Soliris® (eculizumab) Initiation Guide

Soliris is FDA-approved to treat adult patients with:

- Anti-acetylcholine receptor (AChR) antibody-positive generalized myasthenia gravis (gMG)
- Anti-aquaporin-4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder (NMOSD)

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 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

Enroll in REMS[1]

Due to the risk of meningococcal infections, prescribers must enroll in our Risk Evaluation and Mitigation Strategy (REMS) program to obtain Soliris® (eculizumab). Call Customer Operations at 1-888-SOLIRIS **(1-888-765-4747)** or visit SolirisREMS.com to learn more and enroll.

You must be specifically certified to prescribe Soliris. Certification consists of review of REMS educational materials and enrollment in the Soliris REMS.

Step 1

Review the Soliris REMS HCP educational materials

- Prescribing Information
- Prescriber Safety Brochure
- Patient Safety Brochure
- Soliris Patient Safety Card

Step 2

Enroll in the Soliris REMS program

Complete the Soliris REMS Prescriber Enrollment online OR print and sign the Prescriber Enrollment Form.

- Mail the form to Soliris REMS, Alexion Pharmaceuticals, 121 Seaport Boulevard, Boston, MA 02210
- Fax the form to Soliris REMS at 1-877-580-ALXN **(1-877-580-2596)**
- Scan and email the form to rems@alexion.com

Visit SolirisREMS.com for more information.

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

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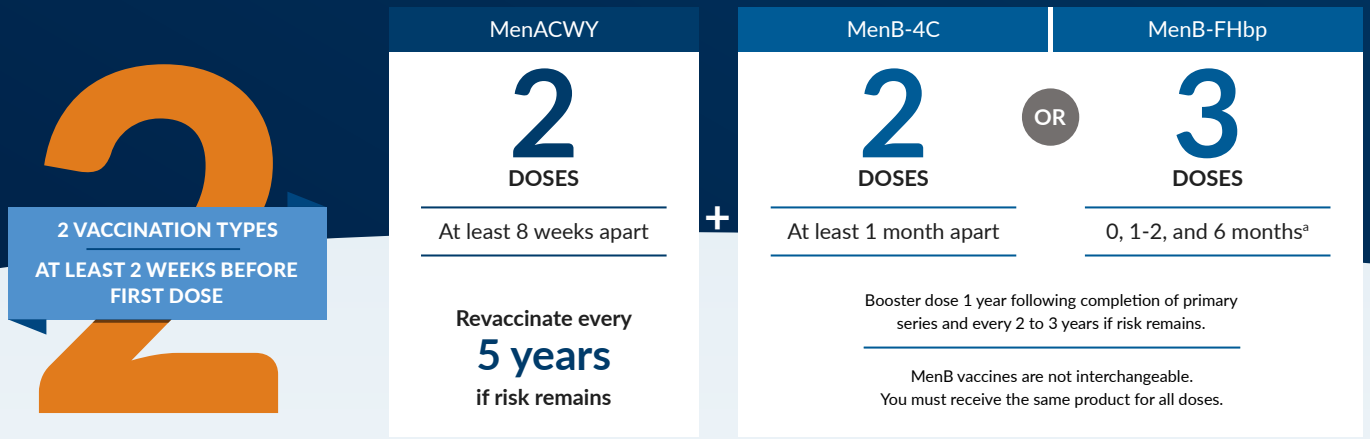
Meningococcal vaccinations

Immunize patients with both types of meningococcal vaccines at least 2 weeks before starting treatment with Soliris® (eculizumab)[1]

The 2020 Advisory Committee on Immunization Practices (ACIP) recommends the following meningococcal vaccination regimens for patients with persistent complement component deficiency or in patients receiving complement inhibitors, including patients receiving Soliris.[2]



[a] For MenB-FHbp, if dose 2 was administered at least 6 months after dose 1, dose 3 is not needed.

Vaccinations are necessary before treatment with Soliris[1]

- The use of Soliris increases a patient's susceptibility to life-threatening and fatal meningococcal infections (septicemia and/or meningitis), which have occurred in patients treated with Soliris
- Comply with the most current ACIP recommendations for meningococcal vaccination in patients with complement deficiencies and patients receiving a complement inhibitor
- Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of Soliris, unless the risks of delaying therapy outweigh the risk of developing a meningococcal infection
- If urgent Soliris therapy is indicated in an unvaccinated patient, initiate the vaccine regimen as soon as possible and provide 2 weeks of antibacterial drug prophylaxis

Please refer to the most up-to-date ACIP recommendations for the most current and complete information for meningococcal vaccination in persons with persistent complement component deficiencies and patients treated with complement inhibitors, such as Soliris.

