

Ravulizumab-cwvz (ULTOMIRIS) for Neuromyelitis Optica Spectrum Disorder (NMOSD) Criteria for Use December 2024

VA National Formulary Committee and Pharmacy Benefits Management Services

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive ravulizumab-cwvz.

- Neisseria meningitidis, Neisseria gonorrhoeae, Haemophilus influenzae, or Streptococcus pneumoniae* active infection
- Active, clinically significant infection
- Concomitant biologic therapy for neuromyelitis optica spectrum disorder (NMOSD)
- Concomitant chronic therapy with intravenous immunoglobulin or plasma exchange (use of these treatments in exacerbations is reasonable)

Inclusion Criteria

All of the following must be met.

- Care provided by VA or VA Community Care neurology provider or locally designated expert
- Diagnosis of aquaporin-4 antibody positive NMOSD
- Patient is vaccinated against pneumococcal disease
- Patient is vaccinated with BOTH the protein conjugate ACWY meningococcal vaccine and the type B meningococcal vaccine (in emergent cases begin vaccination series at initial dosing and provide antibiotic prophylaxis until 2 weeks after vaccination)
- Contraindication, intolerance, or lack of therapeutic response to rituximab

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