ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity*

A health plan may request a letter of medical necessity to support coverage of ZILBRYSQ (zilucoplan). A letter of medical necessity helps explain the physician's rationale and clinical decision-making in choosing therapy for a specific patient and may include supporting documentation (eg, medical records, clinical treatment history, prescribing information, and peer-reviewed literature). The letter may be submitted as part of the prior authorization (PA) process, with the claim form, as part of an appeal, or in response to a health plan's request for additional documentation.

This resource includes information on the process of drafting a letter of medical necessity, a checklist that can be followed when creating the letter, and a sample letter that includes information health plans often require.

INDICATION

ZILBRYSQ (zilucoplan) is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

ZILBRYSQ, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis*. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update meningococcal vaccination (for serogroups A, C, W, and Y, and serogroup B) at least 2 weeks prior to administering the first dose of ZILBRYSQ, unless the risks of delaying therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccinations in patients receiving a complement inhibitor.**
- **Patients receiving ZILBRYSQ are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected.**

Because of the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ZILBRYSQ REMS.

*__Use of the information in this letter does not guarantee that the health plan will provide reimbursement for ZILBRYSQ. The information in this letter is not intended to be a substitute for, or an influence on, your independent medical judgment.__ It is presented for informational purposes only and is not intended to provide reimbursement or legal advice. HCPs are encouraged to contact third-party payers for specific information on their current coverage policies. For other questions, please call ONWARD® at 1-844-ONWARD-1 (1-844-669-2731).

HCP=healthcare professional.

Please refer to pages 5 and 6 for additional Important Safety Information.
Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity* (cont'd)

Preparing an Effective Letter of Medical Necessity

When requesting treatment for your patient, follow the patient's plan requirements, which may require specific forms for documenting a letter of medical necessity; otherwise, treatment may be delayed

Provide complete, comprehensive information regarding your patient's condition and the clinical rationale for treatment. Information recommended for a letter of medical necessity typically includes:

- **Patient information**
  - Full name
  - Date of birth
  - Case ID number (if available)
  - Insurance ID/group number
  - Diagnosis, including ICD-10-CM code(s)
- **Summary of previous treatments**
  - Medication
  - Clinical outcomes
  - Treatment duration
  - Discontinuation rationale (if applicable)
- **Current condition and severity**
  - Current symptoms
  - MGFA classification
  - MG-ADL and QMG score
- **Clinical rationale for treatment**
  - Medical history
  - Physical examination
  - Trial data
  - Dosing and administration
- **Summary of your recommendations**

Attach documentation that supports your recommendations (as applicable):

- **Additional rationale for treatment**
  - Prescribing information
  - Clinical trial data
  - Peer-reviewed literature
  - Treatment guidelines or guidance
  - FDA approval letter
- **Additional patient information**
  - Patient medical records
  - Clinical notes
  - Lab results

*__Use of the information in this letter does not guarantee that the health plan will provide reimbursement for ZILBRYSQ. The information in this letter is not intended to be a substitute for, or an influence on, your independent medical judgment.__ It is presented for informational purposes only and is not intended to provide reimbursement or legal advice. HCPs are encouraged to contact third-party payers for specific information on their current coverage policies. For other questions, please call ONWARD at 1-844-ONWARD-1 (1-844-669-2731).

FDA=Food and Drug Administration; HCP=healthcare professional; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; ID=identification; MG-ADL=Myasthenia Gravis Activities of Daily Living; MGFA=Myasthenia Gravis Foundation of America; QMG=Quantitative Myasthenia Gravis.

Please refer to pages 5 and 6 for Important Safety Information.
Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity* (cont'd)

Sample Letter of Medical Necessity

Below is a sample letter of medical necessity that may be used as a starting point to describe your reasoning for why the treatment you prescribed is medically necessary for your patient. The content of the letter of medical necessity should be personalized based on your patient's medical information. Always exercise your independent medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition. It is recommended you use your institution's letterhead for the final draft that you submit to the health plan.

SAMPLE ONLY
UPDATE AND PLACE ON YOUR LETTERHEAD

[Date]

[Contact Name]
[Title]
[Name of Health Insurance Company]
[Address]
[City, State Zip Code]
Insured: [Full name of patient]; Date of Birth: [MM-DD-YEAR]; Policy Number: [Number]; Group Number: [Number]
Date(s) of service: [Date(s)]

Re: Coverage for ZILBRYSQ® (zilucoplan) for [Full name of patient]

Dear [Name of Contact]:
I am writing on behalf of my patient, [full name of patient], to provide information supporting medical necessity for treatment with ZILBRYSQ. This letter of medical necessity provides information regarding my patient's medical history and diagnosis, and my treatment rationale for the use of ZILBRYSQ.

Patient History and Diagnosis
[Full name of patient] is a[n] [age]-year-old [male/female] born [MM-DD-YEAR] who was diagnosed with anti-acetylcholine receptor (AChR) antibody-positive generalized myasthenia gravis (gMG) on [date of diagnosis MM-DD-YEAR].

[Provide a summary of rationale for treatment with ZILBRYSQ for this patient based on your independent clinical assessment and medical opinion. Include a description of the patient's relevant gMG clinical signs and symptoms, disease progression, history of prior treatments, as well as specific clinical presentations and relevant patient-specific clinical scenarios demonstrating medical necessity.]

