense lesions

Why is this important?

Studied in a large number of people with relapsing MS

Studied in a range of people with MS

Studied in people who had active disease

*REBIF® is a registered trademark of EMD Serono, Inc.

Important Safety Information for OCREVUS

Tell your healthcare provider if you:
• have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
• have ever had hepatitis B or are a carrier of the hepatitis B virus.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
OCREVUS was studied against a currently approved treatment for relapsing MS
OCREVUS was compared to REBIF, an active treatment currently approved for relapsing MS, not a placebo. A placebo is a substance or treatment that has no active medicine.

So what does this mean for you in relapsing MS?
The 46% and 47% reductions in relapses seen with OCREVUS mean that relapses were nearly cut in half compared with REBIF, rather than a placebo.

*REBIF® is a registered trademark of EMD Serono, Inc.

**Important Safety Information for OCREVUS**
Tell your healthcare provider if you:
• have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
• have ever had hepatitis B or are a carrier of the hepatitis B virus.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
OCREVUS cut relapses nearly in half compared with REBIF*, in 2 clinical studies across 2 years

More people taking OCREVUS had no relapses compared with REBIF in 2 clinical studies across 2 years

**Important Safety Information for OCREVUS**
- **Progressive Multifocal Leukoencephalopathy (PML):** Although no cases have been seen with OCREVUS treatment in clinical trials, PML may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability. Tell your healthcare provider right away if you have any new or worsening neurologic signs or symptoms. These may include problems with thinking, balance, eyesight, weakness on 1 side of your body, strength, or using your arms or legs.

*REBIF® is a registered trademark of EMD Serono, Inc.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
OCREVUS was better at slowing disability progression compared with REBIF® across 2 years

**PEOPLE TAKING OCREVUS WERE 40% LESS LIKELY TO HAVE DISABILITY PROGRESSION THAN THOSE TAKING REBIF†‡**

- 9.8% of people taking OCREVUS had disability progression compared with 15.2% of those taking REBIF†

OCREVUS also demonstrated an impact on disability improvement

33% more people taking OCREVUS had confirmed disability improvement in the combined results from 2 large studies, compared with those taking REBIF.§

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**Important Safety Information for OCREVUS**

- **Hepatitis B virus (HBV) reactivation**: Before starting treatment with OCREVUS, your healthcare provider will do blood tests to check for hepatitis B viral infection. If you have ever had hepatitis B virus infection, the hepatitis B virus may become active again during or after treatment with OCREVUS. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. Your healthcare provider will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop receiving OCREVUS.

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*REBIF® is a registered trademark of EMD Serono, Inc.
†Disability progression was measured using a tool called the Expanded Disability Status Scale (EDSS). Disability progression was confirmed 3 months after the initial neurological change.
‡Disability progression was also confirmed after 6 months.
§Disability improvement was also measured using the EDSS and was confirmed after 3 months.
OCREVUS was consistently proven superior at reducing T1 lesions* compared with REBIF†‡ across 2 clinical studies

The average number of T1 Gd+ lesions per MRI was lower for OCREVUS:

- **Study 1:** 0.016 lesions with OCREVUS compared with 0.286 lesions with REBIF
- **Study 2:** 0.021 lesions with OCREVUS compared with 0.416 lesions with REBIF

*The exact way OCREVUS works is not fully known.

Important Safety Information for OCREVUS

- **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

Tell your healthcare provider if you:

- have had a recent vaccination or are scheduled to receive any vaccinations. You should receive any required vaccines at least 6 weeks before you start treatment with OCREVUS. You should not receive certain vaccines (called ‘live’ or ‘live attenuated’ vaccines) while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Have fewer maybes—
Proven to significantly impact brain lesions on MRIs (cont’d)

OCREVUS had a consistently superior effect on T2 lesions* compared with REBIF®† in the same studies

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Superior effect on T2 hyperintense lesions

IN STUDY 1 | IN STUDY 2

77% | 83%

FEWER T2 LESIONS COMPARED WITH REBIF

The average number of new or enlarging T2 lesions per MRI was lower for OCREVUS:

• **Study 1:** 0.323 lesions with OCREVUS compared with 1.413 lesions with REBIF
• **Study 2:** 0.325 lesions with OCREVUS compared with 1.904 lesions with REBIF

Lesions in MS

• T1 Gd+ lesions are thought to be a sign of active inflammation
• T2 hyperintense lesions may reflect new inflammation or older, chronic lesions (which are a sign of scarring from previous MS activity)

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*T2 hyperintense lesions.
†REBIF® is a registered trademark of EMD Serono, Inc.

