For Paroxysmal Nocturnal Hemoglobinuria (PNH) and atypical Hemolytic Uremic Syndrome (aHUS) patients

Dosing and Administration

Soliris is indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.

Soliris is indicated for the treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.

The effectiveness of Soliris in aHUS is based on the effects on thrombotic microangiopathy (TMA) and renal function. Prospective clinical trials in additional patients are ongoing to confirm the benefit of Soliris in patients with aHUS.

Limitation of Use

Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).

Please see enclosed full Prescribing Information for Soliris, including Boxed WARNING regarding serious meningococcal infection.
IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS
See full prescribing information for complete boxed warning
Life-threatening and fatal meningococcal infections have occurred in patients treated with Soliris. Meningococcal infection 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 a meningococcal vaccine 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.)
- 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).

Indications and usage
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Adverse reactions
The most frequently reported adverse reactions in the PNH randomized trial (≥10% overall and greater than placebo) are: headache, nasopharyngitis, back pain, and nausea.

The most frequently reported adverse reactions in aHUS single arm prospective trials (≥15% combined per patient incidence) are: hypertension, upper respiratory tract infection, diarrhea, headache, anemia, vomiting, nausea, urinary tract infection, and leukopenia.

For patients with Paroxysmal Nocturnal Hemoglobinuria (PNH)
Soliris® (eculizumab) PNH Dosing Guide
All patients must be vaccinated against Neisseria meningitidis at least 2 weeks prior to the first dose of Soliris therapy. Do not initiate Soliris therapy in patients with unresolved serious Neisseria meningitidis infection or who are not currently vaccinated, unless the risks of delaying Soliris treatment outweigh the risk of developing a meningococcal infection.1

Soliris: a chronic therapy for a chronic disease1,2
Soliris should be administered at the recommended dosing interval or within 2 days before or after these time points.

- Fixed dose on time is critical to control chronic, complement-mediated hemolysis; for breakthrough hemolysis, dosing may be adjusted to every 12 days instead of 14 days1
- No dosing adjustments recommended based on age, gender, race, or renal insufficiency1
- Premedications are not routinely required

Monitoring After Discontinuation
Monitor patients after discontinuing Soliris for at least 8 weeks to detect hemolysis.

Important Administration Information
Soliris must be diluted to a final admixture concentration of 5 mg/mL prior to administration. The diluted solution is a clear, colorless liquid and should be practically free of any particles.

DO NOT ADMINISTER AS AN IV PUSH OR BOLUS INJECTION.
- If diluted solution is refrigerated, warm to room temperature (18°C-25°C [64°F-77°F]) only by exposure to ambient air
- Administer as an IV infusion over 35 minutes via gravity feed, a syringe-type pump, or an infusion pump
- It is not necessary to protect diluted solution from light during administration

To learn more about Soliris, please call 1.888.SOLIRIS (1.888.765.4747) or visit www.Soliris.net.
For patients with atypical Hemolytic Uremic Syndrome (aHUS)
Soliris® (eculizumab) aHUS Dosing Guide

All patients must be vaccinated against Neisseria meningitidis at least 2 weeks prior to the first dose of Soliris therapy. Do not initiate Soliris therapy in patients with unresolved serious Neisseria meningitidis infection or who are not currently vaccinated, unless the risks of delaying Soliris treatment outweigh the risk of developing a meningococcal infection. ¹

Soliris is a therapy for aHUS—a chronic disease needing chronic treatment ¹

Soliris should be administered at the recommended dosing interval or within 2 days before or after these time points.

