

Soliris is only available through a restricted program called the SOLIRIS REMS (Risk Evaluation and Mitigation Strategy). All prescribers must be specially certified. To become certified, prescribers must:

- 1) **Review** the SOLIRIS Prescribing Information, Prescriber Safety Brochure, Patient Safety Brochure and the Patient Safety Card.
- 2) **Enroll** in the SOLIRIS REMS by completing this form.
- 3) **Counsel** patients and provide them with the Patient Safety Brochure and Patient Safety Card.

There are 2 pages to this form. Complete page 1. Read the agreements and sign page 2. Return BOTH pages to Soliris REMS.

You may complete this form

- online at www.solirisrems.com
- by fax at 1-877-580-2596 (ALXN)
- by scanning and emailing to REMS@alexion.com
- by mailing to Alexion Pharmaceutical, Inc. ATTN: REMS Program, 121 Seaport Boulevard, Boston, MA 02210

Prescriber Information: (please print)

First Name: _____ MI: ____ Last Name: _____

Prescriber NPI #: _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Fax: _____

Email: _____

Continue to page 2 to read the agreement and sign the form. You must return BOTH sides of this form.

By completing, signing and submitting this form, I acknowledge and agree that:

- I have read and understand the SOLIRIS Prescribing Information (PI), *Prescriber Safety Brochure*, *Patient Safety Brochure*, and the *Patient Safety Card*.
- I understand the:
 - risk of meningococcal infections associated with SOLIRIS.
 - early signs of meningococcal infections
 - need for immediate medical evaluation of signs and symptoms with possible meningococcal infections
- Before treatment initiation at least 2 weeks prior to the first dose, I will:
 - Assess the patient’s meningococcal vaccine status and immunize patients unless the risks of delaying Soliris therapy outweigh the risks of developing meningococcal infection.
 - Provide the patient with a prescription for a two-week course of antibiotic prophylaxis if Soliris must be started right away.
 - Counsel the patient about the signs and symptoms of meningococcal infections using the *Patient Safety Card*, and *Patient Safety Brochure*. Provide a copy of these materials to the patient. Instruct the patient to carry the *Patient Safety Card* at all times.
- During treatment, I will:
 - Assess the patient for early signs of meningococcal infection and evaluate immediately if infection is suspected.
 - Discontinue SOLIRIS in patients who are being treated for serious meningococcal infections.
 - Revaccinate patients according to the Advisory Committee on Immunization Practices recommendations.
- I will report cases of meningococcal infection including the patient’s clinical outcomes to Alexion Pharmaceuticals, Inc.
- I understand that if I do not maintain compliance with the requirements of the SOLIRIS REMS, I will no longer be able to prescribe SOLIRIS.
- I understand that SOLIRIS REMS and its agents or contractors may contact me to support the administration of the SOLIRIS REMS.

Prescriber Signature

Date

Print Name