Mass General Brigham
Health Plan

Fabhalta (iptacopan)
Effective 10/1/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Fabhalta (iptacopan) is a complement factor B inhibitor indicated for the treatment of adults with paroxysmal nocturnal hemoglobinuria.

Coverage Guidelines
Authorization may be granted for members new to the plan within the previous 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted if the member meets all of the following criteria and documentation has been submitted:

1. The member has a diagnosis of paroxysmal nocturnal hemoglobinuria confirmed by flow cytometry

<u>Continuation of Therapy</u>
Reauthorization will be granted when the following criteria are met:

1. Prescriber submits documentation of a positive response to therapy (e.g., normalization of lactate dehydrogenase [LDH] levels, hemoglobin stabilization, decreased number of red blood cell transfusions)

Limitations

1. Initial and reauthorization approvals will be granted for 12 months.

References

1. Fabhalta (iptacopan) capsules [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2024.

Review History

08/14/2024 – Reviewed at August P&T. Effective 10/1/2024.