CareSource

PHARMACY POLICY STATEMENT **Marketplace**	
DRUG NAME	Soliris (eculizumab)
BILLING CODE	J1300
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
COVERAGE REQUIREMENTS	Prior Authorization Required (non-preferred product) QUANTITY LIMIT— see **Dosage allowed** for details
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Soliris (eculizumab) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

ATYPICAL HEMOLYTIC UREMIC SYNDROME (aHUS)

For **initial** authorization:

1. Member has diagnosis of aHUS supported by the absence of Shiga toxin-producing E. coli infection and with ADAMTS13 activity level > 5% documented in chart notes; AND
2. Member has ALL of the following documented in chart notes:
   a) Platelet count ≤ 150 x 10^9/L;
   b) Evidence of hemolysis (e.g., an elevation in serum Lactic Acid Dehydrogenase (LDH));
   c) Serum creatinine above the upper limits of normal, without the need for chronic dialysis; AND
3. Member has received vaccination against Neisseria meningitidis (i.e., Menactra®, Menveo®, MenHibrix®); AND
4. Member does **not** have ANY of the following:
   a) History of malignancy within 5 years;
   b) HIV;
   c) Infection-related or identified drug exposure-related hemolytic-uremic syndrome (HUS);
   d) HUS related to bone marrow transplant (BMT) or to vitamin B12 deficiency;
   e) Systemic Lupus Erythematosus (SLE) or antiphospholipid antibody positivity or syndrome;
   f) Member is on chronic intravenous immunoglobulin (IVIG) within 8 weeks or chronic Rituximab therapy within 12 weeks.
5. **Dosage allowed:** 3,600 mg/28 days for initial fill, then 2,400 mg/28 days for subsequent fills.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has an increase in mean platelet counts from baseline and signs of complement-mediated thrombotic microangiopathy (TMA) activity were reduced with Soliris (eculizumab) therapy.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

GENERALIZED MYASTHENIA GRAVIS (gMG)

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Medication is prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of severe, refractory gMG with documentation of positive serologic test for anti-AChR antibodies[25]; AND
4. Member has tried and failed one of the following (unless contraindicated or intolerable):
    i) Corticosteroid and at least 2 other immunosuppressive therapies[24] (e.g. azathioprine [first line], cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) over 1 year or more[15] (total); OR
    ii) At least 1 immunosuppressive therapy and has required plasmapheresis or plasma exchange or intravenous immunoglobulin (IVIG) at least every 3 months over the past year[15]; AND
5. Member has received meningococcal vaccine.
6. **Dosage allowed:** 900 mg IV weekly for the first 4 weeks, followed by 1200 mg for the fifth dose 1 week later, then 1200 mg every 2 weeks thereafter.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must demonstrate improvement in activities of daily living, muscle strength, and/or health-related quality of life; fewer exacerbations or hospitalizations, or reduced use of rescue medication.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of NMOSD and is seropositive for aquaporin-4 (AQP4) IgG antibodies (documentation required); AND
4. Member had had 1 or more relapses within the past year; AND
5. Member has tried and failed at least one of the following for 6 months or longer: azathioprine, mycophenolate, rituximab[19,20,21] (requires prior auth); AND
6. Member has tried and failed Enspryng (requires prior auth) for at least 6 months or has contraindication; AND
7. Member has received meningococcal vaccine.
8. **Dosage allowed:** 900 mg IV weekly for the first 4 weeks, followed by 1200 mg for the fifth dose 1 week later, then 1200 mg every 2 weeks thereafter.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must document disease stabilization, symptom improvement, and/or reduced frequency of relapses.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

For **initial** authorization:

