Health Alliance™

Pharmacy Drug Policy & Procedure

Policy Name:	Ultomiris (ravulizumab)	Policy #:	2735P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Ultomiris.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Ultomiris under the specialty medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for Atypical hemolytic uremic syndrome (aHUS)

1.1 Documented diagnosis of Atypical Hemolytic Uremic Syndrome (aHUS) with all necessary laboratory results, signs, and/or symptoms and evidence of complement gene abnormality or factor antibodies (e.g. thrombocytopenia, microangiopathic hemolysis, thrombotic microangiopathy, acute renal failure)

1.2 Prescribed by or in consultation with a hematologist (blood disorder doctor) or nephrologist (kidney doctor) in the Ultomiris Risk Evaluation and Mitigation Strategy (REMS) program

1.3 Age 1 month or older

1.4 Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)

1.5 Review of chart notes and labs documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Ultomiris by both a pharmacist and medical director

2. Coverage Criteria for Paroxysmal Nocturnal Hemoglobinuria (PNH)

2.1 Documented diagnosis of Paroxysmal Nocturnal Hemoglobinuria (PNH) with all necessary laboratory results, signs, and/or symptoms attributed to PNH (e.g. abdominal pain, anemia, dyspnea, extreme fatigue, smooth muscle dystonia, enexplained/unusual thrombosis, hemolysis/hemoglobinuria, kidney disease, pulmonary hypertension)

2.2 Prescribed by or in consultation with a a hematologist (blood disorder doctor) or nephrologist (kidney doctor) in the Ultomiris Risk Evaluation and Mitigation Strategy (REMS) program

2.3 Age 1 month or older

2.4 Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)

2.5 Review of chart notes and labs documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Ultomiris by both a pharmacist and medical director

3. Coverage Criteria for Generalized Myasthenia Gravis (gMG)

3.1 Documented diagnosis of Generalized Myasthenia Gravis as supported by the following:

- Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV
- Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score greater than or equal to 6

3.2 Serologic test (blood serum test) showing anti-acetylcholine receptor antibody-positive (AChR+)

3.3 Prescribed by, or in consultation with a neurologist (doctor of the nervous system) in the Ultomiris REMS program

3.4 Age 18 years or older

3.5 Previous trial with at least one immunosuppressant drug (e.g. azathioprine, mycophenolate, cyclosporine, methotrexate, etc)

3.6 Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)

3.7 Review of chart notes and labs documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Ultomiris by both a pharmacist and medical director.

4. Coverage Criteria for Neuromyelitis Optica Spectrum Disorder (NMOSD)

4.1 Documented diagnosis of neuromyelitis optica spectrum disorder (NMOSD) with chart notes indicating the member exhibits at least one of the core clinical characteristics:

- Optic neuritis
- Acute myelitis
- Area postrema syndrome (episode of otherwise unexplained hiccups or nausea and vomiting
- Acute brainstem syndrome
- Symptomatic narcolepsy or acute diencephalic clinical syndrome with NMOSD-typical diencephalic MRI lesions
- Symptomatic cerebral syndrome with NMOSD-typical brain lesions

4.2 Documentation that the patient is anti-aquaporin-4 (AQP4) antibody positive

4.3 Ordered by a neuro-ophthalmologist (brain and eye doctor) or specialist in the treatment of NMOSD in the Ultomiris Risk Evaluation and Mitigation Strategy (REMS) program

4.4 Age 18 years or older

4.5 Documentation that the member has been on a stable dose of immunosuppressive therapy (i.e., azathioprine, mycophenolate mofetil, oral corticosteroids, etc.)

4.6 Lab cultures rule out any unresolved serious *Nesseria meningitidis* infection, if patient was diagnosed with N meningitidis infection recently

4.7 Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)

4.8 Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements by both a pharmacist and medical director

5. Exclusion Criteria

5.1 Ultomiris cannot be used in combination with another terminal complement inhibitor, such as Soliris (eculizumab)

5.2 Ultomiris cannot be used in patients with Shiga toxin *E. coli*-related hemolytic uremic syndrome (STEC-HUS)

5.3 Patients with unresolved Neisseria meningitides infection or who are not vaccinated against Neisseria meningitides (unless treatment cannot be delayed)

6. Approval Period

6.1 Initial Approval: 12 months

6.2 Reapproval: 12 months with documented improvement (e.g., improvement in hemolytic parameters (blood tests needed) and/or improvement in clinical symptoms)

CPT Codes	

HCPCS Codes	

References

1. Ultomiris (ravulizumab-cwvz) [prescribing information]. Boston, MA: Alexion Pharmaceuticals; September 2024.
2. Röth A, Rottinghaus ST, Hill A, et al. Ravulizumab (ALXN1210) in patients with paroxysmal nocturnal hemoglobinuria: results of 2 phase 1b/2 studies. Blood Adv. 2018;2(17):2176-2185.
3. Noris M, Remuzzi G. Atypical hemolytic-uremic syndrome. N Engl J Med. 2009;361:1676–87.
4. Gäckler A, Schönermarck U, Dobronravov V, et al. Efficacy and safety of the long-acting C5 inhibitor ravulizumab in patients with atypical hemolytic uremic syndrome triggered by pregnancy: a subgroup analysis. BMC Nephrol. 2021;22(1):5.
5. Vu T, Meisel A, Mantegazza R, et al. Terminal complement inhibitor ravulizumab in generalized myasthenia gravis. New England Journal of Medicine Evidence 2022; 1.
6. Narayanaswami P, Sanders DB, Wolfe G, et al. International consensus guidance for management of myasthenia gravis: 2020 update. Neurology. 2021;96(3):114-122.
7. Kessler, R.A., Mealy, M.A. & Levy, M. Treatment of Neuromyelitis Optica Spectrum Disorder: Acute, Preventive, and Symptomatic. Curr Treat Options Neurol 18, 2 (2016).

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