Clinical Policy: Ravulizumab-cwvz (Ultomiris)

Reference Number: PA.CP.PHAR.415
Effective Date: 04/2019
Last Review Date: 07/2025

Description
Ravulizumab-cwvz (Ultomiris™) is a complement inhibitor.

FDA Approved Indication(s)
Ultomiris is indicated for the treatment of:

- Adult and pediatric patients one month of age and older with paroxysmal nocturnal hemoglobinuria (PNH)
- Adult and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA)
- Adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive
- Adult patients with neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive

Limitation(s) of use: Ultomiris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Ultomiris is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Paroxysmal Nocturnal Hemoglobinuria (must meet all)**:**

1. Diagnosis of PNH;
2. Prescribed by or in consultation with a hematologist;
3. Age ≥ 1 month;
4. Flow cytometry shows detectable glycosylphosphatidylinositol (GPI)-deficient hematopoietic clones or ≥ 5% PNH cells;
5. Member meets one of the following (a or b):
   a. History of ≥ 1 transfusion in the past 24 months and (i or ii):
      i. Documentation of hemoglobin < 7 g/dL in members without anemia symptoms;
      ii. Documentation of hemoglobin < 9 g/dL in members with anemia symptoms;
   b. History of thrombosis;
6. Ultomiris is not prescribed concurrently with Bkemv™, Empaveli®, Epysqli®, Fabhalta®, Soliris® or PiaSky®;
7. Dose does not exceed the following (a, b, c or d):

a. Loading dose on Day 1:
   i. Weight ≥ 5 to < 10 kg: 600 mg;
   ii. Weight ≥ 10 to < 20 kg: 600 mg;
   iii. Weight ≥ 20 to < 30 kg: 900 mg;
   iv. Weight ≥ 30 to < 40 kg: 1,200 mg;
   v. Weight ≥ 40 to < 60 kg: 2,400 mg;
   vi. Weight ≥ 60 to < 100 kg: 2,700 mg;
   vii. Weight ≥ 100 kg: 3,000 mg;
b. If member is switching therapy from Soliris/Bkemv/ Epysqli, administration of the loading dose should occur 2 weeks after the last Bkemv/Soliris/ Epysqli infusion;
c. Maintenance dose (i or ii):
   i. IV maintenance dose on Day 15 after IV Ultomiris loading dose (or starting 1 week after the last SC Ultomiris maintenance dose if switching from SC Ultomiris) and at the specified frequency thereafter:
      1) Weight ≥ 5 to < 10 kg: 300 mg every 4 weeks;
      2) Weight ≥ 10 to < 20 kg: 600 mg every 4 weeks;
      3) Weight ≥ 20 to < 30 kg: 2,100 mg every 8 weeks;
      4) Weight ≥ 30 to < 40 kg: 2,700 mg every 8 weeks;
      5) Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
      6) Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
      7) Weight ≥ 100 kg: 3,600 mg every 8 weeks;
   ii. SC maintenance dose on Day 15 after IV Ultomiris loading dose (or starting 8 weeks after the last IV Ultomiris maintenance dose if switching from IV Ultomiris) and at the specified frequency thereafter:
      1) Age ≥ 18 years and weight ≥ 40 kg: 490 mg every week;
d. If member has received plasma exchange (PE), plasmapheresis (PP), or intravenous immunoglobulin (IVIg), a supplemental dose of Ultomiris may be administered within 4 hours following each PE/PP intervention or IVIg cycle (*see section V*).

Approval duration: 6 months

B. Atypical Hemolytic Uremic Syndrome (must meet all)**:**
1. Diagnosis of aHUS (i.e., complement-mediated HUS);
2. Prescribed by or in consultation with a hematologist or nephrologist;
3. Age ≥ 1 month;
4. Member has signs of TMA as evidenced by all of the following (a, b, and c):
   a. Platelet count ≤ 150 x 10^9/L;
   b. Hemolysis such as an elevation in serum lactate dehydrogenase (LDH);
   c. Serum creatinine above the upper limits of normal or member requires dialysis;
5. Documentation that member does not have either of the following:
   a. A disintegrin and metalloproteinase with thombospondin type 1 motif, member 13 (ADAMTS13) deficiency;
   b. STEC-HUS;
6. Ultomiris is not prescribed concurrently with Soliris or Bkemv;
7. Dose does not exceed the following (a, b, c, and d):

