

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Soliris is a complement inhibitor indicated for the treatment of multiple indications involving the complement system including neuromyelitis optica spectrum disorder (NMOSD), generalized myasthenia gravis (gMG) in patients who are anti-acetylcholine receptor antibody positive (AChR-Ab+), atypical hemolytic uremic syndrome (aHUS), and paroxysmal nocturnal hemoglobinuria (PNH).						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Age Restriction	None.						
Prescriber Restrictions	For NMSOD and myasthenia gravis: Must be prescribed by or in consultation with a neurologist.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="495 951 1511 1098"> <thead> <tr> <th>HCPSC</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J1300</td> <td>Soliris (eculizumab)</td> <td>Billing unit: 10 mg 300 mg/30 mL SDV</td> </tr> </tbody> </table>	HCPSC	Description	Billing Units/How Supplied	J1300	Soliris (eculizumab)	Billing unit: 10 mg 300 mg/30 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025