

pegcetacoplan subcutaneous injection (Empaveli)

Diagnoses Considered for Coverage:

- Paroxysmal nocturnal hemoglobinuria (PNH)

Coverage Criteria:

For diagnosis of paroxysmal nocturnal hemoglobinuria (PNH):

Initial Authorization
<ul style="list-style-type: none">• Dose does not exceed FDA label maximum.
Reauthorization
<ul style="list-style-type: none">• Patient is responding to therapy, and• Dose does not exceed FDA label maximum.

Coverage Duration: 1 year

References:

1. EMPAVELI™[Prescribing Information]. Apellis Pharmaceuticals, Inc. Waltham, MA, 02/2023
Effective Date: 09/27/2023