a. IV loading dose on Day 1:
   i. Weight ≥ 5 to < 10 kg: 600 mg;
   ii. Weight ≥ 10 to < 20 kg: 600 mg;
   iii. Weight ≥ 20 to < 30 kg: 900 mg;
   iv. Weight ≥ 30 to < 40 kg: 1,200 mg;
   v. Weight ≥ 40 to < 60 kg: 2,400 mg;
   vi. Weight ≥ 60 to < 100 kg: 2,700 mg;
   vii. Weight ≥ 100 kg: 3,000 mg;
b. If member is switching therapy from Soliris/Bkemv/ Epysqli, administration of the IV loading dose should occur at the time of the next scheduled Soliris/Bkemv/ Epysqli dose;
c. Maintenance dose (i or ii):
   i. IV maintenance dose on Day 15 after IV Ultomiris loading dose s(or starting 1 week after the last SC Ultomiris maintenance dose if switching from SC Ultomiris) and at the specified frequency thereafter:
      1) Weight ≥ 5 to < 10 kg: 300 mg every 4 weeks;
      2) Weight ≥ 10 to < 20 kg: 600 mg every 4 weeks;
      3) Weight ≥ 20 to < 30 kg: 2,100 mg every 8 weeks;
      4) Weight ≥ 30 to < 40 kg: 2,700 mg every 8 weeks;
      5) Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
      6) Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
      7) Weight ≥ 100 kg: 3,600 mg every 8 weeks;
   ii. SC maintenance dose on Day 15 after IV Ultomiris loading dose (or starting 8 weeks after the last IV Ultomiris maintenance dose if switching from IV Ultomiris) and at the specified frequency thereafter:
      1) Age ≥ 18 years and weight ≥ 40 kg: 490 mg every week;
d. If member has received PE, PP, or IVIg, a supplemental dose of Ultomiris may be administered within 4 hours following each PE/PP intervention or IVIg cycle (*see section V*).

Approval duration: 6 months

C. Generalized Myasthenia Gravis (must meet all):
1. Diagnosis of gMG;
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 18 years;
4. Myasthenia Gravis Activities of Daily Living (MG-ADL) score ≥ 6 at baseline;
5. Myasthenia Gravis Foundation of America (MGFA) clinical classification of Class II to IV;
6. Member has positive serological test for anti-AChR antibodies;
7. Failure of a corticosteroid (*see Appendix B*), unless contraindicated or clinically significant adverse effects are experienced;
8. Failure of a cholinesterase inhibitor (*see Appendix B*), unless contraindicated or clinically significant adverse effects are experienced;
9. Failure of at least one non-steroidal immunosuppressive therapy (*see Appendix B*), unless clinically significant adverse effects are experienced or all are contraindicated;

10. Ultomiris is not prescribed concurrently with Bkemv, Epysqli, Rystiggo®, Soliris, Vyvgart®, Vyvgart® Hytrulo, or Zilbrysq®;
11. Dose does not exceed the following (a, b, c, and d):
    a. IV loading dose on Day 1:
        i. Weight ≥ 40 to < 60 kg: 2,400 mg;
        ii. Weight ≥ 60 to < 100 kg: 2,700 mg;
        iii. Weight ≥ 100 kg: 3,000 mg;
    b. If member is switching therapy from Soliris/Bkemv/Epysqli, administration of the IV loading dose should occur at the time of the next scheduled Soliris/Bkemv/Epysqli dose;
    c. IV maintenance dose on Day 15 after IV Ultomiris loading dose and at the specified frequency thereafter:
        i. Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
        ii. Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
        iii. Weight ≥ 100 kg: 3,600 mg every 8 weeks;
    d. If member has received PE, PP, or IVIg, a supplemental dose of Ultomiris may be administered within 4 hours following each PE/PP intervention or IVIg cycle (*see section V*).

