Health Alliance™

Pharmacy Drug Policy Checklist

POLICY NAME	Soliris (eculizumab)	POLICY #	1506P

Criteria

Coverage Criteria for the Treatment of Paroxysmal Nocturnal Hemoglobinuria (PNH)

- ☐ Diagnosis of PNH
- ☐ Prescribed by a hematologist (blood doctor) or oncologist (cancer doctor) in the Soliris REMS program
- ☐ Age 18 years or older
- ☐ Lab cultures rule out any unresolved serious Neisseria meningitidis infection, if patient was diagnosed with Neisseria meningitidis infection recently
- ☐ Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Soliris by both a pharmacist and medical director.

Coverage Criteria for the Treatment of atypical Hemolytic Uremic Syndrome (aHUS)

- ☐ Diagnosis of aHUS with evidence of complement gene abnormality or factor antibodies
- ☐ Prescribed by a hematologist (blood doctor) or oncologist (cancer doctor) in the Soliris REMS program
- ☐ Lab cultures rule out any unresolved serious Neisseria meningitidis infection, if patient was diagnosed with Neisseria meningitides recently
- ☐ Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Soliris by both a pharmacist and medical director

Coverage Criteria for the Treatment of Generalized Myasthenia Gravis (gMG)

- ☐ Documented diagnosis of generalized myasthenia gravis (gMG) as supported by the following:
  - Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV
  - Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score greater than or equal to 6
- ☐ Documentation that patient is anti-acetylcholine (AchR)-antibody-positive
- ☐ Prescribed by a neurologist (doctor of the nervous system) or physician specialized in the treatment of gMG in the Soliris REMS program
- ☐ Age 18 years or older
- ☐ Lab cultures rule out any unresolved serious Neisseria meningitidis infection if patient was diagnosed with N meningitides infection recently
- ☐ Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)
- ☐ Previous trial with at least 1 immunosuppressant (such as azathioprine, mycophenolate, cyclosporine, References methotrexate, etc)
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Soliris by both a pharmacist and medical director

Coverage Criteria for the Treatment of Neuromyelitis Optica Spectrum Disorder (NMOSD)

- ☐ Documented diagnosis of neuromyelitis optica spectrum disorder (NMOSD) with chart notes indicating the member exhibits at least one of the core clinical characteristics:
  - Optic neuritis (inflammation of optic nerve)
  - Acute myelitis (a type of inflammation of the spinal cord)
  - Area postrema syndrome (episode of otherwise unexplained hiccups or nausea and vomiting
  - Acute brainstem syndrome (lesions of the brain stem causing symptoms such as dizziness, vertigo, headache, facial pain, vision disturbances)
  - Symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions (resulting from a rare type of central nervous system lesion)
  - Symptomatic cerebral syndrome with NMOSD-typical brain lesions
- ☐ Documentation that the patient is anti-aquaporin-4 (AQP4) antibody positive
- ☐ Ordered by a neuro-ophthalmologist or specialist in the treatment of NMOSD in the Soliris REMS program
- ☐ Age 18 years or older
- ☐ Documentation that the member has been on a stable dose of immunosuppressive therapy (such as azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)
- ☐ Lab cultures rule out any unresolved serious Neisseria meningitides infection, if patient was diagnosed with N meningitidis infection recently

- [ ] Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)
- [ ] Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Soliris by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- [ ] Patients with unresolved Neisseria meningitides infection
- [ ] Patients who are not vaccinated against Neisseria meningitides (unless treatment cannot be delayed)
- [ ] Not indicated for the treatment of patients with Shiga toxin Escherichia coli-related hemolytic uremic syndrome
- [ ] Soliris cannot be used in combination with another terminal complement inhibitor, such as Ultomiris