



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Guidelines for Prescribing Soliris® (eculizumab) for aHUS

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

____ Soliris® (eculizumab) is restricted to credentialed prescribers enrolled in the Soliris (REMS) program. Available at 1-888-765-4747 or at www.solirisrems.com.

____ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-7) (Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

____ Include patient demographic information and insurance information. (Copy of insurance cards if available)

____ Include supporting clinical MD notes that include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Any documentation that Thrombotic Thrombocytopenic Purpura (TTP) has been ruled out, Shiga toxin E. Coli related hemolytic uremic syndrome (STEC-HUS) has been ruled out, and/or other test/labs to support diagnosis.

- **Atypical Hemolytic Uremic Syndrome (aHUS):** Soliris® is indicated for the treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. **Limitation of Use Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).**

____ Other as requested: _____

Pre-Screening:

____ Baseline serum lactate dehydrogenase (LDH), serum creatinine/eGFR, platelet count, and plasma exchange/infusion requirements

____ Documented meningococcal vaccine administration

**** Warnings/Precautions: 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. **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 risks of developing a meningococcal infection.** Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected. **Adverse Drug Reactions:** The most frequently reported adverse reaction in the gMG placebo-controlled clinical trial (≥10%) is: musculoskeletal pain. **Other Infections:** Soliris® blocks terminal complement activation. 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. **Pregnancy:** review and discuss any pregnancy plans prior to start of therapy. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.