**Important Safety Information for OCREVUS**

• **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

**Tell your healthcare provider if you:**

• have had a recent vaccination or are scheduled to receive any vaccinations. **You should receive any required vaccines at least 6 weeks before you start treatment with OCREVUS.** You should not receive certain vaccines (called ‘live’ or ‘live attenuated’ vaccines) while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Additional data in the OCREVUS clinical studies

Another outcome called NEDA was measured in the OCREVUS studies

What is No Evidence of Disease Activity (NEDA)?

- No relapses
- No disability progression
- No T1 Gd+ or new T2 lesions

The results listed below for NEDA in the OCREVUS clinical studies did not achieve statistical significance. This means that the studies did not prove whether the results for NEDA were due to treatment with OCREVUS, or happened by chance. Therefore, no definite conclusions about NEDA can be arrived at from these results.

In 2 clinical studies over 2 years

- **Study 1:** 48% of people taking OCREVUS had no evidence of disease activity compared with 29% with REBIF**
- **Study 2:** 48% of people taking OCREVUS had no evidence of disease activity compared with 25% with REBIF

*REBIF® is a registered trademark of EMD Serono, Inc.

**Important Safety Information for OCREVUS**

Tell your healthcare provider if you:

- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last infusion of OCREVUS.
- are breastfeeding or plan to breastfeed. It is not known if OCREVUS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take OCREVUS.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
OCREVUS is given every 6 months

Treatment is given every 6 months as an IV infusion

- Your first dose of OCREVUS will be given as 2 separate infusions 2 weeks apart. These will last about 2.5 hours each*
- Every dose after your first will be given as 1 single infusion 6 months apart, lasting about 3.5 hours*
- Before each infusion of OCREVUS you will receive corticosteroids and an antihistamine to help reduce infusion-related reactions (IRRs)
- OCREVUS should be given under the close supervision of an experienced healthcare provider with access to appropriate medical support to manage severe reactions such as serious IRRs

*The length of infusion could be longer if an IRR occurs.

Important Safety Information for OCREVUS

Tell your healthcare provider if you:

- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
**OCREVUS is given every 6 months (cont’d)**

**Dosing for relapsing MS treatments**

This is not a complete list of all the available treatments for MS. For more information, talk to your healthcare provider.

**MS treatment option and frequency of treatment**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Frequency/Frequency of Treatment</th>
<th>First year total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OCREVUS</strong> (ocrelizumab)</td>
<td>First dose is split and given as 2 separate IV infusions; every dose after is once every 6 months</td>
<td>3 x</td>
</tr>
<tr>
<td><strong>Tysabri®</strong> (natalizumab)</td>
<td>1 infusion every 4 weeks</td>
<td>13 x</td>
</tr>
<tr>
<td><strong>Aubagio®</strong> (teriflunomide)</td>
<td>1 pill, once a day</td>
<td>365 x</td>
</tr>
<tr>
<td><strong>Tecfidera®</strong> (dimethyl fumarate)</td>
<td>1 pill, twice a day</td>
<td>730 x</td>
</tr>
<tr>
<td><strong>Gilenya®</strong> (fingolimod)</td>
<td>1 pill, once a day</td>
<td>365 x</td>
</tr>
<tr>
<td><strong>Copaxone®</strong> (glatiramer acetate injection)</td>
<td>Every day or 3 times per week, depending on dose</td>
<td>365 or 156 x</td>
</tr>
<tr>
<td><strong>REBIF®</strong> (interferon beta-1a)</td>
<td>3 injections per week</td>
<td>156 x</td>
</tr>
<tr>
<td><strong>Avonex®</strong> (interferon beta-1a)</td>
<td>1 injection per week</td>
<td>52 x</td>
</tr>
</tbody>
</table>

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**Important Safety Information for OCREVUS**

Tell your healthcare provider if you:

- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Getting started with OCREVUS

What to expect during the infusion

With OCREVUS, your doctor or nurse will walk you through the process and answer any questions you may have.

The location where you’ll receive your infusion will be determined—it may be at your doctor’s office or an infusion center.

You can use the following information to help get ready for your infusion.

**PREPARING FOR YOUR INFUSION**

1. Keep a list of your medications handy.
2. Bring items you enjoy to help keep you occupied, like a laptop/tablet, games, or books.
3. Wear comfortable, loose-fitting clothing.
4. Make a list of questions for your healthcare team.
5. Before you leave, be sure to schedule your next infusion appointment.