Approval duration: 6 months

D. Neuromyelitis Optica Spectrum Disorder (must meet all)**:**
1. Diagnosis of NMOSD;
2. Prescribed by or in in consultation with a neurologist;
3. Age ≥ 18 years;
4. Member has positive serologic test for anti-AQP4 antibodies;
5. Member has experienced at least one relapse within the previous 12 months;
6. Baseline expanded disability status scale (EDSS) score of ≤ 7;
7. Failure of rituximab (*Ruxience™ and Truxima® are preferred*) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
   **Prior authorization may be required for rituximab*
8. Ultomiris is not prescribed concurrently with rituximab, Bkemv, Enspryng®, Epysqli, Soliris, or Uplizna®;
9. Dose does not exceed the following (a, b, c, and d):
    a. IV loading dose on Day 1:
        i. Weight ≥ 40 to < 60 kg: 2,400 mg;
        ii. Weight ≥ 60 to < 100 kg: 2,700 mg;
        iii. Weight ≥ 100 kg: 3,000 mg;
    b. If member is switching therapy from Soliris/Bkemv/Epysqli, administration of the IV loading dose should occur at the time of the next scheduled Soliris/Bkemv/Epysqli dose;
    c. IV maintenance dose on Day 15 after IV Ultomiris loading dose and at the specified frequency thereafter:
        i. Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
        ii. Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
        iii. Weight ≥ 100 kg: 3,600 mg every 8 weeks;

d. If member has received PE, PP, or IVIg, a supplemental dose of Ultomiris may be administered within 4 hours following each PE/PP intervention or IVIg cycle (*see section V*).

Approval duration: 6 months

E. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53 for Medicaid.

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy as evidenced by, including but not limited to, any of the following parameters (a, b or c):
   a. PNH:
      i. Improved measures of intravascular hemolysis (e.g., normalization of LDH);
      ii. Reduced need for red blood cell transfusions;
      iii. Increased or stabilization of hemoglobin levels;
      iv. Less fatigue;
      v. Improved health-related quality of life;
      vi. Fewer thrombotic events;
   b. aHUS:
      i. Improved measures of intravascular hemolysis (e.g., normalization of LDH);
      ii. Increased or stabilized platelet counts;
      iii. Improved or stabilized serum creatinine or estimated glomerular filtration rate (eGFR);
      iv. Reduced need for dialysis;
   c. gMG:
      i. Improved MG-ADL total score as evidenced by a 2-point reduction from baseline;
   d. NMOSD:
      i. Member is responding positively to therapy – including but not limited to improvement or stabilization in any of the following parameters:
         1. Frequency of relapse;
         2. EDSS;
         3. Visual acuity;
3. Ultomiris is not prescribed concurrently with (a, b, c or d):
   a. PNH: Bkemv, Empaveli, Epysqli, Fabhalta, or Soliris, or PiaSky;
   b. aHUS: Bkemv, Epysqli, or Soliris;
   c. gMG:Bkemv, Epysqli, Rystiggo, Soliris, Vyvgart, Vyvgart Hytrulo, or Zilbrysq; ;
   d. NMOSD: rituximab, Bkemv, Enspryng, Epysqli, Soliris, or Uplizna;
4. If request is for a dose increase, new dose does not exceed one of the following (a, b, or c):

a. PNH/aHUS (i or ii):
   i. IV (at least 1 week must have elapsed since last dose of SC Ultomiris if switching):
      1. Weight ≥ 5 to < 10 kg: 300 mg every 4 weeks;
      2. Weight ≥ 10 to < 20 kg: 600 mg every 4 weeks;
      3. Weight ≥ 20 to < 30 kg: 2,100 mg every 8 weeks;
      4. Weight ≥ 30 to < 40 kg: 2,700 mg every 8 weeks;
      5. Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
      6. Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
      7. Weight ≥ 100 kg: 3,600 mg every 8 weeks;
   ii. SC (at least 8 weeks must have elapsed since last maintenance dose of IV Ultomiris if switching):
      1. Age ≥ 18 years and weight ≥ 40 kg: 490 mg every week;

b. gMG/NMOSD:
   i. Weight ≥ 40 to < 60 kg: 3,000 mg every 8 weeks;
   ii. Weight ≥ 60 to < 100 kg: 3,300 mg every 8 weeks;
   iii. Weight ≥ 100 kg: 3,600 mg every 8 weeks;

c. All indications: If member has received PE, PP, or IVIg, a supplemental dose of Ultomiris may be administered within 4 hours following each PE/PP intervention or IVIg cycle (*see section V*).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 for Medicaid or evidence of coverage documents.

