EXCEPTIONS CRITERIA

COMPLEMENT INHIBITORS

PREFERRED PRODUCT: SOLIRIS

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the complement inhibitor products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Complement Inhibitor Products

	Product(s)
Preferred*	• **Soliris** (eculizumab)
Targeted	• **Uplizna** (inebilizumab-cdon)

*Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment of neuromyelitis optica spectrum disorder (NMOSD).

Coverage for a targeted product is provided when either of the following criteria is met:

A. Member has received treatment with the targeted product in the past 365 days.
B. Member has a documented inadequate response or intolerable adverse event with the preferred product.

REFERENCES

1. Soliris [package insert]. Boston, MA: Alexion Pharmaceuticals, Inc.; November 2020.
2. Uplizna [package insert]. Baithersburg, MD: Viela Bio, Inc.; July 2021.