Please see 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

Monitoring patients[1]

Monitor patients receiving Soliris® (eculizumab) for early signs and symptoms of meningococcal infections

Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Advise patients to seek immediate medical attention if these signs or symptoms occur. Meningococcal infections may become rapidly life-threatening if not recognized and treated early.

Signs and symptoms of meningococcal infections include:

- Headache with nausea or vomiting
- Headache and fever
- Headache with a stiff neck or back
- Fever with or without a rash
- Confusion
- Muscle aches with flu-like symptoms
- Eyes sensitive to light

Evaluate patients immediately if an infection is suspected.

Discontinue Soliris in patients who are undergoing treatment for serious meningococcal infections.

See additional information on monitoring patients for infusion reactions on page 9.

SELECT IMPORTANT SAFETY INFORMATION

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).
(continued on next page)

Please see 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

Soliris® (eculizumab) recommended dosage regimen[1]

For adult patients with anti-AChR antibody-positive gMG or anti-AQP4 antibody-positive NMOSD (≥18 years of age), Soliris treatment begins with an induction phase and is followed by a maintenance phase

INDUCTION PHASE		MAINTENANCE PHASE
900 mg given as IV infusion once weekly for 4 weeks	1200 mg given as IV infusion once at week 5	1200 mg given as IV infusion every 2 weeks thereafter

Administer Soliris at the recommended dosage regimen time points, or within 2 days of these time points. Ensure patients understand that they should adhere to the recommended dosing regimen consistently unless otherwise advised by you.

Supplemental dosing[1]

Supplemental dosing of Soliris is required in patients receiving concomitant plasmapheresis, plasma exchange, or fresh frozen plasma infusion.

SUPPLEMENTAL DOSING OF SOLIRIS IN PATIENTS RECEIVING PLASMAPHERESIS, PLASMA EXCHANGE, OR FRESH FROZEN PLASMA INFUSION

Type of plasma intervention	Most recent Soliris dose	Supplemental Soliris dose with each plasma intervention	Timing of supplemental Soliris dose
Plasmapheresis or plasma exchange	300 mg	300 mg per each plasmapheresis or plasma exchange session	Within 60 minutes after each plasmapheresis or plasma exchange session
	≥600 mg	600 mg per each plasmapheresis or plasma exchange session	
Fresh frozen plasma	≥300 mg	300 mg per infusion of fresh frozen plasma	60 minutes prior to each infusion of fresh frozen plasma

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Serious Meningococcal Infections
Risk and Prevention (continued)

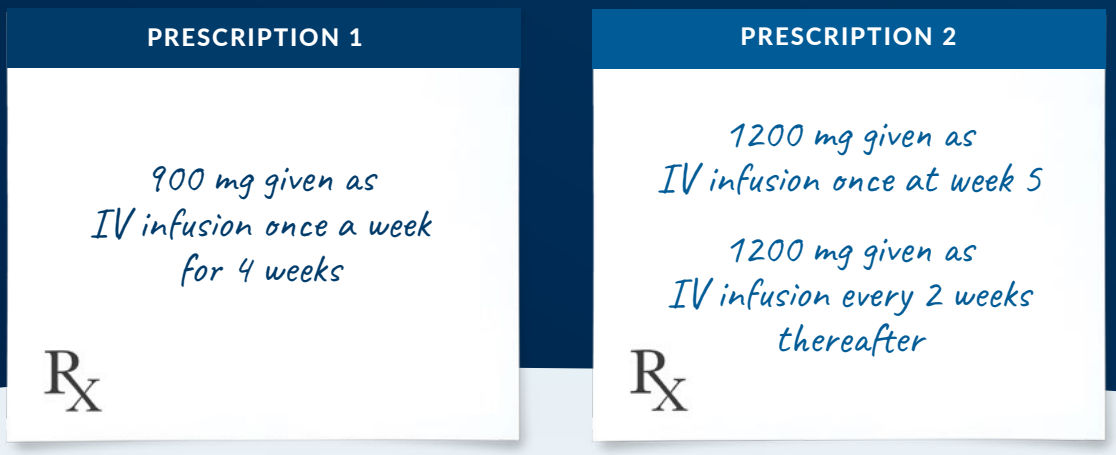
Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Soliris. If Soliris must be initiated 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.

