



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 9, 2021 October 14, 2022, May 11, 2023, May 8, 2024

## ULTOMIRIS® (ravulizumab-cwvz)\*

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

**Required for all indications:**

- Documentation of meningococcal vaccine date required. If patient has not been previously vaccinated, then the patient must receive a meningococcal vaccination at least 2 weeks prior to first dose of Ultomiris
  - Verify vaccination via CPT codes in medical claims history, physician notes or vaccination records; document verification source in clinical notes.
- Prescribed by, or in consultation with, a hematologist, oncologist, immunologist, genetic specialist, **ophthalmologist**, or neurologist.
  
- **Atypical Hemolytic Uremic Syndrome (aHUS)**
  - Patient must be  $\geq 1$  month of age.
  - Supporting documentation indicating a diagnosis of aHUS.
  - Patient does not have Shiga toxin Escherichia coli related hemolytic uremic syndrome (STEC-HUS). Lab test confirming the *absence* of Shiga toxin required.
  - Documented baseline values for one or more of the following (necessary for renewal): serum lactate dehydrogenase (LDH), serum creatinine/eGFR, platelet count, and dialysis requirement.
  - Patient shows signs of thrombotic microangiopathy (TMA) (e.g. changes in mental status, seizures, angina, dyspnea, thrombosis, increasing blood pressure, decreased platelet count, increased serum creatinine, increased LDH, etc.).
  
- **Paroxysmal nocturnal hemoglobinuria (PNH)**
  - Patient must be  $\geq 1$  month of age.
  - Supporting documentation indicating a diagnosis of PNH.
  - Documented baseline values for one or more of the following (necessary for renewal): serum lactate dehydrogenase (LDH), hemoglobin level, and packed RBC transfusion requirement.
  - Patient has one of the following:
    - Presence of a thrombotic event
    - Presence of organ damage secondary to chronic hemolysis
    - Patient is pregnant and potential benefit outweighs potential fetal risk.
    - Patient is transfusion dependent
    - Patient has high LDH activity (defined as  $\geq 1.5$  x ULN) with clinical symptoms



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- **Generalized myasthenia gravis (gMG)**
  - Patient must be  $\geq 18$  years of age.
  - Supporting documentation indicating a diagnosis of gMG who are anti-acetylcholine receptor (AChR) antibody-positive.
  - Documented Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV and Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score  $\geq 6$ .
  
- **Neuromyelitis Optica Spectrum Disorder (NMOSD)**
  - Patient must be  $\geq 18$  years of age.
  - Supporting documentation indicating a diagnosis of NMOSD who are anti-aquaporin-4 (AQP4) antibody positive.
  - Patient has had at least 1 relapse in the last 12 months.
  - Patient has an Expanded Disability Status Scale (EDSS) score  $\leq 7$ .
  - Patient has prior or current use with immunosuppressant therapy.

#### **CONTINUATION OF THERAPY**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

#### **DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.
- Available as 300 mg/30 mL single-dose vial, 300 mg/3 mL single-dose vial, 1,100 mg/11 mL single-dose vial and 245 mg/3.5 mL single-dose prefilled cartridge for use with on-body injector.