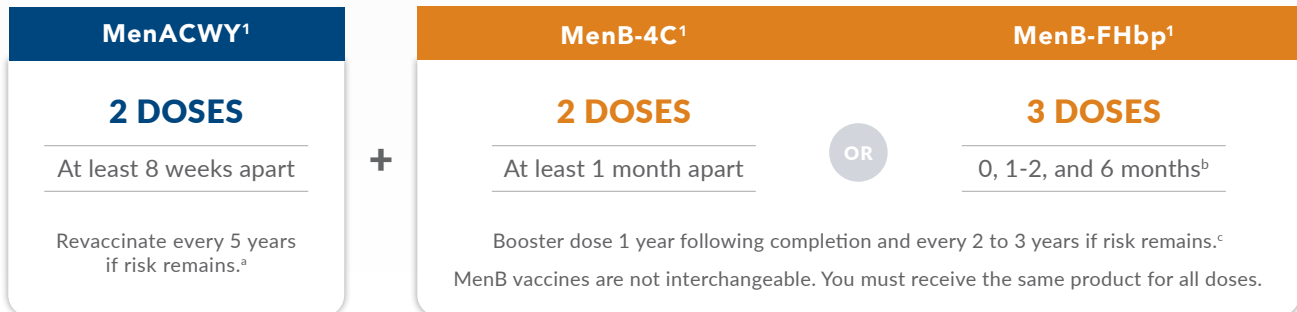


New patient checklist

This checklist contains suggested steps to initiate a patient on Soliris® (eculizumab) after the treatment decision has been made. This checklist and enrollment in OneSource™ are not required for Soliris treatment.

- Enroll in our REMS program**
Due to the risk of meningococcal infections, prescribers must enroll in our Risk Evaluation Mitigation Strategy (REMS) program to obtain Soliris. Call Customer Operations at **888-SOLIRIS (888-765-4747)** or visit **SolirisREMS.com** to learn more and enroll.
- Complete OneSource enrollment form**
PATIENT SIGNATURE REQUIRED
- Complete the physician quick reference guide with as much information as possible**
 - a. Print copy of insurance cards
 - b. Print proof of:
 - i. gMG: Positive AChR antibody test, if available
 - ii. NMOSD: Positive test result for AQP4-IgG*If patient has not been tested for antibodies before, provide them with a prescription for the test.*
 - c. Email* or fax all of the above documents to OneSource at **OneSource@alexion.com** or **800-420-5150**
- Give patient a prescription for meningococcal vaccinations**
 - a. Patient can be vaccinated at:
 - i. Primary care office
 - ii. Local pharmacy
 - iii. Local hospital
 - iv. Health department
 - v. Travel clinic
 - b. For individuals eligible for the complimentary VAXFirst™ program:
 - i. Complete OneSource enrollment form
Patient signature required.
 - ii. Complete prescriber vaccination order form (Rx)
 - iii. Complete VAXFirst patient enrollment form
 - iv. Complete VAXFirst PHI patient disclosure form

2020 ACIP recommendations in patients receiving Soliris†



*Please note that sending information via email may not be secure. We encourage you to password-protect your documents before emailing them.

†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.

Abbreviations: AChR, acetylcholine receptor; ACIP, Advisory Committee on Immunization Practices; AQP4-IgG, aquaporin-4 immunoglobulin G; gMG, generalized myasthenia gravis; NMOSD, neuromyelitis optica spectrum disorder.

^aThe Centers for Disease Control ACIP guidelines recommend all patients with persistent complement component deficiencies or those who are receiving a complement inhibitor, such as Soliris, receive the MenACWY booster every 5 years if risk remains.

^bFor MenB-FHbp, if dose 2 was administered 6 months after dose 1, dose 3 is not needed.

^cSpecial situations for MenB include those with a persistent complement component deficiency or those receiving a complement inhibitor (eg, eculizumab, ravulizumab) for which ACIP recommends a MenB booster dose 1 year following completion of a MenB primary series followed by MenB booster doses every 2 to 3 years if risk remains.

continued on back

New patient checklist

- Identify preferred treatment site for infusion**
 - a. Doctor's office
 - i. Verify patient insurance benefits
 - b. Infusion center
 - i. Identify preferred infusion center
 - ii. Speak with infusion center to determine information needed for new patient referral
 - iii. Fax patient referral packet and include prescription
 - c. Home infusion
 - i. Verify patient insurance benefits
 - ii. Provide patient with home nurse options

- 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.

- Refer to sample letter of medical necessity should a payer request one**

- gMG only: Encourage completion of assessment tools**

- a. Patient-reported
 - i. MG-ADL²⁻⁵
 - ii. MG-QoL15r^{2,6}
- b. Physician-reported
 - i. QMG^{2,7}
 - ii. MGC^{2,8}



Alexion Case Managers are here to help you and your patients.

OneSource is a complimentary, personalized patient support program tailored to the specific needs of people living with gMG and NMOSD. Contact OneSource at 888-SOLIRIS (888-765-4747) for support.

If you have any questions, please contact your Case Manager.

CONTACT INFORMATION

Case Manager: _____

Abbreviations: MG-ADL, Myasthenia Gravis Activities of Daily Living; MGC, Myasthenia Gravis Composite; MG-QoL15r, Myasthenia Gravis Quality of Life 15 Revised; QMG, Quantitative Myasthenia Gravis.

References: 1. Freedman M, Kroger A, Hunter P, Ault KA: for the Advisory Committee on Immunization Practices. Recommended Adult Immunization Schedule, United States, 2020 [published online ahead of print February 4, 2020]. *Ann Intern Med.* doi:10.7326/M20-0046 2. Resources for professionals. Myasthenia Gravis Foundation of America website. <http://myasthenia.org/For-Professionals/Resources-for-Professionals>. Accessed July 30, 2019. 3. Muppidi S. Outcome measures in myasthenia gravis: incorporation into clinical practice. *J Clin Neuromuscul Dis.* 2017;18(3):135-146. 4. Muppidi S, Wolfe GI, Conaway M, Burns TM; MG Composite and MG-QOL15 Study Group. MG-ADL: still a relevant outcome measure. *Muscle Nerve.* 2011;44(5):727-731. 5. Wolfe GI, Herbelin L, Nations SP, Foster B, Bryan WW, Barohn RJ. Myasthenia gravis activities of daily living profile. *Neurology.* 1999;52(7):1487-1489. 6. Burns TM, Sadjadi R, Utsugisawa K, et al. International clinicometric evaluation of the Mg-QOL15, resulting in slight revision and subsequent validation of the MG-QOL15r. *Muscle Nerve.* 2016;54(6):1015-1022. 7. Barohn RJ, *The Quantitative Myasthenia Gravis (QMG) Test: The Manual.* New York, NY: Myasthenia Gravis Foundation of America; 2000. 8. Burns TM, Conaway MR, Sanders DB: on behalf of the MG Composite and MG-QOL15 Study Group. The MG Composite: a valid and reliable outcome measure for myasthenia gravis. *Neurology.* 2010;74(18):1434-1440.