B. Amyotrophic lateral sclerosis.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AChR: acetylcholine receptor
ADAMTS13: a disintegrin and metalloproteinase with thombospondin type 1 motif, member 13
aHUS: atypical hemolytic uremic syndrome
AQP-4: aquaporin-4
EDSS: Expanded Disability Status Scale
FDA: Food and Drug Administration
gMG: generalized myasthenia gravis
GPI: glycosyl phosphatidylinositol
IVIg: intravenous immunoglobulin
LDH: lactate dehydrogenase

MG-ADL: Myasthenia Gravis Activities of Daily Living
MGFA: Myasthenia Gravis Foundation of America
NMOSD: neuromyelitis optica spectrum disorder
PE: plasma exchange
PNH: paroxysmal nocturnal hemoglobinuria
PP: plasmapheresis
STEC-HUS: Shiga toxin E. coli related hemolytic uremic syndrome
TMA: thrombotic microangiopathy

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Corticosteroids		
betamethasone	Oral: 0.6 to 7.2 mg PO per day	7.2 mg/day
dexamethasone	Oral: 0.75 to 9 mg/day PO	9 mg/day
methylprednisolone	Oral: 12 to 20 mg PO per day; increase as needed by 4 mg every 2-3 days until there is marked clinical improvement or to a maximum of 40 mg/day	40 mg/day
prednisone	Oral: 15 mg/day to 20 mg/day; increase by 5 mg every 2-3 days as needed. Maximum: 60 mg/day	60 mg/day
Cholinesterase Inhibitors		
pyridostigmine (Mestinon®, Regonol®)	Oral immediate-release: 600 mg daily in divided doses (range, 60-1500 mg daily in divided doses) Oral sustained release: 180-540 mg QD or BID IV or IM: 2 mg every 2-3 hours	See regimen
neostigmine (Bloxiverz®)	Oral: 15 mg TID. The daily dosage should be gradually increased at intervals of 1 or more days. The usual maintenance dosage is 15-375 mg/day (average 150 mg) IM or SC: 0.5 mg based on response to therapy	See regimen
Immunosuppressants		
azathioprine (Imuran®)	Oral: 50 mg QD for 1 week, then increase gradually to 2 to 3 mg/kg/day	3 mg/kg/day
mycophenolate mofetil (Cellcept®)*	Oral: Dosage not established. 1 gram BID has been used with adjunctive corticosteroids or other non-steroidal immunosuppressive medications	2 g/day
cyclosporine (Sandimmune®)*	Oral: initial dose of cyclosporine (non-modified), 5 mg/kg/day in 2 divided doses	5 mg/kg/day
Rituxan® (rituximab), Riabni™ (rituximab-arrx), Ruxience™	**gMG:**	See regimen

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
(rituximab-pvvr), Truxima® (rituximab-abbs)*†	IV: 375 mg/m^2 once a week for 4 weeks; an additional 375 mg/m^2 dose may be given every 1 to 3 months afterwards **NMOSD:** IV: 375 mg/m^2 per week for 4 weeks as induction, followed by 375 mg/m^2 biweekly every 6 to 12 monthsb	

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
**Off-label*
†*Prior authorization is required for rituximab products*

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): patients with unresolved serious *Neisseria meningitidis* infection;
- Boxed warning(s): serious meningococcal infections

