SOLIRIS® (eculizumab)

Guide for Healthcare Professionals

The aim of this guide is to help mitigate the risk of meningococcal infection associated with the use of SOLIRIS® and to increase awareness of the need for the required vaccinations. This guide also provides important safety information on the risks of other systemic serious infections and the discontinuation of SOLIRIS®.

It must be used in combination with the SOLIRIS® (eculizumab) Singapore Package Insert (PI).

The guide describes:

- What is SOLIRIS®?
- Important Safety information
- Treatment Discontinuation
- Adverse Event Reporting
- Contact Information

WHAT IS SOLIRIS®?

SOLIRIS® is indicated in adults and children for the treatment of:

- **Paroxysmal Nocturnal Hemoglobinuria (PNH)**

  Evidence of clinical benefit is demonstrated in patients with hemolysis with clinical symptom(s) indicative of high disease activity, regardless of transfusion history.

- **Atypical Hemolytic Uremic Syndrome (aHUS)**

SOLIRIS® is also indicated in adults for the treatment of:

- **Refractory Generalized Myasthenia Gravis (gMG)** in patients who are anti-acetylcholine receptor (AChR) antibody-positive.

- **Neuromyelitis Optica Spectrum Disorder (NMOSD)** in patients who are anti-aquaporin-4 (AQP4) antibody-positive.

You will be provided with the following materials to be given to each patient or parents/caregivers of pediatric patients treated with SOLIRIS®. **Please read these materials and the Singapore Package Insert ahead of prescribing SOLIRIS® to your patients.**

- **Patient Card**
  To inform patients and healthcare professionals about the risk of meningococcal infection associated with SOLIRIS®.

- **Guide for Patients/Parents/Caregivers**
  To educate patients/parents/caregivers about important safety information related to SOLIRIS®, including the risk of meningococcal infection and the need for vaccination.

IMPORTANT SAFETY INFORMATION

Serious Meningococcal Infection

- Due to its mechanism of action, the use of SOLIRIS® increases the patient's susceptibility to meningococcal infection (*Neisseria meningitidis*).

- Cases of serious or fatal meningococcal infections have been reported in SOLIRIS® treated patients. Meningococcal infections in patients treated with SOLIRIS® have presented as meningococcal sepsis.

To minimise the risk of meningococcal infection and poor outcomes following infection:

Prior to starting treatment with SOLIRIS®:

- Ensure vaccination of patients with a meningococcal vaccine at least 2 weeks prior to initiating SOLIRIS®, unless the risk of delaying SOLIRIS® therapy outweighs the risk of developing a meningococcal infection.
  - For patients who initiate SOLIRIS® treatment less than 2 weeks after receiving a meningococcal vaccine, treat with appropriate prophylactic antibiotics until 2 weeks after vaccination.

- **Patients must receive vaccination according to current national vaccination guidelines for vaccination use.** Vaccines against serogroups A, C, Y, W135, are recommended in preventing the commonly pathogenic meningococcal serogroups. Vaccine against serogroup B where available is also recommended**.**

- Monitor patients closely for disease symptoms after recommended vaccination as vaccination may further activate complement. As a result, patients with complement-mediated diseases may experience increased signs and symptoms of their underlying disease.

- Since vaccination may not be sufficient to prevent meningococcal infection, consider prophylactic use of antibiotics in addition to vaccination based on the official guidance on the appropriate use of antibacterial agents.

During treatment with SOLIRIS®:

- Monitor patients for early signs of meningococcal infections, evaluate immediately if infection is suspected, and treat with antibiotics if necessary.
- Revaccinate according to current national vaccination guidelines for vaccine use in patients treated with complement inhibitors.

Do not initiate SOLIRIS® treatment in patients:

- with unresolved *Neisseria meningitidis* infection.
- who are not currently vaccinated against *Neisseria meningitidis* unless they receive prophylactic treatment with appropriate antibiotics until 2 weeks after vaccination.

