Policy Title:	Soliris (eculizumab) Intravenous		
		Department:	PHA
Effective Date:	01/01/2020		
Review Date:	09/18/2019, 12/20/2019		
Revision Date:	09/18/2019		

Purpose: To support safe, effective and appropriate use of Soliris (eculizumab).

Scope: Medicaid, Exchange, Medicare-Medicaid Plan (MMP)

Policy Statement:

Soliris (eculizumab) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:

Coverage of Soliris (eculizumab) will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria:

- Submission of the following information is necessary to initiate the prior authorization review for new requests for treatment of:
    - Atypical hemolytic uremic syndrome: ADAMTS 13 level
    - Paroxysmal nocturnal hemoglobinuria: deficiency of glycosylphosphatidylinositol (GPI)-anchored proteins, flow cytometry used to show results of GPI-APs deficiency
    - Generalized myasthenia gravis: anti-acetylcholine receptor (AchR) antibody positive, clinical classification of myasthenia gravis score, MG activities of daily living score, use of IVIG and rituximab, use of two immunosuppressive therapy

Atypical hemolytic uremic syndrome

- Authorization of 6 months may be granted for treatment of atypical hemolytic uremic syndrome not caused by Shiga toxin when all of the following criteria are met:
    - ADAMTS 13 activity level above 5%
    - Absence of Shiga toxin
    - Dose is within FDA guidelines

Paroxysmal nocturnal hemoglobinuria

- Authorization of 6 months may be granted for treatment of paroxysmal nocturnal hemoglobinuria when all of the following criteria are met:
    - Deficiency of glycosylphosphatidylinositol-anchored proteins (GPI-APs)

- Flow cytometry is used to demonstrate GPI-APs deficiency
- Dose is within FDA guidelines

Neuromyelitis optica spectrum disorder (NMOSD)

- Authorization of 6 months may be granted for treatment of NMOSD who are anti-aquaporin-4 (AQP4) antibody positive, have a history of at least 2 relapses in last 12 months or 3 relapses in the last 24 months and dose is within FDA guidelines

Generalized myasthenia gravis (gMG)

- Authorization of 6 months may be granted for treatment of generalized myasthenia gravis (gMG) when all of the following criteria are met:
  - Anti-acetylcholine receptor (AchR) antibody positive
  - Myasthenia Gravis Foundation of America (MGFA) clinical classification II to IV
  - MG activities of daily living (MG-ADL) total score ≥6
  - Dose is within FDA guidelines
  - Meets both of the following:
    - Patent has had an inadequate response to at least two immunosuppressive therapy listed below:
      - azathioprine
      - cyclosporine
      - mycophenolate mofetil
      - tacrolimus
      - methotrexate
      - cyclophosphamide
    - Patient has inadequate response to chronic IVIG AND rituximab or Rituxan biosimilar.

Continuation of Therapy Criteria:

- **Atypical hemolytic uremic syndrome**
  - Authorization of 6 months may be granted to all members (including new members) requesting continuation of therapy provided they meet all initial authorization criteria and demonstrate a positive response to therapy (e.g., normalization of LDH levels, platelet counts).

- **Paroxysmal nocturnal hemoglobinuria**
  - Authorization of 6 months may be granted to all members (including new members) requesting continuation of therapy provided they meet all initial authorization criteria and demonstrate a positive response to therapy (e.g., improvement in hemoglobin levels, normalization of LDH levels).

- **Neuromyelitis optica spectrum disorder (NMOSD)**

- Authorization of 6 months may be granted to all members (including new members) requesting continuation of therapy provided they meet all initial authorization criteria and demonstrate a positive response to therapy (e.g. decrease in number of relapses, or annualized rates of hospitalizations, or reductions in use of plasma exchange treatments).

