Understanding Pharmacy and Medical Benefits for Patients With Paroxysmal Nocturnal Hemoglobinuria (PNH)

INDICATION

EMPAVELI® (pegcetacoplan) is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS INFECTIONS CAUSED BY ENCAPSULATED BACTERIA

Meningococcal infections may occur in patients treated with EMPAVELI and may become rapidly life-threatening or fatal if not recognized and treated early. Use of EMPAVELI may predispose individuals to serious infections, especially those caused by encapsulated bacteria, such as *Streptococcus pneumoniae, Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B.

- Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria.
- Vaccinate patients at least 2 weeks prior to administering the first dose of EMPAVELI unless the risks of delaying therapy with EMPAVELI outweigh the risk of developing a serious infection.
- Vaccination reduces, but does not eliminate, the risk of serious infections. Monitor patients for early signs of serious infections and evaluate immediately if infection is suspected.

EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the EMPAVELI REMS, prescribers must enroll in the program.

Please see Important Safety Information on pages 5-6, full Prescribing Information, including Boxed WARNING regarding serious infections caused by encapsulated bacteria, and Medication Guide.

EMPAVELI®
(pegcetacoplan) injection
1080 mg/20 mL solution

Insurance Coverage for Specialty Products

- EMPAVELI is a complement inhibitor indicated for the treatment of adult patients with PNH[1]
- The recommended dose of EMPAVELI is 1080 mg administered subcutaneously twice weekly. EMPAVELI can be administered with the EMPAVELI Injector or via a commercially available infusion pump with a reservoir of at least 20 mL. After proper training a patient may self-administer, or the patient's caregiver may administer EMPAVELI, if a healthcare provider determines that it is appropriate[1]
- EMPAVELI is considered a specialty product and is available through PANTHERx Rare, a specialty pharmacy, and other specialty distributors
  - Oral, injectable, inhalable, or infusible pharmaceutical products that are prescribed for complex, chronic, rare, or orphan diseases and require advanced patient education, adherence, and support are typically considered specialty products[2]

Specialty products can be covered under the pharmacy benefit, the medical benefit, or both.[3] A payer's decision to use a certain benefit type may be based on a variety of factors, including how a drug is administered.

The pharmacy benefit typically covers prescription drugs that are

- Self-administered by the patient, such as oral medications and self-infusions[4]
- Supplied by specialty, traditional, or other pharmacies[5]
- Aligned with Medicare Part D[6]

Specialty products are typically tier 5 on pharmacy benefit formularies and usually require coinsurance for patients on most plans.[7]

The medical benefit typically covers products that are

- Administered by an HCP during an office visit, a hospital outpatient visit, a hospital inpatient stay, home health services, or in an infusion center[4]
- Supplied by an HCP[4]
- Aligned with Medicare Part B, Part B with Medigap coverage, or Part C/Medicare Advantage coverage[8]

Current C5-inhibitor therapy for PNH is typically covered under the medical benefit.[9,10]

Make sure to gather all appropriate information to accurately complete an EMPAVELI Start Form.

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

- Hypersensitivity to pegcetacoplan or to any of the excipients
- Not currently vaccinated against certain encapsulated bacteria, unless the risks of delaying EMPAVELI treatment outweigh the risks of developing a bacterial infection with an encapsulated organism
- Unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae, Neisseria meningitidis,* and *Haemophilus influenzae*

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Comparing Pathways to Patient Treatment

Pharmacy Benefit[4,5]

OBTAINING PRODUCT

Patient obtains the product directly from the specialty pharmacy, retail pharmacy, or mail-order pharmacy

TYPICAL SITE OF CARE

Patient's home or other location of their choice

ADMINISTRATION

May be self-administered (such as oral medications or self-injections/infusions) or administered by a qualified professional in the patient's home, depending on the patient's needs

Medical Benefit[4,11]

OBTAINING PRODUCT

Site of care obtains the product from a wholesaler, specialty distributor, specialty pharmacy provider, or directly from the manufacturer

TYPICAL SITE OF CARE

Clinical setting, such as:

- HCP office
- Outpatient hospital facility
- Infusion center

ADMINISTRATION

Must be administered by an HCP, for example, drugs that are infused or injected

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Serious Infections Caused by Encapsulated Bacteria

The use of EMPAVELI may predispose individuals to serious, life-threatening, or fatal infections caused by encapsulated bacteria, including *Streptococcus pneumoniae, Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B (Hib). To reduce the risk of infection, all patients must be vaccinated against these bacteria according to the most current ACIP recommendations for patients with altered immunocompetence associated with complement deficiencies. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with EMPAVELI.