1. Member with diagnosis of PNH as confirmed by flow cytometry (PNH type III red cells or GPI-AP-deficient polymorphonuclear cells (PMNs)); AND
2. Medication is prescribed by a hematologist or nephrologist; AND
3. Member has received vaccination against Neisseria meningitidis (i.e., Menactra®, Menveo®, MenHibrix®); AND
4. Member has LDH levels > 1.5 times the upper limit of normal documented in chart notes; AND
5. Member has **one** or more of the following documented in chart notes:
   a) History of at least 1 blood transfusion within the past 24 months due to anemia or anemia related symptoms or personal beliefs precluding transfusion;
   b) Presence of organ damage due to chronic hemolysis.
6. **Dosage allowed:** 2,400 mg/28 days for initial fill then 1,800 mg/28 days for subsequent fills.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member is stable or has shown improvement on Soliris (eculizumab) therapy.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Soliris (eculizumab) not medically necessary for the treatment of diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
11/14/2017	New policy for Soliris created.
10/26/2019	New diagnosis of Neuromyelitis optica spectrum disorder (NMOSD) added.
10/15/2020	Revised criteria for NMOSD to align with other products. Only require at least 1 relapse in past year. Added trial of a standard therapy. Added trial of Enspryng. Re-worded the criteria for meningitis vaccine. Removed the part about stable immunosuppressive therapy (just assessed for study purpose). Removed restrictions on prior Rituxan, mitoxantrone, IVIG (only applicable to the study design). Changed initial auth duration to 6 months. Edited the renewal criteria to be more appropriate. Also corrected the dose information error. Changed to non-preferred drug status.
02/08/2021	gMG: Updated references. Added specialist requirement. Removed MG-ADL score. Amended prerequisite drugs to more closely match guidelines and literature. Removed clinical trial exclusion criteria. Reduced initial auth duration to 6 months. Revised renewal criteria.

References:

1. Soliris (eculizumab) [prescribing information]. Boston, MA: Alexion Pharmaceuticals Inc; 2020.
2. Hillmen P, Young NS, Schubert J, et. al. The complement inhibitor eculizumab in paroxysmal nocturnal hemoglobinuria. N Eng J Med. 2006;355:1233-1243. Doi: 10.1056/NEJMMoa061648.
3. Brodsky RA, Young NS, Antonioli E, et. al. Multicenter phase 3 study of the complement inhibitor eculizumab for the treatment of patients with paroxysmal nocturnal hemoglobulinemia. Blood. 2008;111:1840-1847. Doi: 10.1182/blood-2007-06-094136.
4. Legendre CM, Licht C, Muus P, et. al. Terminal complement inhibitor eculizumab in atypical hemolytic-uremic syndrome. N Eng J Med. 2013;368:2169-2181. Doi: 10.1056/NEJMMoa1208981.

