Reference number(s)
4739-A

Standard Medicare Part B Management Empaveli

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Empaveli	pegcetacoplan

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Empaveli is indicated for:

- Treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).
- Treatment of adult and pediatric patients aged 12 years and older with C3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN), to reduce proteinuria.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions:

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

For initial requests:

- Paroxysmal nocturnal hemoglobinuria (PNH): Flow cytometry used to show results of glycosylphosphatidylinositol-anchored proteins (GPI-APs) deficiency.
- Complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN):
    - Kidney biopsy confirming a diagnosis of complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN).
    - Laboratory report and/or chart note(s) indicating the member has proteinuria greater than or equal to 1 g/day or baseline urine protein-to-creatinine ratio (UPCR) greater than or equal to 1.0 g/g.

For continuation requests:

- Paroxysmal nocturnal hemoglobinuria (PNH): Chart notes or medical record documentation supporting positive clinical response.
- Complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN): Laboratory report and/or chart note(s) indicating the member has decreased levels of proteinuria or UPCR from baseline.

Coverage Criteria

Paroxysmal Nocturnal Hemoglobinuria (PNH)[1-6]

Authorization of 6 months may be granted for treatment of paroxysmal nocturnal hemoglobinuria (PNH) when all of the following criteria are met:

- The diagnosis of PNH was confirmed by detecting a deficiency of glycosylphosphatidylinositol-anchored proteins (GPI-APs) (e.g., at least 5% PNH cells, at least 51% of GPI-AP deficient poly-morphonuclear cells).
- Flow cytometry is used to demonstrate GPI-APs deficiency.
- Member has and exhibits clinical manifestations of disease (e.g., lactate dehydrogenase [LDH] > 1.5 upper limit of normal [ULN], thrombosis, renal dysfunction, pulmonary hypertension, dysphagia).
- The requested medication will not be used in combination with another complement inhibitor (e.g., Fabhalta, Piasky, Soliris, Ultomiris) for the treatment of PNH (for eculizumab and ravulizumab transition to Empaveli is allowed).

Complement 3 Glomerulopathy (C3G) or Primary Immune-Complex Membranoproliferative Glomerulonephritis (IC-MPGN)[1]

Authorization of 12 months may be granted for treatment of complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN) when all of the following criteria are met:

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

- Member has a diagnosis of complement 3 glomerulopathy (C3G) or primary immune-complex membranoproliferative glomerulonephritis (IC-MPGN) confirmed by kidney biopsy.
- Member has either of the following:
  - Proteinuria greater than or equal to 1 g/day.
  - UPCR greater than or equal to 1.0 g/g.
- Member has received a stable dose of maximally tolerated renin-angiotensin system (RAS) inhibitor therapy (e.g., angiotensin converting enzyme inhibitor [ACEI] or angiotensin II receptor blocker [ARB]) and/or sodium-glucose cotransporter-2 (SGLT2) inhibitor therapy for at least 3 months prior to initiation of therapy, or member has an intolerance or contraindication to RAS inhibitors or SGLT2 inhibitor.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Paroxysmal Nocturnal Hemoglobinuria (PNH)

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The member is receiving benefit from therapy (e.g., improvement in hemoglobin levels, normalization of lactate dehydrogenase [LDH] levels).
- The requested medication will not be used in combination with another complement inhibitor (e.g., Fabhalta, Piasky, Soliris, Ultomiris) for the treatment of PNH.

Complement 3 Glomerulopathy (C3G) or Primary Immune-Complex Membranoproliferative Glomerulonephritis (IC-MPGN)

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The member is experiencing benefit from therapy as evidenced by either of the following:
  - Decreased levels of proteinuria from baseline.
  - Decrease in UPCR from baseline.

Summary of Evidence

The contents of this policy were created after examining the following resources:

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

- The prescribing information for Empaveli.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- Management of paroxysmal nocturnal hemoglobinuria in the era of complement inhibitory therapy.
- Guidelines for the Diagnosis and Monitoring of Paroxysmal Nocturnal Hemoglobinuria and Related Disorders by Flow Cytometry.

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Empaveli are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using percentage of PNH cells or percentage of GPI-AP deficiency poly-morphonuclear cells can be found in the guidelines for diagnosis of PNH (Borowitz et al and Preis et al). Flow cytometry is the gold standard for assessing the percentage of GPI-AP deficient poly-morphonuclear cells. Classic PNH is defined as greater than 50% of GPI-AP deficient PMNs. It is also possible to diagnose PNH by assessing the percentage of PNH cells. Most clinical trials for the complement inhibitors required at least 10% PNH cells, but the trials associated with Ultomiris only required 5% PNH cells. Therefore, the baseline requirement for all complement inhibitor programs will be at least 5%.

Currently there are no treatment guidelines or literature supporting the concomitant use of complement inhibitors (e.g., Fabhalta, Piasky, Soliris, Ultomiris) for the treatment of PNH.

References

1. Empaveli [package insert]. Waltham, MA: Apellis Pharmaceuticals, Inc.; July 2025.
2. Parker CJ. Management of paroxysmal nocturnal hemoglobinuria in the era of complement inhibitory therapy. Hematology. 2011; 21-29.
3. Borowitz MJ, Craig F, DiGiuseppe JA, et al. Guidelines for the Diagnosis and Monitoring of Paroxysmal Nocturnal Hemoglobinuria and Related Disorders by Flow Cytometry. Cytometry B Clin Cytom. 2010: 78: 211-230.
4. Preis M, Lowrey CH. Laboratory tests for paroxysmal nocturnal hemoglobinuria (PNH). Am J Hematol. 2014;89(3):339-341.

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

5. Parker CJ. Update on the diagnosis and management of paroxysmal nocturnal hemoglobinuria. Hematology Am Soc Hematol Educ Program. 2016;2016(1):208-216.
6. Dezern AE, Borowitz MJ. ICCS/ESCCA consensus guidelines to detect GPI-deficient cells in paroxysmal nocturnal hemoglobinuria (PNH) and related disorders part 1 - clinical utility. Cytometry B Clin Cytom. 2018 Jan;94(1):16-22.

© 2026 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.