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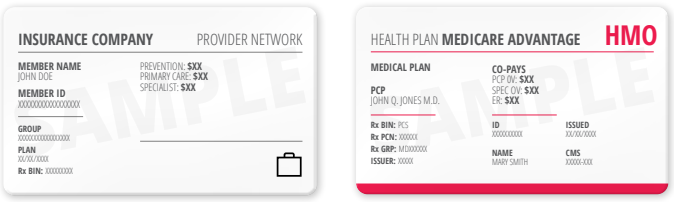
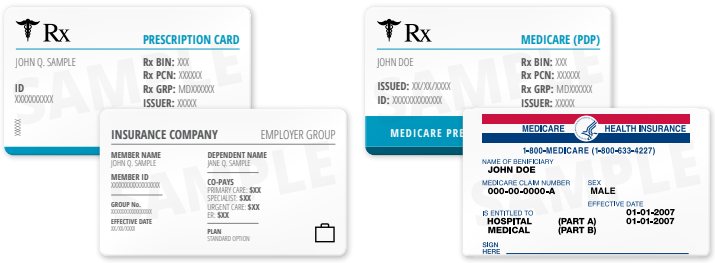
Gathering Benefit Information for Patients

Pharmacy and medical benefit information is included on the patient's insurance card(s).



For illustrative purposes only.

- **Some plans include pharmacy benefits and medical benefits on 1 card**
  - The card would include the patient's member identification information for both the medical benefit and the pharmacy benefit
  - The card may include copay costs for primary care, specialist, and emergency room visits
  - If the patient's medical insurance card does not say **"prescription," "Rx,"** or another term that indicates that the **pharmacy benefit** is included, you may need to obtain the pharmacy benefit information separately
  - Patients with a **Medicare Advantage** Prescription Drug health plan have 1 card for medical and pharmacy benefits



For illustrative purposes only.

- **Some plans may provide pharmacy benefits through a pharmacy benefit manager, resulting in a patient having 2 cards**
  - Patient copays for primary care, specialist, and/or emergency room visits indicate the medical benefit. **"Part B"** on a Medicare card indicates the card is for the **medical benefit**
  - **"Prescription Card"** and **Rx identification numbers** indicate that the card is for the pharmacy benefit. **"PDP"** on a Medicare card indicates that it is a **prescription drug plan**, or **pharmacy benefit card**

It is important to ensure that the required insurance information is obtained in order to accurately complete an EMPAVELI Start Form.

Contact ApellisAssist® at 1-866-MY-APL-ASSIST (1-866-692-7527) with any questions.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Serious Infections Caused by Encapsulated Bacteria (cont'd)

For patients without known history of vaccination, administer required vaccines at least 2 weeks prior to receiving the first dose of EMPAVELI. If immediate therapy with EMPAVELI is indicated, administer required vaccine as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.

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- **Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccinations against encapsulated bacteria.**
- **Vaccinate patients at least 2 weeks prior to administering the first dose of EMPAVELI unless the risks of delaying therapy with EMPAVELI outweigh the risk of developing a serious infection.**
- **Vaccination reduces, but does not eliminate, the risk of serious infections. Monitor patients for early signs of serious infections and evaluate immediately if infection is suspected.**

EMPAVELI is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the EMPAVELI REMS, prescribers must enroll in the program.

CONTRAINDICATIONS

- Hypersensitivity to pegcetacoplan or to any of the excipients
- Not currently vaccinated against certain encapsulated bacteria, unless the risks of delaying EMPAVELI treatment outweigh the risks of developing a bacterial infection with an encapsulated organism
- Unresolved serious infection caused by encapsulated bacteria including *Streptococcus pneumoniae, Neisseria meningitidis, and Haemophilus influenzae*

WARNINGS AND PRECAUTIONS

Serious Infections Caused by Encapsulated Bacteria

The use of EMPAVELI may predispose individuals to serious, life-threatening, or fatal infections caused by encapsulated bacteria, including *Streptococcus pneumoniae, Neisseria meningitidis* types A, C, W, Y, and B, and *Haemophilus influenzae* type B (Hib). To reduce the risk of infection, all patients must be vaccinated against these bacteria according to the most current ACIP recommendations for patients with altered immunocompetence associated with complement deficiencies. Revaccinate patients in accordance with ACIP recommendations considering the duration of therapy with EMPAVELI.

For patients without known history of vaccination, administer required vaccines at least 2 weeks prior to receiving the first dose of EMPAVELI. If immediate therapy with EMPAVELI is indicated, administer required vaccine as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.

Closely monitor patients for early signs and symptoms of serious infection and evaluate patients immediately if an infection is suspected. Promptly treat known infections. Serious infection may become rapidly life-threatening or fatal if not recognized and treated early. Consider discontinuation of EMPAVELI in patients who are undergoing treatment for serious infections.