5. Sahin F, Akay OM, Ayer M, et. al. Pesg PNH diagnosis, follow-up, and treatment guidelines. *Am J Blood Res.* 2016;6(2):19-27. Available at www.ajblood.us/files/ajbr0031541.pdf. Accessed July 17, 2017.
6. Parker C, Omine M, Richards S, et. al. Diagnosis and management of paroxysmal nocturnal hemoglobinuria. *Blood.* 2005;106(12):3699-3709. Doi: 10.1182/blood-2005-04-1717.
7. Kaplan BS, Ruebner RL, Spinale JM, Copelovitch L. Current treatment of atypical hemolytic uremic syndrome. *Intractable Rare Dis Res.* 2014;3(2):34-35. Doi: 10.5582/irdr.2014.01001.
8. Cheong H, Jo SK, Yoon SS, et. al. Clinical practice guidelines for the management of atypical hemolytic uremic syndrome in Korea. *J Korean Med Sci*. 2016;31:1516-1528. Doi: 10.3346/jkms.2016.31.10.1516.
9. ClinicalTrials.gov web site. U.S. National Library of Medicine. Identifier NCT00838513. Open Label Controlled Trial of Eculizumab in Adult Patients With Plasma Therapy-sensitive Atypical Hemolytic Uremic Syndrome aHUS (aHUS); July 23, 2015. Available at: https://clinicaltrials.gov/ct2/show/NCT00838513?term=eculizumab&recrs=adef&cond=ATYPICAL+HEMOLYTIC+UREMIC+SYNDROME+%28aHUS%29&rank=2.
10. ClinicalTrials.gov web site. U.S. National Library of Medicine. Identifier NCT00844545. Open Label Controlled Trial of Eculizumab in Adult Patients With Plasma Therapy-Resistant aHUS (aHUS). July 23, 2015. Available at: https://clinicaltrials.gov/ct2/show/NCT00844545?term=eculizumab&recrs=adef&cond=ATYPICAL+HEMOLYTIC+UREMIC+SYNDROME+%28aHUS%29&rank=6.
11. ClinicalTrials.gov web site. U.S. National Library of Medicine. Identifier NCT00844844. Open Label Controlled Trial of Eculizumab in Adolescent Patients With Plasma Therapy-Resistant aHUS (aHUS). July 23, 2015. Available at: https://clinicaltrials.gov/ct2/show/NCT00844844?term=eculizumab&recrs=adef&cond=ATYPICAL+HEMOLYTIC+UREMIC+SYNDROME+%28aHUS%29&rank=7.
12. ClinicalTrials.gov web site. U.S. National Library of Medicine. Identifier NCT01997229. Safety and Efficacy of Eculizumab in Refractory Generalized Myasthenia Gravis (REGAIN Study). March 3, 2017. Available at: https://clinicaltrials.gov/ct2/show/NCT01997229?term=eculizumab&recrs=adef&cond=GENERALIZED+MYASTHENIA+GRAVIS&rank=1.
13. ClinicalTrials.gov web site. U.S. National Library of Medicine. Identifier NCT00098280. Eculizumab to Treat Paroxysmal Nocturnal Hemoglobinuria. March 4, 2008. Available at: https://clinicaltrials.gov/ct2/show/NCT00098280?term=eculizumab&recrs=adef&cond=PAROXYSMAL+NOCTURNAL+HEMOGLOBINURIA&draw=1&rank=9.
14. ClinicalTrials.gov Identifier: NCT01892345. A Randomized Controlled Trial of Eculizumab in AQP4 Antibody-positive Participants With NMO (PREVENT Study). Available to: https://clinicaltrials.gov/ct2/show/NCT01892345?term=NCT01892345&draw=1&rank=1.
15. Howard Jr, James F., et al. "Safety and efficacy of eculizumab in anti-acetylcholine receptor antibody-positive refractory generalised myasthenia gravis (REGAIN): a phase 3, randomised, double-blind, placebo-controlled, multicentre study." The Lancet Neurology 16.12 (2017): 976-986.
16. Dhillon, Sohita. "Eculizumab: A Review in Generalized Myasthenia Gravis." Drugs 78.3 (2018): 367-376.
17. Schubert, Jörg, and Jan Menne. "Eculizumab for the treatment of hemolytic paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome and refractory myasthenia gravis." Expert Opinion on Orphan Drugs 5.4 (2017): 375-379.
18. Kessler RA, Mealy MA, Levy M. Treatment of Neuromyelitis Optica Spectrum Disorder: Acute, Preventive, and Symptomatic. *Curr Treat Options Neurol*. 2016;18(1):2. doi:10.1007/s11940-015-0387-9
19. Weinshenker B. Neuromyelitis Optica Spectrum Disorder. NORD (National Organization for Rare Disorders). https://rarediseases.org/rare-diseases/neuromyelitis-optica/. Published August 25, 2020. Accessed October 2, 2020.
20. Mealy MA, Wingerchuk DM, Palace J, Greenberg BM, Levy M. Comparison of relapse and treatment failure rates among patients with neuromyelitis optica: multicenter study of treatment efficacy. *JAMA Neurol*. 2014;71(3):324-330. doi:10.1001/jamaneurol.2013.5699
21. Pittock SJ, Berthele A, Fujihara K, et al. Eculizumab in Aquaporin-4-Positive Neuromyelitis Optica Spectrum Disorder. *N Engl J Med*. 2019;381(7):614-625. doi:10.1056/NEJMoa1900866
22. Pardo S, Giovannoni G, Hawkes C, Lechner-Scott J, Waubant E, Levy M. Editorial on: Eculizumab in aquaporin-4-positive neuromyelitis optica spectrum disorder. *Mult Scler Relat Disord*. 2019;33:A1-A2. doi:10.1016/j.msard.2019.07.001
23. Frampton JE. Eculizumab: A Review in Neuromyelitis Optica Spectrum Disorder [published correction appears in Drugs. 2020 Apr 21;:] [published correction appears in Drugs. 2020 Apr 22;:]. *Drugs*. 2020;80(7):719-727. doi:10.1007/s40265-020-01297-w
24. Sanders DB, Wolfe GI, Benatar M, et al. International consensus guidance for management of myasthenia gravis: Executive summary. *Neurology*. 2016;87(4):419-425. doi:10.1212/WNL.0000000000002790

25. Narayanaswami P, Sanders DB, Wolfe G, et al. International Consensus Guidance for Management of Myasthenia Gravis: 2020 Update. *Neurology*. 2021;96(3):114-122. doi:10.1212/WNL.0000000000011124

Effective date: 10/1/2021
Revised date: 02/08/2021