

# Eculizumab (Soliris, Bkembv, Epysqli) injection, for intravenous use

Policy Number: MC/PC 009  
 Effective Date: March 1, 2026

[Instructions for Use](#)

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**Related Policies**

- n/a

## Coverage Rationale

**This policy refers to the following eculizumab products for intravenous infusion only:**

- Soliris (eculizumab) injection, for intravenous use
- Bkembv (eculizumab-aeeb) injection, for intravenous use
- Epysqli (eculizumab-aagh) injection, for intravenous use

### Atypical Hemolytic Uremic Syndrome

For initial coverage of eculizumab injection for Atypical Hemolytic Uremic Syndrome (aHUS), the following will be required:

- Diagnosis of atypical hemolytic uremic syndrome (aHUS) **and**
- Prescribed by or in consultation with one of the following:
  - Hematologist
  - Nephrologist

For reauthorization coverage of eculizumab injection for Atypical Hemolytic Uremic Syndrome (aHUS), the following will be required:

- Patient demonstrates positive clinical response (e.g., increase in mean platelet counts, hematologic normalization) to therapy

### Generalized Myasthenia Gravis

For initial coverage of eculizumab injection for Generalized Myasthenia Gravis (gMG), the following will be required:

- Diagnosis of generalized myasthenia gravis (gMG) **and**
- Patient is anti-acetylcholine receptor (AChR) antibody positive **and**

- Patient is 6 years of age or older **and**
- One of the following:
  - For patients between 6 and 17 years of age, trial and failure, contraindication, or intolerance to one of the following:
    - immunosuppressive therapy (e.g., glucocorticoids, azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus),
    - Chronic plasmapheresis or plasma exchange (PE)
    - Intravenous immunoglobulin (IVIG) **or**
  - For patients 18 years of age or older, one of the following:
    - Trial and failure, contraindication, or intolerance to two immunosuppressive therapies (e.g., glucocorticoids, azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) **or**
    - Both of the following:
      - Trial and failure, contraindication, or intolerance to one immunosuppressive therapy (e.g., glucocorticoids, azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) **and**
      - Trial and failure, contraindication, or intolerance to one of the following:
        - Chronic plasmapheresis or plasma exchange (PE)
        - Intravenous immunoglobulin (IVIG) **and**
- Prescribed by or in consultation with a neurologist

For reauthorization coverage of eculizumab injection for Generalized Myasthenia Gravis (gMG), the following will be required:

- Patient demonstrates positive clinical response to therapy

### **Neuromyelitis Optica Spectrum Disorder**

For initial coverage of eculizumab injection for Neuromyelitis Optica Spectrum Disorder (NMOSD), the following will be required:

- Diagnosis of neuromyelitis optica spectrum disorder (NMOSD) **and**
- Patient is anti-aquaporin-4 (AQP4) antibody positive **and**
- Prescribed by or in consultation with one of the following:
  - Neurologist
  - Ophthalmologist

For reauthorization coverage of eculizumab injection for Neuromyelitis Optica Spectrum Disorder (NMOSD), the following will be required:

- Patient demonstrates positive clinical response to therapy.

### **Paroxysmal Nocturnal Hemoglobinuria**

For initial coverage of eculizumab injection for Paroxysmal Nocturnal Hemoglobinuria (PNH), the following will be required:

- Diagnosis of paroxysmal nocturnal hemoglobinuria (PNH) **and**
- Prescribed by or in consultation with one of the following:
  - Hematologist
  - Oncologist

For reauthorization coverage of eculizumab injection for Paroxysmal Nocturnal Hemoglobinuria (PNH), the following will be required:

- Patient demonstrates positive clinical response (e.g., hemoglobin stabilization, decrease in the number of red blood cell transfusions) to therapy

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J1299	Injection, eculizumab, 2 mg
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg
Q5152	Injection, eculizumab-aeab (Bkemv), biosimilar, 2 mg

ICD-10 Code	Description
D59.31	Infection-associated hemolytic-uremic syndrome
D59.32	Hereditary hemolytic-uremic syndrome
D59.39	Other hemolytic-uremic syndrome
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
G36.0	Neuromyelitis optica [Devic]
G70.0	Myasthenia gravis
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation

## Background

Soliris (eculizumab) is a monoclonal antibody indicated for the treatment of paroxysmal nocturnal hemoglobinuria (PNH), atypical hemolytic uremic syndrome (aHUS), anti-acetylcholine receptor antibody positive generalized myasthenia gravis, and anti-aquaporin-4 (AQP4) antibody positive neuromyelitis optica spectrum disorder (NMOSD) (Clinical Pharmacology 2026). Bkemv (eculizumab-aeab) and Epysqli (eculizumab-aagh) are biosimilars to Soliris. Bkemv and Epysqli do not have an FDA-approved indication for the treatment of NMOSD.