Appendix D: General Information
- Ultomiris is only available through a REMS (Risk Evaluation and Mitigation Strategy) program due to the risk of life-threatening and fatal meningococcal infection. Vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) should be completed or updated at least 2 weeks prior to the first dose of Ultomiris, unless the risk of delaying therapy with Ultomiris outweigh the risk of developing a serious infection. Patients should be monitored for early signs and symptoms of serious meningococcal infections, evaluated immediately if infection is suspected, and treated with antibiotics if necessary.
- Examples of symptoms of anemia include but are not limited to: dizziness or lightheadedness, fatigue, pale or yellowish skin, shortness of breath, chest pain, cold hands and feet, and headache.
- Ultomiris is a humanized monoclonal antibody to complement component C5 that was engineered from Soliris. It is virtually identical to Soliris but has a longer half-life that allows for less frequent dosing intervals.
- In August 2021, Alexion announced it is discontinuing the global CHAMPION-ALS phase 3 clinical study of Ultomiris in adults with amyotrophic lateral sclerosis due to an interim data review showing a lack of efficacy.
- The MGFA classification has some subjectivity in it when it comes to distinguishing mild (Class II) from moderate (Class III) and moderate (Class III) from severe (Class IV). Furthermore, it is insensitive to change from one visit to the next.
- gMG: a 2-point reduction in MG-ADL total score is considered a clinically meaningful improvement. The scale can be accessed here: https://myasthenia.org/Portals/0/ADL.pdf
- NMOSD:
  - AQP-4: AQP-4-IgG-seroposotive status is confirmed with the use of commercially available cell-binding kit assay (Euroimmun).
  - Stabilization or reduction in EDSS total score is an example of positive response. EDSS ranges from 0 (no disability) to 10 (death).

V. Dosage and Administration

<table>
<tr><th>Indication</th><th>Dosing Regimen*</th><th>Maximum Dose</th></tr>
<tr><td>PNH,
aHUS</td><td>IV dosing:
Day 1: Loading dose IV
Day 15 and thereafter: Maintenance dose IV. If currently receiving SC Ultomiris, administer IV Ultomiris maintenance dose starting 1 week after last SC Ultomiris maintenance dose
<table>
<tr><th>Body Weight Range (kg)</th><th>Loading Dose (mg)</th><th>Maintenance Dose (mg)</th></tr>
<tr><td>≥ 5 to < 10</td><td>600</td><td>300 every 4 weeks</td></tr>
<tr><td>≥ 10 to < 20</td><td>600</td><td>600 every 4 weeks</td></tr>
<tr><td>≥ 20 to < 30</td><td>900</td><td>2,100 every 8 weeks</td></tr>
<tr><td>≥ 30 to < 40</td><td>1,200</td><td>2,700 every 8 weeks</td></tr>
<tr><td>≥ 40 to < 60</td><td>2,400</td><td>3,000 every 8 weeks</td></tr>
<tr><td>≥ 60 to < 100</td><td>2,700</td><td>3,300 every 8 weeks</td></tr>
<tr><td>≥ 100</td><td>3,000</td><td>3,600 every 8 weeks</td></tr>
</table>
SC dosing (maintenance only for age ≥ 18 years and weight ≥ 40 kg): 490 mg SC per week, starting 2 weeks after IV Ultomiris loading dose or 8 weeks after last IV Ultomiris maintenance dose</td><td>IV: 3,600 mg/ 8 weeks

SC: 490 mg/week</td></tr>
<tr><td>gMG,
NMOSD</td><td>
<table>
<tr><th>Body Weight Range (kg)</th><th>Loading Dose (mg)</th><th>Maintenance Dose (mg)</th></tr>
<tr><td>≥ 40 to < 60</td><td>2,400</td><td>3,000 every 8 weeks</td></tr>
<tr><td>≥ 60 to < 100</td><td>2,700</td><td>3,300 every 8 weeks</td></tr>
<tr><td>≥ 100</td><td>3,000</td><td>3,600 every 8 weeks</td></tr>
</table>
Day 1: Loading dose IV
Day 15 and thereafter: Maintenance dose IV</td><td>3,600 mg/ 8 weeks</td></tr>
<tr><td>Supple-mental doses</td><td>A supplemental dose of Ultomiris is required within 4 hours of PE, PP, or IVIg as they have been shown to reduce Ultomiris serum levels:
<table>
<tr><th rowspan="2">Body Weight Range (kg)</th><th rowspan="2">Most Recent Ultomiris Dose (mg)</th><th colspan="2">Supplemental Dose (mg)</th></tr>
<tr><th>After PE/PP</th><th>After IVIg</th></tr>
<tr><td rowspan="2">≥ 40 to < 60</td><td>2,400</td><td>1,200</td><td rowspan="6">600</td></tr>
<tr><td>3,000</td><td>1,500</td></tr>
<tr><td rowspan="2">≥ 60 to < 100</td><td>2,700</td><td>1,500</td></tr>
<tr><td>3,300</td><td>1,800</td></tr>
<tr><td rowspan="2">≥ 100</td><td>3,000</td><td>1,500</td></tr>
<tr><td>3,600</td><td>1,800</td></tr>
</table></td><td>See regimen</td></tr>
</table>

