

POLICY NAME	Zilbrysq (zilucoplan)	POLICY #	3259P
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Criteria

Coverage Criteria

- ☐ Diagnosis of generalized myasthenia gravis (gMG) as supported by both of the following:
 - Myasthenia Gravis Foundation of America (MGFA) clinical classification of II to IV
 - Myasthenia Gravis-Activities of Daily Living Score (MG-ADL) score ≥ 6
- ☐ Documented positive serological test for anti-acetylcholine (AChR) antibodies
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a neurologist (nervous system doctor) or physician that specializes in treatment of generalized myasthenia gravis
- ☐ Documentation of meningococcal vaccine series OR will receive vaccine at least 2 weeks prior to first dose (unless treatment cannot be delayed)
- ☐ Lab cultures rule out any unresolved serious *Nisseria meningitidis* infection, if patient was diagnosed with *N. meningitidis* infection recently
- ☐ Documented trial and failure, intolerance or contraindication to conventional therapies (i.e. pyridostigmine, immunosuppressant therapies)
- ☐ Documented trial and failure, intolerance, or contraindication to Ultomiris, or documented barriers to Ultomiris access that impede treatment (such as unmanageable distance from treatment location or inability to schedule treatments, etc)
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Zilbrysq by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Zilbrysq will not be covered in addition to any other biologics indicated for myasthenia gravis
- ☐ Patients with unresolved *Neisseria meningitidis* infection or who are not vaccinated against *Neisseria meningitidis*