- **Generalized myasthenia gravis (gMG)**
  - Authorization of 6 months may be granted to all members (including new members) requesting continuation of therapy provided they meet all initial authorization criteria and demonstrate a positive response to therapy (e.g., improvement in MG-ADL scores, changes in baseline in Quantitative Myasthenia Gravis (QMG) total score).

Coverage durations:

- Initial coverage: 6 months
- Continuation of therapy coverage: 6 months

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. ***

Dosage/Administration:

Indication	**Dose**	**Maximum dose (1 billable unit = 10 mg)**
Paroxysmal nocturnal hemoglobinuria (PNH)	Loading dose: 600 mg intravenously every 7 days for the first 4 weeks, followed by 900 mg intravenously for the fifth dose 7 days later Maintenance dose: 900 mg intravenously every 14 days	60 billable units Days 1, 8, 15, & 22; then 90 billable units Day 29 Maintenance dose: 90 billable units every 14 days
Atypical hemolytic uremic syndrome (aHUS)	**Adults** Loading dose: 900 mg intravenously every 7 days for the first 4 weeks, followed by 1,200 mg intravenously for the fifth dose 7 days later Maintenance dose: 1200 mg intravenously every 14 days **Patients < 18 years** 5 kg - < 10kg: 300 mg weekly x 1 dose, 300 mg at week 2, then 300 mg every 3 weeks 10 kg - < 20kg: 600 mg weekly x 1 dose, 300 mg at week 2, then 300 mg every 2 weeks 20 kg - < 30kg: 600 mg weekly x 2 doses, 600 mg at week 3, then 600 mg every 2 weeks 30 kg - < 40kg: 600 mg weekly x 2 doses, 900 mg at week 3, then 900 mg every 2 weeks ≥ 40kg:	Loading dose: 90 billable units Days 1, 8, 15, & 22; then 120 billable units Day 29 Maintenance dose: 120 billable units every 14 days

	900 mg weekly x 4 doses, 1200 mg at week 5, then 1200 mg every 2 weeks	
Generalized Myasthenia Gravis (gMG) or Neuromyelitis optica spectrum disorder (NMOSD)	Loading dose: 900 mg intravenously every 7 days for the first 4 weeks, followed by 1,200 mg intravenously for the fifth dose 7 days later Maintenance dose: 1200 mg intravenously every 14 days	Loading dose: 90 billable units Days 1, 8, 15, & 22; then 120 billable units Day 29 Maintenance dose: 120 billable units every 14 days

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT code is:

HCPCS/CPT Code	Description
J1300	Injection, eculizumab, 10 mg

References:

1. Soliris [package insert]. New Haven, CT: Alexion Pharmaceuticals, Inc.; October 2017.
2. Loirat C, Fakhouri F, Ariceta G, et al. An international consensus approach to the management of atypical hemolytic uremic syndrome in children. *Pediatr Nephrol*. Published online: April 11, 2015.
3. Parker CJ. Management of paroxysmal nocturnal hemoglobulinuria in the era of complement inhibitory therapy. *Hematology*. 2011; 21-29.
4. Sanders D, Wolfe G, Benatar M et al. International consensus guidance for management of myasthenia gravis. *Neurology*. 2016; 87 (4):419-425.
5. Jaretzki A, Barohn RJ, Ernstoff RM et al. Myasthenia Gravis: Recommendations for Clinical Research Standards. *Ann Thorac Surg*. 2000;70: 327-34.
6. Hillmen P, Young NS, Schubert J, et al. The complement inhibitor eculizumab in paroxysmal nocturnal hemoglobinuria. *NEJM*. 2006;335:1233-43.
7. Howard JF, Utsugisawa K, Benatar M. Safety and efficacy of eculizumab in anti-acetylcholine receptor antibody-positive refractory generalized myasthenia gravis (REGAIN); a phase 3, randomized, double-blind, placebo-controlled, multicenter study. *Lancet Neurol*. 2017 Oct 20. http://dx.doi.org/10.1016/S1474-4422(17)30369-1Ingenix HCPCS Level II, Expert 2011