Empaveli (pegcetacoplan)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial: 6 months Continuation: 1 year

Medications	Quantity Limit
Empaveli (pegcetacoplan)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Empaveli (pegcetacoplan) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual has a diagnosis of Paroxysmal Nocturnal Hemoglobinuria (PNH) as verified by flow cytometry, including the presence of (Parker 2005):
   A. PNH type III red cell clone or a measurable granulocyte or monocyte clone; **OR**
   B. Glycosylphosphatidylinositol-anchored proteins (GPI-AP)-deficient polymorphonuclear cells (PMNs);

AND

III. Individual has been immunized against encapsulated bacteria, including *Streptococcus pneumoniae*, *Nesseria meningitidis*, and *Haemophilus influenzae* type B at least 2 weeks prior to administration of the first dose of Empaveli (pegcetacoplan), unless the risks of delaying Empaveli outweigh the risk of developing a bacterial infection with an encapsulated organism;

AND

IV. One of the following applies (A or B):
   A. Individual is complement inhibitor treatment naïve (i.e. not switching from eculizumab or ravulizumab) (Wong 2023); **AND**
      1. Individual has lactate dehydrogenase greater than or equal to 1.5 times the upper limit of normal, and documentation is provided; **AND**
      2. Individual has one or more PNH-related sign or symptom (such as but not limited to anemia, history of a major adverse vascular event from thromboembolism, or history of transfusion due to PNH);

      OR
   B. Documentation is provided that individual is switching from treatment with eculizumab or ravulizumab (Hillmen 2021); **AND**
      1. If on eculizumab, treatment with eculizumab will be discontinued 4 weeks after Empaveli initiation, **OR**
      2. If on ravulizumab, treatment with ravulizumab will be discontinued prior to Empaveli initiation.

Continuation requests for Empaveli (pegcetacoplan) may be approved if the following criteria are met:

I. Documentation is provided that individual has experienced a clinical response as shown by one of the following (Hillmen 2021):
   A. Stabilization of hemoglobin levels; **OR**
   B. Reduction in number of transfusions required; **OR**
   C. Improvement in hemolysis (for example, normalization or decrease of LDH levels).

Requests for Empaveli (pegcetacoplan) may not be approved for the following:

I. Individual is using in combination with Soliris (eculizumab) or Ultomiris (ravulizumab) [with the exception of a 4-week overlap for individuals switching from eculizumab to pegcetacoplan]; **OR**
II. Individual has evidence of an active infection caused by encapsulated bacteria, including Streptococcus pneumoniae, Neisseria meningitidis, or Haemophilus influenzae type B.

Note:
Empaveli (pegcetacoplan) has a black box warning for serious infections caused by encapsulated bacteria. Meningococcal infections may occur in patients treated with Empaveli and may become rapidly life-threating or fatal if not recognized and treated early. Use of Empaveli may predispose individuals to serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae*, *Nesseria meningitidis* types A, C, W, Y*, and B*, and *Haemophilus influenzae* type B. Individuals should be immunized, according to most current Advisory Committee on Immunization Practices (ACIP) recommendations, against encapsulated bacteria at least 2 weeks prior to administering the first dose unless the risk of delaying therapy outweigh the risk of developing a serious infection. The FDA has required the manufacturer to develop comprehensive risk management programs that include the enrollment of prescribers in the Empaveli REMS Program. Additional information and forms for individuals, prescribers, and pharmacists may be found on the manufacturer's website: https://www.empaveli.com.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 4, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Hillmen P, Szer J, Weitz I, et al. Pegcetacoplan versus Eculizumab in Paroxysmal Nocturnal Hemoglobinuria. N Engl J Med. 2021 Mar 18;384(11):1028-1037. PMID: 33730455. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa2029073 Accessed on April 18, 2021. Supplementary Appendix available at: https://www.nejm.org/doi/suppl/10.1056/NEJMoa2029073/suppl_file/nejmoa2029073_appendix.pdf. Accessed on October 9, 2021.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
6. Parker CJ, Omine M, Richards S, et al. Diagnosis and management of paroxysmal nocturnal hemoglobinuria. Blood. 2005; 106(12):3699-3709.
7. Wong RSM, Navarro-Cabrera JR, Comia NS, et al. Pegcetacoplan controls hemolysis in complement inhibitor-naive patients with paroxysmal nocturnal hemoglobinuria. Blood Adv. 2023;7(11):2468-2478.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.