Ecuzumab is designed to selectively block terminal complement activation. Eculizumab binds to the terminal complement protein C5 with high affinity, which inhibits its cleavage into C5a and C5b and prevents the generation of the terminal complement complex C5b-9. A genetic mutation in patients with paroxysmal nocturnal hemoglobinuria (PNH) causes the formation of abnormal red blood cells, which are deficient in terminal complement inhibitors. The deficiency in terminal complement inhibitors causes the abnormal cells to be sensitive to lysis by terminal complements leading to intravascular hemolysis. In patients with PNH, eculizumab inhibits intravascular hemolysis mediated by terminal complements. Eculizumab inhibits complement-mediated thrombotic microangiopathy in patients with atypical hemolytic uremic syndrome. The presumed mechanism of action of eculizumab in generalized myasthenia gravis is the reduction of the terminal complement complex C5b-9 deposition at the neuromuscular junction. Eculizumab may inhibit aquaporin-4-antibody induced terminal complement C5b-9 deposition in neuromyelitis optica spectrum disorder (Clinical Pharmacology 2026).

## Clinical Evidence

### Paroxysmal Nocturnal Hemoglobinuria (PNH)

Efficacy and safety of eculizumab were established in TRIUMPH, a double blind (DB), placebo controlled (PC), randomized controlled trial (RCT) in transfusion-dependent adults, and SHEPHERD, an open label (OL), single arm (SA)

study evaluating eculizumab in a broader population. Results from these studies demonstrate that eculizumab decreases breakthrough hemolysis (BTH) and thrombotic events (TE) and enhances quality-of-life (QoL).

- The 40-week TRIUMPH study randomized patients 1:1 to eculizumab (n = 43) or placebo (n = 44). At study end, more patients in the eculizumab vs placebo group achieved Hb stabilization (48.8% vs 0%; p < 0.001). The median number of packed red blood cells (PRBCs) units was reduced (0 vs 10; p < 0.01) (Hillmen et al 2006).
- The 52-week SHEPHERD study administered eculizumab to 97 adults with minimal transfusion support and evidence of thrombocytopenia. Treated patients demonstrated a substantial reduction in hemolysis as measured by lactate dehydrogenase (LDH) area under the curve (AUC) with an absolute change from baseline (CFB) of -1904 U/L (p < 0.001 from baseline). Benefit was observed across all quartiles of baseline LDH (Brodsky et al 2008).
- In an open-label extension (OLE) evaluating patients from TRIUMPH and SHEPHERD (n = 195), 3-year survival was 97.6% (0.7 deaths per 100 patient-years) and 81.8% of patients preserved TI (Hillmen et al 2013).

### Atypical Hemolytic Uremic Syndrome (aHUS)

Efficacy and safety of eculizumab for aHUS was evaluated in several Phase 2, OL, SA trials. Altogether, these studies demonstrated that eculizumab successfully inhibits thrombotic microangiopathy (TMA) as measured by improvements in kidney function (estimated glomerular filtration rate [eGFR]), hematologic normalization, and QoL vs supportive care in both children and adults.