Please see 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

How to write a prescription for Soliris® (eculizumab)

Treatment begins with 900 mg infusions once a week for 4 weeks, followed by 1200 mg infusions once at week 5 and every 2 weeks thereafter.[1]



Administer Soliris at the recommended dosage regimen time points or within 2 days of these time points.[1]

Treatment sites

Soliris is a treatment that is given by intravenous (IV) infusion.[1] Depending on the patient's insurance and location, infusions can be administered at:

- A doctor's office
- An infusion center
- A patient's home

A OneSource Case Manager can assist your patients with locating an infusion center.

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

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).

Please see 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

Ordering and storing Soliris® (eculizumab)

Place your order with an authorized specialty distributor, OR send your completed prescription to the payer-designated specialty pharmacy

An Alexion Customer Operations Representative will work with either party to facilitate order processing and delivery.

Storage and handling[1]

- Store Soliris vials in the original carton to protect from light until time of use, refrigerated at 2°C to 8°C (36°F to 46°F)
- Soliris vials may be stored in the original carton at a controlled room temperature (not more than 25°C [77°F]) for only a single period up to 3 days. Do not use beyond the expiration date stamped on the carton
- Refer to the Prescribing Information (section 2 Dosage and Administration) for information on the stability and storage of diluted solutions of Soliris
- **DO NOT FREEZE; DO NOT SHAKE**

Ordering Soliris:

NDC 25682-001-01 SINGLE-UNIT, 300 mg/30 mL (10 mg/mL) SINGLE-DOSE VIAL PER CARTON

SELECT IMPORTANT SAFETY INFORMATION

Warnings and Precautions

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 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

Preparing and administering Soliris® (eculizumab)

It is important to carefully adhere to the following preparation and administration instructions for Soliris[1]

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 meningococcal infections.

Step 1

Inspect the vial[1]

Soliris is supplied in 300 mg, single-dose vials containing 30 mL (10 mg/mL) of sterile, preservative-free solution. Prior to administration, inspect Soliris vials for particulate matter and discoloration. Soliris should be clear and colorless.

Step 2

Dilute the solution[1]

Prior to administration, dilute Soliris to a final concentration of 5 mg/mL. Choose one of the following diluents:

- 0.9% sodium chloride injection, USP
- 0.45% sodium chloride injection, USP
- 5% dextrose in water injection, USP
- Ringer's injection, USP

a. Withdraw the required amount of Soliris from the vial into a sterile syringe and transfer the recommended dose to an infusion bag.

b. Dilute Soliris to a final concentration of 5 mg/mL by adding the appropriate amount of diluent, using the table below as a guideline. The volume of diluent should be equal to the drug volume.

Soliris dose	Diluent volume	Final volume
300 mg	30 mL	60 mL
600 mg	60 mL	120 mL
900 mg	90 mL	180 mL
1200 mg	120 mL	240 mL

Continue to the next page for additional instructions →

SELECT IMPORTANT SAFETY INFORMATION

Infusion Reactions

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

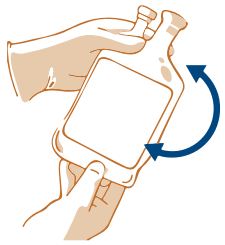
Please see Important Safety Information throughout and accompanying full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infections.

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

Step 3

Invert the infusion bag[1]

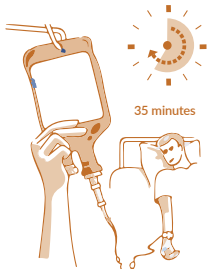
- Gently invert the infusion bag containing the diluted Soliris® (eculizumab) solution to ensure thorough mixing of the product and the diluent. Discard any unused portion left in a vial, as the product contains no preservatives
- Allow the admixture to adjust to room temperature prior to administration (18°C to 25°C or 64°F to 77°F); it must not be heated in a microwave or with any heat source other than ambient air temperature
- Inspect visually for particulate matter and discoloration prior to administration
- The admixed solution of Soliris is stable for 24 hours at 2°C to 8°C (36°F to 46°F) and at room temperature



Step 4

Administer the IV infusion[1]