➢ **Inform patients and caregivers/parents about the risk of meningococcal infection.**

- Inform and educate patients that if they suspect an infection, they should seek immediate medical attention. The relevant signs and symptoms include:
  - Headache with nausea or vomiting.
  - Headache and a fever

- Headache with a stiff neck or stiff back
- Fever
- Fever and a rash
- Confusion
- Muscle aches with flu-like symptoms
- Eyes sensitive to light

- **Common signs and symptoms in infants include:**

  - Fever, cold hands and feet
  - Fretful, dislike being handled
  - Rapid breathing or grunting
  - Unusual cry, moaning
  - Stiff neck, dislike bright lights
  - Refusing food and vomiting
  - Drowsy, floppy, unresponsive
  - Pale, blotchy skin spots/rash
  - Tense, bulging fontanelle (soft spot)
  - Convulsions/seizures

- **In children, additional signs and symptoms to those listed for infants may include:**
  - Severe muscle pain
  - Severe headache
  - Confusion
  - Irritability

- Explain to the patient or parent/caregiver that he/she must carry the Patient Card at all times throughout the duration of SOLIRIS® therapy and for 3 months after the last dose of SOLIRIS® and show it to any healthcare professionals they see.

Other Systemic Serious Infections

To minimise the risk of other systemic infections:

- Counsel patients about gonorrhea prevention. Patients may have increased susceptibility to infections, especially with Neisseria and encapsulated bacteria. Serious infections with Neisseria species (other than *Neisseria meningitidis*), including disseminated gonococcal infection, have been reported with SOLIRIS®.

- Patients below the age of 18 years old must be vaccinated against *Haemophilus influenzae* and pneumococcal infections, and strictly adhere to the national vaccination recommendations for each age group.

- Administer SOLIRIS® therapy with caution to patients with active systemic infections.

TREATMENT DISCONTINUATION

Treatment discontinuation in PNH

Closely monitor patients with PNH who discontinue SOLIRIS® for signs and symptoms of serious intravascular hemolysis and other reactions for at least 8 weeks.

Serious hemolysis is identified by:

1. serum lactate dehydrogenase (LDH) > pre-treatment LDH

   AND

2. any of the following criteria:

- PNH clone size absolute↓ of > 25% (in the absence of dilution due to transfusion) in 1 week or less
- Hb < 5 g/dL OR Hb ↓ of > 4 g/dL in 1 week or less
- Angina
- Change in mental status
- Serum creatinine ↑ of 50%
- Thrombosis

If serious hemolysis occurs, consider the following procedures/treatment:

Blood transfusion (packed RBCs) OR Exchange transfusion if PNH RBCs > 50% of total RBCs by flow cytometry + Anticoagulation + Corticosteroids OR Reinstitution of SOLIRIS®.

Treatment discontinuation in aHUS

Severe thrombotic microangiopathy (TMA) complications were observed after SOLIRIS® discontinuation in the aHUS clinical studies.

Monitor aHUS patients who discontinue treatment with SOLIRIS® for signs and symptoms of TMA.

TMA complications following discontinuation can be identified by:

1. any two, or repeated measurement of any one, of the following:

- a decrease in platelet count of 25% or more as compared to either baseline or to peak platelet count during SOLIRIS® treatment;
- an increase in serum creatinine of 25% or more as compared to baseline or to nadir during SOLIRIS® treatment; or,
- an increase in serum LDH of 25% or more as compared to baseline or to nadir during SOLIRIS® treatment;

OR

2. any one of the following:

- a change in mental status or seizures;
- angina or dyspnea; or
- thrombosis.

If severe TMA complications occur after SOLIRIS® discontinuation, consider reinstitution of SOLIRIS® treatment, supportive care with PE/PI (plasmapheresis or plasma exchange, or fresh frozen plasma infusion), or appropriate organ-specific supportive measures including renal support with dialysis, respiratory support with mechanical ventilation or anticoagulation.

Treatment Discontinuation in gMG and NMOSD

Use of SOLIRIS® in refractory gMG and NMOSD treatment has been studied only in the setting of chronic administration. Carefully monitor patients who discontinue SOLIRIS® treatment for signs and symptoms of MG exacerbation (refractory gMG) or relapse (NMOSD).

REPORTING OF ADVERSE EVENTS

Adverse events should be reported to: https://contactazmedical.astrazeneca.com/

CONTACT INFORMATION

For more information about SOLIRIS®, email: MedInfo.SG@astrazeneca.com.
AstraZeneca Singapore Pte Ltd, 10 Kallang Avenue, #12-10, Aperia Tower 2, Singapore 339510.

REFERENCES

SOLIRIS® (eculizumab) Singapore Package Insert (PI)

This document has been approved by HSA as of 19-05-2025.

AstraZeneca

AstraZeneca Singapore Pte Ltd
10 Kallang Avenue #12-10,
Aperia Tower 2, Singapore 339510
Tel: (+65) 6812 4700, Fax: (+65) 6385 3050