- Legendre et al conducted 2 Phase 2, parallel, 26-week trials in patients ≥ 12 years of age. Trial 1 evaluated patients with clinical evidence of progressing TMA (n = 17); Trial 2 evaluated patients with chronic kidney disease (CKD) and prolonged PE/plasma infusion (PI) (n = 20). In both studies, eculizumab treatment was associated with a continuous, time-dependent increase in eGFR (Trial 1, +32 mL/min/1.73 m<sup>2</sup>; Trial 2, +6 mL/min/1.73 m<sup>2</sup>). At 26 weeks, 13 (76%) and 18 (90%) patients achieved hematologic normalization in Trials 1 and 2, respectively. More than 80% of patients in both studies were TMA-free during the study period (Legendre et al 2013).
- Another 26-week OL, SA study enrolled patients ≥ 18 years of age (N = 41). At study end, 30 (73%) achieved complete TMA response (hematologic normalization, preservation of kidney function) and 37 (90%) were TMA-event free. eGFR improvement was more pronounced in patients on dialysis at baseline (Fakhouri et al 2016).
- In a 26-week OL, SA study enrolling patients < 18 years (N = 22), complete TMA response was achieved in 14 (64%) patients. Hematologic normalization, serum creatinine (SCr) decrease ≥ 25%, and eGFR improvement ≥ 15 mL/min/1.73 m<sup>2</sup> was achieved in 18 (82%), 16 (73%), and 19 (86%) patients, respectively (Greenbaum et al 2016).

The efficacy and safety of ravulizumab was established in 2 Phase 3, SA, OL studies.

- In a 26-week trial of complement-naïve adults (N = 56), 30 (53.6%) patients achieved a complete TMA response (platelet [PLT] normalization, LDH normalization, and ≥ 25% serum creatinine (SCr) improvement). At last follow-up, 61% of patients maintained a complete response. A total of 58.9% had a ≥ 25% improvement in SCr and 59% of patients on dialysis at baseline were dialysis-free at end of the primary evaluation period (Rondeau et al 2020).
- In a 26-week study of complement-naïve pediatrics (N = 21) with a 50-week secondary evaluation, the proportion of patients with TMA responses at weeks 26 and 50 were 77.8% and 94.4%, respectively. Of the 6 patients on dialysis at baseline, 5 (83.3%) and 6 (100%) patients were dialysis-free at weeks 26 and 50, respectively. Seventeen of 18 (94.4%) patients had normalization of PLT, LDH, and SCr at Week 50 (Ariceta et al 2021). A parallel analysis in complement-experienced pediatrics (N = 10) demonstrated similar results (Tanaka et al 2021).

Eculizumab and ravulizumab have not been directly compared for the management of aHUS in adults or pediatrics. Analyses indicate clinical efficacy and safety are similar between the 2 agents (Pugh et al 2021, Tomazos et al 2022)

### Generalized Myasthenia Gravis (gMG)

The efficacy of eculizumab in adults with anti-AChR antibody-positive refractory gMG was evaluated in a 26-week, Phase 3, double-blind (DB), multicenter (MC), placebo-controlled (PC), RCT (REGAIN). Patients who had been previously

treated with immunosuppressive therapies or chronic IVIG or PE without symptomatic relapse. Patients receiving previous treatment with other immunosuppressive treatments were to maintain the dose and schedule of these therapies. For the primary endpoint, change from baseline to Week 26 in MG-ADL total score measured by worst-rank analysis of covariance (ANCOVA), the difference between groups in mean total score did not achieve statistical significance; however, in the responder analysis for the Myasthenia Gravis Activities of Daily Living (MG-ADL) and the Quantitative Myasthenia Gravis (QMG) scores, a higher proportion of patients achieved a clinically meaningful response with eculizumab than with placebo (Howard et al 2017).

In an open-label extension (OLE) of the REGAIN trial (N = 117) patients were treated with eculizumab 1200 mg every 2 weeks for up to 3 years (median 23 months). Results demonstrated that the exacerbation rate was 75% lower than the 1-year before baseline (25 vs 102 events, respectively per 100 patient-years;  $p < 0.0001$ ); functional gains (eg, activities of daily living [ADLs], muscle strength, functional ability and quality of life) were maintained over 3 years (Muppidi et al 2019).

