

SOLIRIS (eculizumab)

Effective Date: 1/28/14

Date Developed: 1/28/14 by Robert Sterling, MD

Last Approved Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

Soliris is a monoclonal antibody which inhibits intravascular hemolysis by selectively binding to C5, thereby inactivating its cleavage to active components

Authorization: Paroxysmal Nocturnal Hemoglobinuria (PNH); Atypical Hemolytic Uremic Syndrome (aHUS; not related to infectious causes)

Dosing: PNH/aHUS: 600/900 mg IV weekly x4 weeks, then 900/1200 mg one week later then 900/1220 mg IV every two weeks thereafter **Note:** For patients less than 18 years of age, refer to product literature for weight-based dosing

PRECAUTIONS: Higher risk of meningococcal infections (boxed warning) and infections with other encapsulated organisms (make sure patient is vaccinated at least two weeks prior to initiation of therapy); prescriber must enroll in Risk Evaluation and Mitigation Strategy (REMS; 888-765-4747); use of eculizumab should not alter any anticoagulation therapy

DRUG INTERACTIONS: Immunosuppressants may enhance effect

REFERENCES

Brodsky RA, "How I Treat Paroxysmal Nocturnal Hemoglobinuria," *Blood*, 2009, 113(26):6522-7.b

Brodsky RA, Young NS, Antonioli E, et al, "Multicenter Phase 3 Study of the Complement Inhibitor Eculizumab for the Treatment of Patients With Paroxysmal Nocturnal Hemoglobinuria," *Blood*, 2008, 111(4):1840-7.

Centers for Disease Control and Prevention, "Prevention and Control of Meningococcal Disease Recommendations of the Advisory Committee on Immunization Practices (ACIP)," *MMWR Recomm Rep*, 2005, 54(RR-7):1-21.

Hill A, Hillmen P, Richards SJ, et al, "Sustained Response and Long-Term Safety of Eculizumab in Paroxysmal Nocturnal Hemoglobinuria," *Blood*, 2005, 106(7):2559-65

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Taylor CM, Machin S, Wigmore SJ, et al, "Clinical Practice Guidelines for the Management of Atypical Haemolytic Uraemic Syndrome in the United Kingdom," *Br J Haematol*, 2010, 148(1):37-47.

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