PHARMACY POLICY STATEMENT
Ohio Medicaid

DRUG NAME

For **initial** authorization:
1. Medication is prescribed by or in consultation with a hematologist or nephrologist; AND
2. Member has a diagnosis of aHUS supported by ALL of the following:
   a) Thrombocytopenia (platelet count < 150 x 10^9/L),
   b) Evidence of microangiopathic hemolytic anemia (MAHA) e.g., hemoglobin < 10 g/dL, elevated lactate dehydrogenase (LDH), low haptoglobin, presence of fragmented red blood cells or schistocytes on blood smear
   c) Evidence of renal impairment (e.g., raised SCr or low eGFR); AND
3. Shiga toxin-producing E. coli related HUS (STEC-HUS) has been ruled out; AND
4. ADAMTS13 activity level is > 10% (to rule out TTP); AND
5. Member has tried and failed or is unable to try Ultomiris; AND
6. Member has received meningococcal vaccine.
7. **Dosage allowed/Quantity limit:**
   Pediatrics: See weight-based dosing in package insert.
   Adults: 900mg IV weekly x 4 weeks, then 1200mg 1 week later, then 1200mg every 2 weeks thereafter.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must demonstrate hematologic normalization as evidenced by increased platelet count or LDH maintained below upper limit of normal; AND
2. Improved or preserved kidney function.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Generalized Myasthenia Gravis (gMG)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication is prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of MGFA class II-IV myasthenia gravis (see Appendix); AND
4. Lab result in chart notes shows the member is seropositive for AChR antibodies; AND
5. Member has tried and failed

	NMOSD: Added references. Removed requirement for trial of Enspryng. MG: Added reference. Removed “severe, refractory” and added “MGFA class II-IV.” Added MGFA appendix. Added trial of Ultomiris. Shortened and simplified list of conventional therapy trials.
01/25/24	Approved by ODM

APPENDIX:

References:

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