- **Soliris should only be administered by IV infusion.** Administer over 35 minutes via gravity feed, a syringe-type pump, or an infusion pump. **Do not administer as an IV push or bolus injection**



Monitoring for adverse reactions during and after Soliris administration

If an adverse reaction occurs during administration of Soliris[1]:

- The infusion may be slowed or stopped at the discretion of the physician
  - If the infusion is slowed, the total infusion time should not exceed 2 hours
- Monitor the patient during the infusion and for at least 1 hour following completion for signs or symptoms of an infusion reaction. These can include anaphylaxis or other hypersensitivity reactions
- Interrupt Soliris infusion and institute appropriate supportive measures if signs of cardiovascular instability or respiratory compromise occur

SELECT IMPORTANT SAFETY INFORMATION

Adverse Reactions

The most frequently reported adverse reaction in gMG placebo-controlled clinical trial (≥10%) is: musculoskeletal pain.

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.

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

Begin with OneSource™

ONESOURCE®
Personalized Patient Support from Alexion

Connect patients to OneSource for ongoing support

OneSource is a complimentary, personalized patient support program offered by Alexion available for eligible enrolled adult patients with anti-AChR antibody-positive gMG and adult patients with anti-AQP4 antibody-positive NMOSD. OneSource Case Managers have advanced training in rare conditions, health insurance expertise, and information about community resources. OneSource offers assistance with:

Health insurance navigation

- Helping patients understand their health insurance coverage for Soliris® (eculizumab)
- Providing information on external funding resources for out-of-pocket costs and exploring alternative options for gaps in coverage and funding issues or concerns
- Supporting patients in locating infusion sites or home infusion options based on patient preference, plan of care, and health plan requirements

Education

- Providing patients with educational and supporting materials, such as brochures and website resources
- Safety education regarding Soliris

Ongoing support

- Providing personalized support during major life events, such as a change in insurance status, travel, or relocation
- Exploring alternative infusion locations while patients travel, based on patient/provider preference and health plan requirements

Community connections

- Providing information about in-person and online meetings and events
- Connecting patients with rare disease communities and advocacy groups

Contact OneSource at 1-888-765-4747 or via email at OneSource@Alexion.com.

Please see 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

Alexion OneSource™ CoPay Program

The Alexion OneSource CoPay Program helps patients pay for eligible out-of-pocket medication and infusion costs. For more information, please visit www.AlexionOneSource.com/CoPay.

Who is eligible for this Program?

- ✓ Patient enrolled in OneSource
- ✓ Patient with commercial insurance who has a valid prescription for a US Food and Drug Administration–approved indication for Soliris® (eculizumab)
- ✓ Patient must be a citizen or permanent resident of the United States or its territories

How can my patient apply for the Program?

Fill out the Alexion OneSource CoPay Program Enrollment Form

The enrollment form can be found at www.AlexionOneSource.com/CoPayForm.

Submit form to OneSource

Have patients review and sign the completed form, then fax the completed form to OneSource at 1-800-420-5150 or email to OneSource@Alexion.com.

Receive CoPay ID number from OneSource

You will receive communication from OneSource containing the CoPay ID number.

Provide CoPay ID number to site of care

Contact OneSource at 1-888-765-4747 or via email at OneSource@Alexion.com.

IMPORTANT NOTICE: The Alexion OneSource™ Copay Program ("Program") pays for eligible out-of-pocket medication and infusion costs associated with Soliris® (eculizumab) up to $15,000 US dollars per calendar year. The Program is not valid for costs eligible to be reimbursed, in whole or in part, by Medicaid, Medicare (including Medicare Part D), Medicare Advantage Plans, Medigap, Veterans Affairs, Department of Defense or TRICARE, or other federal or state programs (including any state prescription drug assistance programs). No claim for reimbursement of any out-of-pocket expense amount covered by the Program may be submitted to any third-party payer, whether public or private. This offer cannot be combined with any other rebate/coupon, free trial, or similar offer. 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. Alexion reserves the right to rescind, revoke, or amend this program without notice. By participating in the Program, participants acknowledge that they understand and agree to comply with the complete terms and conditions, available at www.AlexionOneSource.com/CoPay.

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

References: 1. Soliris [package insert]. Boston, MA: Alexion Pharmaceuticals, Inc. **2.** Centers for Disease Control and Prevention. Available at: www.cdc.gov/vaccines. Accessed May 6, 2020.

ALEXION®

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