

# Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

## Zilucoplan (Zilbrysq)

### Notes:

- Quantity Limits: Yes

Non-Formulary **zilucoplan (Zilbrysq)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **zilucoplan (Zilbrysq)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurologist with specialty in neuromuscular disorders
- Patient has a diagnosis of myasthenia gravis
- Patient has a positive serologic test for anti-acetylcholine receptor (AChR) antibodies
- Prescriber enrolled in Zilbrysq Risk Evaluation and Mitigation Strategy (REMS) program
- Patient is dependent on, or cannot tolerate, intravenous immunoglobulin (IVIG) or chronic plasma exchange (PLEX)
- Patient is dependent on corticosteroids at a dose of more than 10 mg prednisone equivalent per day for disease control, despite a concurrent trial of at least two of the following steroid sparing agents:
  - Azathioprine (at least 2 mg/kg daily) for at least 9 months
  - Mycophenolate mofetil for at least 6 months
  - Methotrexate for at least 6 months
  - Rituximab for at least 8 months (ie at least 2 infusion cycles)
- Prior inadequate response, or was unable to tolerate to the following:
  - Efgartigimod (Vyvgart) [requires authorization] **OR** efgartigimod and hyaluronidase (Vyvgart Hytrulo) [requires authorization] **AND**
  - Ravulizumab (Ultomiris) [requires authorization] for at least 6 months (3 infusion cycles)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **zilucoplan (Zilbrysq)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

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Kaiser Foundation Health Plan of the Northwest

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## Zilucoplan (Zilbrysq)

- Patient has a diagnosis of myasthenia gravis
- Patient has a positive serologic test for anti-acetylcholine receptor (AChR) antibodies
- Prior inadequate response, or was unable to tolerate ravulizumab (Ultomiris) [requires authorization] for at least 6 months (3 infusion cycles)

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **zilucoplan (Zilbrysq)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurologist with specialty in neuromuscular disorders
- Patient has experienced a positive clinical response to treatment, as documented by neurologist