<table>
<thead>
<tr>
<th>Pretreatment</th>
<th>Induction Phase</th>
<th>Maintenance Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 weeks before induction</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Neisseria meningitidis vaccination</td>
<td>900 mg</td>
<td>900 mg</td>
</tr>
</tbody>
</table>

### aHUS Adult (≥18 years of age) Dosing Schedule ¹

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>Most Recent Soliris Dose</th>
<th>Supplemental Soliris Dose With Each PE/PI* Intervention</th>
<th>Timing of Supplemental Soliris Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasmapheresis or plasma exchange</td>
<td>300 mg</td>
<td>300 mg per each plasmapheresis or plasma exchange session</td>
<td>Within 60 minutes after each plasmapheresis or plasma exchange</td>
</tr>
<tr>
<td>Fresh frozen plasma infusion</td>
<td>300 mg or more</td>
<td>300 mg per each unit of fresh frozen plasma</td>
<td>60 minutes prior to each 1 unit of fresh frozen plasma infusion</td>
</tr>
</tbody>
</table>

*PE/PI = plasmapheresis or plasma exchange, or fresh frozen plasma infusion.

### aHUS Dosing Supplemental Dosing of Soliris Is Required for Patients Undergoing Concomitant Plasma Therapy ¹

<table>
<thead>
<tr>
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### Monitoring After Discontinuation

Thrombotic microangiopathy (TMA) complications after discontinuation were observed in the aHUS clinical studies. ¹

aHUS patients who discontinue treatment with Soliris should be monitored closely for at least 12 weeks for signs and symptoms of TMA complications. If TMA complications occur after Soliris discontinuation, consider reinstitution of Soliris treatment, plasma therapy,¹ or appropriate organ-specific supportive measures.¹

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¹Plasma therapy = plasmapheresis, plasma exchange, or fresh frozen plasma infusion (PE/PI).
For PNH and aHUS

Preparation of Soliris® (eculizumab) for Administration

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<table>
<thead>
<tr>
<th>Soliris Dose</th>
<th>Diluent Volume</th>
<th>Final Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 mg</td>
<td>30 mL</td>
<td>60 mL</td>
</tr>
<tr>
<td>600 mg</td>
<td>60 mL</td>
<td>120 mL</td>
</tr>
<tr>
<td>900 mg</td>
<td>90 mL</td>
<td>180 mL</td>
</tr>
<tr>
<td>1200 mg</td>
<td>120 mL</td>
<td>240 mL</td>
</tr>
</tbody>
</table>

1. Withdraw the required amount of Soliris from the vial into a sterile syringe and transfer the recommended dose to an infusion bag.
2. Dilute Soliris to a final concentration of 5 mg/mL using the above table as a guideline. The volume of diluent should be equivalent to the drug volume.
3. Gently invert the infusion bag containing the diluted solution to ensure thorough mixture of the product and the diluent.
   - Discard any unused portion left in the vial, as the product contains no preservatives.
4. Inspect visually for particulate matter and discoloration prior to administration.
   - The diluted solution is a clear colorless liquid and should be practically free of any particles.
5. Allow the admixture to adjust to room temperature prior to administration (18°C-25°C, 64°F-77°F). It must not be heated in a microwave or with any heat source other than ambient air temperature.
6. Admixed solution of Soliris is stable for 24 hours at 2°C-8°C (36°F-46°F) and at room temperature.

How Supplied, Storage, and Distribution

- Vial—30 mL, liquid
- Product strength—10 mg/mL
- Product count—300 mg/30 mL (vial)
- Product physical specs—1 vial per carton
   - Shipped just in time for infusion
   - Weight: <1 lb
   - Dimensions: 1.625” x 1.625” x 3.125”
- Must be stored in the original carton until time of use under conditions at 2°C-8°C (36°F-46°F)
- Protect from light
- DO NOT FREEZE; DO NOT SHAKE
- Do not infuse beyond the expiration date stamped on the carton
- NDC 25682-001-01: Each single-unit carton contains one 30-mL vial of Soliris (10 mg/mL)

To enroll in the Soliris REMS and order Soliris, please call 1.888.SOLIRIS (1.888.765.4747)

J code: J1300

Contact Soliris OneSource at 1.888.SOLIRIS (1.888.765.4747)

- All Alexion Nurse Case Managers are registered nurses and have extensive insurance and clinical experience. An Alexion Nurse Care Manager will partner with each patient and his or her healthcare team.
- Fast and convenient same-day shipping that meets the needs of PNH and aHUS patients.

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