



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	September 23, 2011, June 13, 2012, November 23, 2015, November 14, 2017

### **SOLIRIS® (eculizumab)**

**LENGTH OF AUTHORIZATION: UP TO ONE YEAR**

**REVIEW CRITERIA:**

1. Supporting documentation indicating a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) or atypical hemolytic uremic syndrome (aHUS).
  - Supporting documentation are diagnosis codes in claims medical history, progress notes, and/or discharge notes.
2. The prescribing physician must be a hematologist for aHUS or PNH; **OR**
3. Supporting documentation indicating a diagnosis of generalized myasthenia gravis (gMG) who are anti-aceylcholine receptor positive.
4. The prescribing physician must be a neurologist for my gMG; **AND**
5. Patient must have been vaccinated against meningococcal infection (*Nisseria meningitidis*). If patient has not been previously vaccinated, then the patient must receive a meningococcal vaccination at least 2 weeks prior to first dose of Soliris®.
  - Verify vaccination via CPT codes in medical claims history, physician progress notes, or vaccination records.