**For patients switching from Soliris/Bkemv/Epysqli to Ultomiris, administer the loading dose of Ultomiris IV at the time of the next scheduled Soliris/Bkemv/Epysqli dose, and then administer maintenance doses at the specified frequency, starting 2 weeks after loading dose administration.*

VI. Product Availability

- Single-dose vials for IV injection: 300 mg/30 mL, 300 mg/3 mL, 1,100 mg/11 mL
- Single-dose prefilled cartridge for use with supplied single-use on-body injector for SC injection: 245 mg/3.5 mL

VII. References

1. Ultomiris Prescribing Information. Boston, MA: Alexion Pharmaceuticals, Inc.; September 2024. Available at: www.ultomiris.com. Accessed April 14, 2025.
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4. Avila A, Cao M, Espinosa M, Manrique J, Morales E. Recommendations for the individualized management of atypical hemolytic uremic syndrome in adults. Front Med. 2023; 10: 1264310. doi: 1.3389.fmed.2023.1264310
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13. Kumpfel T, Giglhuber K, Aktas O, et al. Update on the diagnosis and treatment of neuromyelitis optica spectrum disorders (NMOSD) – revised recommendations of the Neuromyelitis Optica Study Group (NEMOS). Part II: Attack therapy and long-term management. Journal of Neurology. 2023; 271: 141-176.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J1303	Injection, ravulizumab-cwvz, 300 mg

Reviews, Revisions, and Approvals	Date
Policy created.	04/2019
1Q 2020 annual review: added language to clarify timing of loading dose when switching from Soliris; criteria added for new FDA indication: aHUS; references reviewed and updated.	01/2020
1Q 2021 annual review: added requirement against concurrent use with Soliris; added new strength vials- 300 mg/3 mL and 1,100 mg/11 mL; references reviewed and updated.	01/2021
1Q 2022 annual reviewed: RT4: updated age and dosing requirements for PNH per FDA pediatric expansion (from age at least 18 years to age at least 1 month); for PNH, added requirement for no concurrent use with Empaveli; added amyotrophic lateral sclerosis to section III as an indication not covered due to lack of efficacy; references reviewed and updated.	01/2022
RT4: criteria added for new FDA indication: gMG.	10/2022
1Q 2023 annual review: no significant changes; RT4: added new SC injection dosage form and updated dosing requirements in criteria and section V (including allowance for supplemental doses if member has received PE, PP, or IVIg); references reviewed and updated.	01/2023
3Q 2023 annual review: no significant changes; references reviewed and updated.	07/2023
RT4: criteria added for new FDA indication: NMOSD; updated contraindications per revised FDA labeling.	04/2024
3Q 2024 annual review: no significant changes; updated the list of therapies that Ultomiris should not be prescribed concurrently with to include Bkemv for all indications, Fabhalta for PNH, and Rystiggo, Vyvgart Hytrulo, and Zilbrysq for gMG; references reviewed and updated.	07/2024
3Q 2025 annual review: updated the list of therapies that Ultomiris should not be prescribed concurrently with to include Epysqli for all indications and PiaSky for PNH; for gMG, clarified that the required immunosuppressive therapy should be non-steroidal; revised continued approval duration from 6 to 12 months for all indications as they are chronic conditions; references reviewed and updated.	07/2025