

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2024 P 1428-1
Program	Prior Authorization/Notification
Medication	Zilbrysq <sup>®</sup> (zilucoplan)
P&T Approval Date	1/2024
Effective Date	4/1/2024

### 1. Background:

Zilbrysq (zilucoplan) is a complement inhibitor indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are antiacetylcholine receptor (AChR) antibody positive.<sup>1</sup>

### 2. Coverage Criteria<sup>a</sup>:

# A. Initial Authorization

- 1. **Zilbrysq** will be approved based on <u>all</u> of the following criteria:
  - a. Diagnosis of generalized myasthenia gravis (gMG)

#### -AND-

b. Positive serologic test for anti-AChR antibodies

#### -AND-

c. Patient is not receiving Zilbrysq in combination with another complement inhibitor (e.g., Soliris, Ultomiris) or a neonatal Fc receptor blocker (e.g., Rystiggo, Vyvgart, Vyvgart Hytrulo)

Authorization will be issued for 12 months.

# B. Reauthorization

- 1. **Zilbrysq** will be approved based on **both** of the following criteria:
  - a. Documentation of positive clinical response to Zilbrysq therapy

#### -AND-

b. Patient is not receiving Zilbrysq in combination with another complement inhibitor (e.g., Soliris, Ultomiris) or a neonatal Fc receptor blocker (e.g., Rystiggo, Vyvgart, Vyvgart Hytrulo)

#### Authorization will be issued for 12 months.

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific



benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

# 4. References:

1. Zilbrysq [package insert], Smyrna, GA: UCB, Inc.; October 2023.

Program	Prior Authorization/Notification - Zilbrysq® (zilucoplan)
Change Control	
1/2024	New program.