**Important Safety Information for OCREVUS**

OCREVUS can cause serious side effects, including:

- **Infusion-related reactions:** OCREVUS can cause infusion-related reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion-related reaction.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Getting started with OCREVUS (cont’d)

There are a few steps to the infusion process

**STEP 1**
Before each infusion of OCREVUS, you will be
• Checked for an active infection
• Given medication to help reduce infusion-related reactions (IRRs)
  o Corticosteroids around 30 minutes prior to your infusion
  o An antihistamine approximately 30-60 minutes prior to your infusion

**STEP 2**
You’ll receive OCREVUS as an IV infusion. To get started on OCREVUS, your first dose will be given as 2 separate IV infusions 2 weeks apart. Each infusion will last about 2.5 hours.*

**STEP 3**
Everyone who receives OCREVUS will be asked to stay at the infusion center for at least an hour following treatment. This is so the healthcare team can be with you to make sure you’re doing well and aren’t experiencing side effects.

Once you’re done with your first dose, which is given as 2 separate infusions, your next visit won’t be for another 6 months.

*The length of infusion could be longer if an IRR occurs.

**Important Safety Information for OCREVUS**

OCREVUS can cause serious side effects, including:
• **Infusion-related reactions**: OCREVUS can cause infusion-related reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion-related reaction.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Safety considerations for OCREVUS

Infusion-related reactions (IRRs) are a common side effect with OCREVUS

- In clinical studies all people received premedications for IRRs before treatment with OCREVUS. In these studies the rate of IRRs was 34-40%.

**When to look out for IRRs**

IRRs can occur within 24 hours of receiving an infusion with OCREVUS.

**Symptoms of IRRs**

Tell your healthcare provider or nurse if you get any of these symptoms:

- itchy skin
- rash
- hives
- tiredness
- coughing or wheezing
- trouble breathing
- throat irritation or pain
- feeling faint
- fever
- redness on your face (flushing)
- nausea
- headache
- swelling of the throat
- dizziness
- shortness of breath
- fatigue
- fast heart beat

OCREVUS could cause serious side effects. Please see additional safety information on pages 21-23.
Safety considerations for OCREVUS (cont’d)

• In clinical studies, these reactions were highest at the first dose

**IRR at time of infusion**

• IRRs were most common during and within an hour after the infusion
• Most IRRs were mild to moderate, and treatable with infusion adjustments and medicines to help with the reactions
• OCREVUS can cause IRRs that can be serious and require you to be hospitalized

**Ongoing safety experience with OCREVUS**

People who participated in a long-term OCREVUS study had side effects similar to those seen in the original clinical studies, including IRRs and infections.

• Most IRRs were mild to moderate and consistent with what people experienced in the original OCREVUS clinical studies

*The first dose of OCREVUS is split—given as 2 separate infusions 2 weeks apart. All following doses are given as 1 single infusion every 6 months.*

Please see additional safety information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Additional safety considerations for OCREVUS

What to know about infections

• Infections are one of the most common side effects with OCREVUS

• Tell your healthcare provider if you have an infection or have any of the following signs of infection, including fever, chills, a cough that does not go away, or signs of herpes. These signs can happen during treatment or after you have received your last dose of OCREVUS

• OCREVUS increases your risk of getting certain infections, such as upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections

• OCREVUS was not associated with an increased risk of serious infections

• Although no cases have been seen with OCREVUS treatment in clinical studies, Progressive Multifocal Leukoencephalopathy (PML) may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability

Hepatitis B screening before starting OCREVUS

• There were no reports of hepatitis B becoming active again (reactivation) in people treated with OCREVUS in MS clinical studies; however, if you have ever had hepatitis B virus infection, the hepatitis B virus may become active again during or after treatment with OCREVUS

• Hepatitis B screening should occur before you receive OCREVUS. Do not take OCREVUS if you have an active HBV infection

Cancer screening and your healthcare routine

• An increased risk of malignancy may exist

• In 3 studies with OCREVUS, 6 out of 781 women treated with OCREVUS developed breast cancer (2 people with relapsing MS and 4 people with PPMS) vs none in the comparators (REBIF®* in the relapsing MS studies and placebo in the PPMS study)

• Further safety assessments are ongoing. Talk with your healthcare provider about your risk of cancer. Follow your healthcare provider’s instructions about standard screening guidelines for breast cancer

*REBIF® is a registered trademark of EMD Serono, Inc.

