Mass General Brigham
Health Plan

Ultomiris® (ravulizumab-cwvz)
Effective 04/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview
Ultomiris® (ravulizumab-cwvz) is indicated for the treatment of aHUS, generalized MG, and PNH. They are monoclonal antibodies that specifically binds to the complement protein C5 with high affinity, thereby inhibiting its cleavage to C5a and C5b and preventing the generation of the terminal complement complex.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
    a. The member has received a meningococcal vaccine at least two weeks prior to treatment initiation
    b. Appropriate dosing
2. The member has a diagnosis of atypical hemolytic uremic syndrome (aHUS)
    a. The member has received a meningococcal vaccine at least two weeks prior to treatment initiation
    b. Appropriate dosing
3. The member has a diagnosis of generalized myasthenia gravis (MG)
    a. Member is ≥ 18 years of age
    b. Member is AchR antibody positive

c. Prescriber is a neurologist or consult notes from a neurology office are provided
d. Physician attestation of inadequate response or adverse reaction to **TWO** of the following or contraindication to **ALL** of the following immunosuppressant trials
    i. azathioprine
    ii. cyclosporine
    iii. glucocorticoids (e.g., prednisone)
    iv. mycophenolate
    v. tacrolimus
e. Member has received a meningococcal vaccine at least two weeks prior to treatment initiation
f. Physician attestation of inadequate response, adverse reaction, or contraindication to Vyvgart® (efgartigimod alfa-fcab)
g. Appropriate dosing

Limitations

1. Initial approvals will be granted for the following:
    a. PNH/aHUS: 1 year
    b. MG: 6 months
2. Reauthorizations will be granted for 1 year

References

1. Ultomiris (ravulizumab-cwvz) [prescribing information]. Boston, MA: Alexion Pharmaceuticals; December 2018
2. Lee JW, Sicre de Fontbrune F, Wong Lee L, et al. Ravulizumab (ALXN1210) vs eculizumab in adult patients with PNH naive to complement inhibitors: the 301 study [published online December 3, 2018]. *Blood*. doi: 10.1182/blood-2018-09-876136
3. Kulasekararaj AG, Hill A, Rottinghaus ST, et al. Ravulizumab (ALXN1210) vs eculizumab in C5-inhibitor-experienced adult patients with PNH: the 302 study. Blood 2019; 133:540
4. 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. doi: 10.1182/bloodadvances.2018020644
5. McNamara LA, Topaz N, Wang X, et al. High Risk for Invasive Meningococcal Disease Among Patients Receiving Eculizumab (Soliris) Despite Receipt of Meningococcal Vaccine. MMWR Morb Mortal Wkly Rep 2017; 66:734

Review History

09/18/2019 – Reviewed
01/22/2020 – Added indication of atypical hemolytic uremic syndrome
02/08/2023 - Reviewed and updated for Feb P&T; matched MH UPPL criteria. Added indication of generalized myasthenia gravis. Updated initial approval durations. Effective 4/1/23.