

POLICY NAME	Empaveli (pegcetacoplan)	POLICY #	3101P
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Criteria

Coverage Criteria

- ☐ Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH)
- ☐ Age 18 years or older
- ☐ Prescribed by or with a hematologist (blood doctor), immunology specialist (immune system doctor), or oncologist (cancer doctor)
- ☐ Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose
- ☐ 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