Please see additional safety information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
How OCREVUS may work

In the body

- The central nervous system (the brain and spinal cord) carries signals to and from the rest of the body via nerve cells. These signals allow us to move, see, and sense things.
- The immune system uses many types of cells, including B cells and T cells, to help the body fight infections caused by viruses or bacteria.

MS is thought to affect both the central nervous system and the immune system

- The immune system behaves abnormally in MS. Instead of fighting infections, some B cells and T cells are misdirected to attack myelin (the fatty sheath that protects nerves and helps maintain the signals carried by the nerves).

Until recently, scientists have focused on T cells as a primary target in treating MS. But many scientists now agree that both B cells and T cells play important roles.

OCREVUS is thought to work differently than other MS therapies

- OCREVUS was designed to target certain types of B cells.
- The exact way OCREVUS works is not fully known.

Important Safety Information for OCREVUS

What are the possible side effects of OCREVUS?

OCREVUS may cause serious side effects, including:

- Risk of cancers (malignancies) including breast cancer. Follow your healthcare provider’s instructions about standard screening guidelines for breast cancer.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
What is the difference between relapsing MS and primary progressive multiple sclerosis (PPMS)?

**Relapsing MS** is the most common form of the disease and is associated with clearly defined flare-ups of new or increasing neurologic symptoms. These flare-ups are called relapses.

**PPMS** is a more rare form of MS identified by worsening neurologic function as soon as symptoms appear, without early relapses or remissions.

Did you know?

Relapsing MS does not change into PPMS.

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**Important Safety Information for OCREVUS**

*What is the most important information I should know about OCREVUS?*

**OCREVUS can cause serious side effects, including:**

- **Infection:**
  OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Important Safety Information

What is OCREVUS?

OCREVUS is a prescription medicine used to treat adults with relapsing forms of multiple sclerosis. It is not known if OCREVUS is safe or effective in children.

Who should not receive OCREVUS?

Do not receive OCREVUS if you have an active hepatitis B virus (HBV) infection.

Do not receive OCREVUS if you have had a life threatening allergic reaction to OCREVUS. Tell your healthcare provider if you have had an allergic reaction to OCREVUS or any of its ingredients in the past.

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

OCREVUS can cause serious side effects, including:

• Infusion-related reactions: OCREVUS can cause infusion-related reactions that can be serious and require you to be hospitalized. You will be monitored during your infusion and for at least 1 hour after each infusion of OCREVUS for signs and symptoms of an infusion-related reaction. Tell your healthcare provider or nurse if you get any of these symptoms:
  - Itchy skin
  - Rash
  - Hives
  - Tiredness
  - Coughing or wheezing
  - Trouble breathing
  - Throat irritation or pain
  - Feeling faint
  - Fever
  - Redness on your face (flushing)
  - Nausea
  - Headache
  - Swelling of the throat
  - Dizziness
  - Shortness of breath
  - Fatigue
  - Fast heart beat

These infusion-related reactions can happen for up to 24 hours after your infusion. It is important that you call your healthcare provider right away if you get any of the signs or symptoms listed above after each infusion.

If you get infusion-related reactions, your healthcare provider may need to stop or slow down the rate of your infusion.

• Infection:
  - OCREVUS increases your risk of getting upper respiratory tract infections, lower respiratory tract infections, skin infections, and herpes infections. Tell your healthcare provider if you have an infection or have any of the following signs of infection including fever, chills, a cough that does not go away, or signs of herpes (such as cold sores, shingles, or genital sores). These

For additional safety information, please see accompanying full Prescribing Information and Medication Guide.
Important Safety Information (cont’d)

signs can happen during treatment or after you have received your last dose of OCREVUS. If you have an active infection, your healthcare provider should delay your treatment with OCREVUS until your infection is gone.

- **Progressive Multifocal Leukoencephalopathy (PML):** Although no cases have been seen with OCREVUS treatment in clinical trials, PML may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability. Tell your healthcare provider right away if you have any new or worsening neurologic signs or symptoms. These may include problems with thinking, balance, eyesight, weakness on 1 side of your body, strength, or using your arms or legs.

- **Hepatitis B virus (HBV) reactivation:** Before starting treatment with OCREVUS, your healthcare provider will do blood tests to check for hepatitis B viral infection. If you have ever had hepatitis B virus infection, the hepatitis B virus may become active again during or after treatment with OCREVUS. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. Your healthcare provider will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop receiving OCREVUS.

