Protocol for Paroxysmal Nocturnal Hemoglobinuria Products

Approved July 2022

Empaveli® (pegcetacoplan) **Soliris®** (eculizumab) **Ultomiris®** (ravulizumab)

Background:
Paroxysmal nocturnal hemoglobinuria (PNH) is a chronic, multi-systemic, progressive, and life- threatening disease characterized by intravascular hemolysis, thrombotic events, serious infections, and bone marrow failure.

Empaveli *is a complement inhibitor indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria.*

Soliris *is a complement inhibitor indicated for the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.*

Ultomiris *is a complement inhibitor indicated for the treatment of pediatric and adult patients with paroxysmal nocturnal hemoglobinuria.*

Criteria for approval:

1. Diagnosis of PNH is confirmed by flow cytometry
2. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with medically appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer- reviewed evidence

<u>For Empaveli:</u>

a. Patient is 18 years old or older
b. Prescriber is enrolled in Empaveli REMS program
c. Patient will not be on concomitant therapy with another complement inhibitor such as Ultomiris or Soliris unless otherwise recommended by drug label
d. Patient complies with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria

For Soliris:

a. Patient is 18 years of age or older
b. Prescriber is enrolled in Soliris REMS program
c. Patient will not be on concomitant therapy with another complement inhibitor such as Empaveli or Ultomiris unless otherwise recommended by drug label
d. Patient complies with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria

For Ultomiris:

a. Patient is 1 month of age or older
b. Prescriber is enrolled in Ultomiris REMS program
c. Patient will not be on concomitant therapy with another complement inhibitor such as Empaveli or Soliris unless otherwise recommended by drug label
d. Patient complies with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria
e. Documentation of patient's current weight

Continuation of therapy:

The patient has responded to treatment compared to baseline as defined by at least one of the following:

a) Decrease in serum LDH from pretreatment level
b) Increase in hemoglobin levels
c) Decrease in number of transfusions needed
d) Absence of unacceptable toxicity from the drug

Initial Approval Duration: 6 months

Renewal Approval Duration: 12 months

References:

1. Empaveli [prescribing information]. Apellis Pharmaceuticals Inc; Waltham MA: May 2021
2. Soliris [prescribing information]. Alexion Pharmaceuticals, Inc. Cheshire, CT: September 2011
3. Ultomiris [prescribing information]. Alexion Pharmaceuticals, Inc. Boston, MA: December 2018
4. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically
5. Cancado RD et al. Consensus statement for diagnosis and treatment of paroxysmal nocturnal hemoglobinuria. Hematol Transfus Cell Ther. 2021; 43(3):341-348
6. Parker CJ. Update on the diagnosis and management of paroxysmal nocturnal hemoglobinuria. Hematology Am Soc Hematol Educ Program (2016) 2016 (1): 208–216.