### **Neuromyelitis Optica Spectrum Disorder (NMOSD)**

The efficacy and safety of eculizumab for the treatment of NMOSD were evaluated in the Phase 3, double-blind (DB), placebo-controlled (PC), randomized PREVENT trial (Pittock et al 2019). The 143 adults with AQP4-IgG seropositive NMOSD with a mean baseline Expanded Disability Status Scale (EDSS) score of 4.00 were randomized to eculizumab 900 mg IV every week for 4 doses followed by eculizumab 1200 mg IV every 2 weeks or placebo until relapse or the end of the trial. Previous immunosuppressants, with the exception of rituximab, were continued in 76% of patients in the trial. The primary endpoint was the first adjudicated relapse, which was significantly lower in the eculizumab group (3/96; 3%) compared with the placebo group (20/47; 43%) (hazard ratio [HR], 0.06; 95% confidence interval [CI], 0.02 to 0.20;  $p < 0.001$ ). The trial ended early after 23 adjudicated relapses rather than the planned 24 relapses since it was unknown when the final adjudicated relapse would occur. Discontinuation rate was higher in the eculizumab group (17% vs 6%). The adjudicated annualized relapse rate (ARR) was 0.02 and 0.35 for the eculizumab and placebo groups, respectively (HR, 0.04; 95% CI, 0.01 to 0.15;  $p < 0.001$ ). One death due to pulmonary empyema was reported in the eculizumab group. The rate of serious adverse effects (AEs) was 27 and 55 per 100 patient-years (PY) in the eculizumab and placebo groups, respectively, with the exclusion of relapses.

### **Place in therapy**

**PNH:** Although there are currently no U.S. consensus guidelines for the treatment of PNH, ravulizumab is preferred over eculizumab based on greater convenience and fewer episodes of pharmacokinetic breakthrough hemolysis, but otherwise, these agents have comparable efficacy and toxicity for patients with significant disease manifestations due to hemolysis. Allogeneic HCT is the only curative therapy for PNH and may be pursued for patients with severe cytopenias, patients with suboptimal disease response to complement inhibition, and patients who do not have access to a complement inhibitor (Brodsky 2025).

**aHUS:** Based on international consensus recommendations, all patients with a clinical diagnosis of aHUS should be treated with eculizumab as first-line therapy. Plasma therapy may be used if eculizumab is unavailable. Depending on patient and disease characteristics, immunosuppressant therapy with corticosteroids, cyclophosphamide, mycophenolate mofetil, and/or rituximab may be utilized. Certain patients may be candidates for kidney transplantation (Goodship et al 2017, Loirat et al 2016). Ravulizumab was FDA-approved in 2018 after these aHUS guidelines were released.

**MG:** International consensus guidance for the management of MG recommends pyridostigmine as initial symptomatic treatment in most patients with MG. Corticosteroids and/or other immunosuppressive therapy (e.g., azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) may be used in patients who have not met treatment goals after an adequate trial of pyridostigmine. Patients with refractory MG may require chronic IVIG or PE, cyclophosphamide, or rituximab; complement inhibition with eculizumab should be considered in severe refractory gMG

(Narayanaswami et al 2020). These society guidelines were published prior to ravulizumab and zilucoplan for the indication of gMG.

**NMOSD:** The Neuromyelitis Optica Study Group (NEMOS) guideline recommends eculizumab, ravulizumab, inebilizumab, rituximab, or satralizumab for first-line treatment and azathioprine, mycophenolate mofetil, or tocilizumab for second-line treatment. Third-line therapy may include a combination of a monoclonal antibody plus a classical immunosuppressive therapy (eg, azathioprine or mycophenolate mofetil) (Kumpfel et al 2024).

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Soliris (eculizumab) is a complement inhibitor indicated for:

- The treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.
- The treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.
- The treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.
- The treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.

Bkemv (eculizumab-aeeb) is a complement inhibitor indicated for:

- The treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.
- The treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.
- The treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

Epysqli (eculizumab-aagh) is a complement inhibitor indicated for:

- The treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.
- The treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.
- The treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) positive.

## References

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## Policy History/Revision Information

Date	Summary of Changes
10/18/2023	Approved by OptumRx P&T Committee
2/15/2024	Annual Review. Changes to coverage rationale to remove dosing information
2/20/2025	Annual Review. Updated references. Updates to coverage rationale with no change to clinical intent.
7/16/2025	Addition of Bkempv & Epysqli, leading to change of name in policy. Updated language in coverage rationale section and updated references.
2/19/2026	Annual Review. Minor verbiage updates to Coverage Rationale, updated HCPCS, ICD-10 codes, updates to Background, Clinical Evidence and Place in therapy sections. Updated references.

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. The insurance reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

OptumRx may also use tools developed by third parties to assist us in administering health benefits. OptumRx Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຈຳນວນມື້ຮ້ອນໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).