

POLICY NAME

Empaveli (pegcetacoplan)

POLICY #

Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Prescribed by or with a hematologist (blood doctor), immunology specialist (immune system doctor), or oncologist (cancer doctor)
- ☐ 1.4 Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose
- ☐ 1.5 Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Empaveli by both a pharmacist and medical director