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

EMPAVELI REMS

Because of the risk of serious infections, EMPAVELI is available only through a restricted program under a REMS. Under the EMPAVELI REMS, prescribers must enroll in the program and must counsel patients about the risk of serious infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated against encapsulated bacteria. Enrollment and additional information are available by telephone: 1-888-343-7073 or at www.empavelirems.com.

Infusion-Related Reactions

Systemic hypersensitivity reactions (e.g., facial swelling, rash, urticaria) have occurred in patients treated with EMPAVELI. One patient (less than 1% in clinical studies) experienced a serious allergic reaction which resolved after treatment with antihistamines. If a severe hypersensitivity reaction (including anaphylaxis) occurs, discontinue EMPAVELI infusion immediately, institute appropriate treatment, per standard of care, and monitor until signs and symptoms are resolved.

Monitoring PNH Manifestations after Discontinuation of EMPAVELI

After discontinuing treatment with EMPAVELI, closely monitor for signs and symptoms of hemolysis, identified by elevated LDH levels along with sudden decrease in PNH clone size or hemoglobin, or reappearance of symptoms such as fatigue, hemoglobinuria, abdominal pain, dyspnea, major adverse vascular events (including thrombosis), dysphagia, or erectile dysfunction. Monitor any patient who discontinues EMPAVELI for at least 8 weeks to detect hemolysis and other reactions. If hemolysis, including elevated LDH, occurs after discontinuation of EMPAVELI, consider restarting treatment with EMPAVELI.

Interference with Laboratory Tests

There may be interference between silica reagents in coagulation panels and EMPAVELI that results in artificially prolonged activated partial thromboplastin time (aPTT); therefore, avoid the use of silica reagents in coagulation panels.

ADVERSE REACTIONS

Most common adverse reactions in patients with PNH (incidence ≥10%) were injection-site reactions, infections, diarrhea, abdominal pain, respiratory tract infection, pain in extremity, hypokalemia, fatigue, viral infection, cough, arthralgia, dizziness, headache, and rash.

USE IN SPECIFIC POPULATIONS

Females of Reproductive Potential

EMPAVELI may cause embryo-fetal harm when administered to pregnant women. Pregnancy testing is recommended for females of reproductive potential prior to treatment with EMPAVELI. Advise female patients of reproductive potential to use effective contraception during treatment with EMPAVELI and for 40 days after the last dose.

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References: 1. Empaveli. Prescribing information. Apellis Pharmaceuticals, Inc; 2023. **2.** What is a specialty drug? Pharmaceutical Care Management Association. Accessed October 25, 2023. https://www.pcmanet.org/specialty-pharmacies/ **3.** Faust S. Pharmacy vs. medical benefit. October 1, 2015. Accessed October 25, 2023. https://www.pharmacytoday.org/article/S1042-0991(15)30134-1/fulltext **4.** Schueth AJ, Stern D. Medical vs. pharmacy – benefit considerations for benefit checking and reimbursement models. Presented at: Electronic Benefit Verification and Information Exchange; May 18, 2016; Philadelphia, PA. **5.** Health Strategies Consultancy LLC for the Kaiser Family Foundation. Follow the pill: understanding the U.S. commercial pharmaceutical supply chain. March 2005. Accessed October 25, 2023. https://www.kff.org/wp-content/uploads/2013/01/follow-the-pill-understanding-the-u-s-commercial-pharmaceutical-supply-chain-report.pdf **6.** Medicare Part D: use of pharmacy benefit managers and efforts to manage drug expenditures and utilization (GAO-19-498). U.S. Government Accountability Office. July 15, 2019. Accessed October 25, 2023. https://www.gao.gov/products/gao-19-498 **7.** Werble C. Formularies. *Health Affairs Health Policy Brief Series*. September 2017. Accessed October 25, 2023. https://www.healthaffairs.org/do/10.1377/hpb20171409.000177/full/hpb_2017_09_14_formularies.pdf **8.** An overview of Medicare. Kaiser Family Foundation. February 2019. Accessed October 25, 2023. http://files.kff.org/attachment/issue-brief-an-overview-of-medicare **9.** Ultomiris. Prescribing information. Alexion Pharmaceuticals, Inc; 2022. **10.** Soliris. Prescribing information. Alexion Pharmaceuticals, Inc; 2020. **11.** Fein AJ. How specialty pharmacy is penetrating buy-and-bill oncology channels. July 26, 2016. Accessed October 25, 2023. https://www.drugchannels.net/2016/07/how-specialty-pharmacy-is-penetrating.html

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