- **Weakened immune system:** OCREVUS taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

**Before receiving OCREVUS, tell your healthcare provider about all of your medical conditions, including if you:**

- have ever taken, take, or plan to take medicines that affect your immune system, or other treatments for MS.
- have ever had hepatitis B or are a carrier of the hepatitis B virus.
- have had a recent vaccination or are scheduled to receive any vaccinations. You should receive any required vaccines at least 6 weeks before you start treatment with OCREVUS. You should not receive certain vaccines (called ‘live’ or ‘live attenuated’ vaccines) while you are being treated with OCREVUS and until your healthcare provider tells you that your immune system is no longer weakened.
- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if OCREVUS will harm your unborn baby. You should use birth control (contraception) during treatment with OCREVUS and for 6 months after your last infusion of OCREVUS.
- are breastfeeding or plan to breastfeed. It is not known if OCREVUS passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take OCREVUS.

For additional safety information, please see accompanying full Prescribing Information and Medication Guide.
What are the possible side effects of OCREVUS?

OCREVUS may cause serious side effects, including:
- Risk of cancers (malignancies) including breast cancer. Follow your healthcare provider’s instructions about standard screening guidelines for breast cancer.

Most common side effects include infusion-related reactions and infections.

These are not all the possible side effects of OCREVUS.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

For more information, go to www.OCREVUS.com or call 1-844-627-3887.
OCREVUS CONNECTS™ is a resource center dedicated to answering your questions related to OCREVUS and MS

When you dial the toll-free number 1-844-OCREVUS (627-3887), you’ll speak directly with someone who will connect you with the service that will best meet your need.

Support is available Monday-Friday, 9AM-8PM ET.

The goal of OCREVUS CONNECTS™ is to answer your questions quickly and efficiently; but remember, you should talk to your healthcare provider if you have any questions about your treatment.

The support services we offer:

- **Patient Navigator**
  (your personal guide throughout your treatment with OCREVUS)

- **Answers to questions**
  about OCREVUS and MS

- **Additional resources**
  (including live programs)

*If you have enrolled in the program.

Please see Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Support along your journey

Genentech is committed to supporting you with your OCREVUS treatment, and our Patient Navigators can provide support designed for you.

Who is your Patient Navigator?

Once you have been prescribed OCREVUS, you can enroll in a program where you will be teamed up with your own personal Patient Navigator.

This person will work with you and your healthcare team throughout your entire journey with OCREVUS.

What does your Patient Navigator do?

Before your infusion

- Works with you and your healthcare provider to find an infusion site
- Reviews the infusion process with you from start to finish, including an infusion checklist
- Explains how your insurance can cover your treatment with OCREVUS
- Helps you find assistance options, if you are eligible
- Helps you enroll and navigate the OCREVUS Co-pay Program, if you are eligible

After your infusion

- Is available to answer questions about OCREVUS
- Reaches out when it’s time to prepare for your next infusion

Feel supported along your journey. Reach out to your Patient Navigator at 1-844-OCREVUS (627-3887).

Please see Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Knowing what to expect can make all the difference

Your Patient Navigator can take you through the process of getting treatment with OCREVUS and assist you along the way.

Committed to helping you find assistance options

We understand your medicine can be costly. Your Patient Navigator can help you find assistance options to help you pay for OCREVUS.

There are options if you have:

- A commercial insurance plan (such as one you get through your employer or through a Health Insurance Marketplace like HealthCare.gov)
- A public insurance plan (such as Medicare or Medicaid)
- No insurance

If you are eligible, the options to help you pay for OCREVUS include:

- The OCREVUS Co-pay Program
- Referrals to independent co-pay assistance foundations
- Referrals to the Genentech® Access to Care Foundation (GATCF)

To learn more about how your Patient Navigator can help, call 1-844-OCREVUS (627-3887).

Please see Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.
Important Safety Information for OCREVUS

• Progressive Multifocal Leukoencephalopathy (PML): Although no cases have been seen with OCREVUS treatment in clinical trials, PML may happen with OCREVUS. PML is a rare brain infection that usually leads to death or severe disability. Tell your healthcare provider right away if you have any new or worsening neurologic signs or symptoms. These may include problems with thinking, balance, eyesight, weakness on 1 side of your body, strength, or using your arms or legs.

Please see additional Important Safety Information on pages 21-23 and accompanying full Prescribing Information and Medication Guide.