If Policy Requires Step Therapy/Trial or Failure of Branded Therapy (OPTIONAL)
Your policy requires a step edit through [branded therapy per clinical policy]. In my medical opinion, [branded therapy per clinical policy] is not an appropriate step for my patient. [Discuss rationale for using ZILBRYSQ. Include your professional opinion of your patient's likely prognosis or disease progression without treatment. Consider citing any clinical evidence or lack of clinical evidence (head-to-head clinical studies, treatment guidelines, consensus guidance, etc.), regarding use of one branded therapy or one class over another.]

Summary
Considering the patient's medical information provided and the supporting documentation enclosed, I believe ZILBRYSQ is indicated and medically necessary for this patient. If you have any further questions, please feel free to call me at [prescriber's telephone number] to discuss. Thank you kindly for your prompt attention to this request.

Sincerely,
[Physician's Name, Credentials]
[Physician's Identification Number]
[Physician's Practice Name]
[Physician's Phone Number]
[Physician's Fax Number]
[Physician's Email]

Enclosures: [Clinical documentation, Prescribing Information, clinical notes and medical records, FDA approval letter for ZILBRYSQ in gMG, international consensus guidance, etc.]

Consider submitting a letter of medical necessity, even if it is not requested, to avoid delay.

See the next page for specific examples of patient medical history you may consider including here.

If you are unsure, confirm with the payer what specific documentation needs to be submitted with your letter.

*Use of the information in this letter does not guarantee that the health plan will provide reimbursement for ZILBRYSQ. The information in this letter is not intended to be a substitute for, or an influence on, your independent medical judgment. It is presented for informational purposes only and is not intended to provide reimbursement or legal advice. HCPs are encouraged to contact third-party payers for specific information on their current coverage policies. For other questions, please call ONWARD at 1-844-ONWARD-1 (1-844-669-2731).

HCP=healthcare professional.

Please refer to pages 5 and 6 for Important Safety Information.
Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity* (cont'd)

Examples of Medical History for a Letter of Medical Necessity

- **Documented diagnosis** of gMG[1]
- **Positive serology for AChR binding autoantibodies**,[1] including laboratory results, date, and additional relevant context
- **MGFA Clinical Classification** status based on the Myasthenia Gravis Foundation of America disease scale[2]
  - Class I-V. Note: Only Class II-IV were studied in Phase 3 RAISE clinical trial[1,3]
- **MG-ADL total score**,[2] including related case notes and clinical impressions
  - Only patients with MG-ADL scores of ≥6 were studied in the RAISE clinical trial population[1,3]
- **Previous gMG treatment** including AChE inhibitors, corticosteroids, NSISTs, IVIg, SCIg, PLEX, eculizumab, ravulizumab-cwvz, efgartigimod alfa-fcab, efgartigimod alfa and hyaluronidase-qvfc, and/or rozanolixizumab-noli[4-9]
  - Include treatment name(s), dosage, frequency, duration (with specific start/stop dates, if applicable), and clinical impact, including any inadequate response or intolerance to such treatments
- **Documentation of meningococcal vaccination history,** including initial and additional doses of the following[1,10]:
  - MenACWY **and** MenB-4C or MenB-FHbp **OR**
  - MenABCWY
- **History of complications, exacerbations, or myasthenic crises**,[2] which may result in ER visits, hospital admissions, and/or ICU stays
- **Record of signs and symptoms** describing patient's clinical presentation, such as[11,†]
  - Ocular: ptosis, diplopia
  - Bulbar: dysarthria, dysphagia, dysphonia, masticatory weakness
  - Facial: eyelid closure, drooling
  - Limb muscles: commonly proximal, symmetric; arms more affected than legs
  - Axial muscles: neck flexion; neck extension
  - Respiratory muscles: exertional dyspnea, orthopnea, tachypnea, respiratory failure

Note: This is not an all-inclusive list of potential gMG clinical signs and symptoms. Please always use your independent clinical judgment when deciding what to include for review.

*__Use of the information in this letter does not guarantee that the health plan will provide reimbursement for ZILBRYSQ. The information in this letter is not intended to be a substitute for, or an influence on, your independent medical judgment.__ It is presented for informational purposes only and is not intended to provide reimbursement or legal advice. HCPs are encouraged to contact third-party payers for specific information on their current coverage policies. For other questions, please call ONWARD at 1-844-ONWARD-1 (1-844-669-2731).

†This list is not inclusive of all gMG clinical signs and symptoms.

AChE=acetylcholinesterase; AChR=acetylcholine receptor; ER=emergency room; gMG=generalized myasthenia gravis; HCP=healthcare professional; ICU=intensive care unit; IVIg=intravenous immunoglobulin; MenABCWY=meningococcal serogroups ABCWY; MenACWY=meningococcal serogroups ACWY; MenB-4C=4-component meningococcal group B; MenB-FHbp=meningococcal serogroup B factor H binding protein; MG-ADL=Myasthenia Gravis Activities of Daily Living; MGFA=Myasthenia Gravis Foundation of America; NSIST=non-steroidal immunosuppressive therapy; PLEX=plasma exchange; QMG=Quantitative Myasthenia Gravis; SCIg=subcutaneous immunoglobulin.

Please refer to pages 5 and 6 for Important Safety Information.
Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity (cont'd)

Patient Support

If you have questions about getting your ZILBRYSQ patients started in the ONWARD® Patient Support Program, please visit ucbONWARD.com to access resources for healthcare professionals or contact your Rare Reimbursement Executive for assistance.

ONWARD
SUPPORT FOR RARE DISEASE MADE SIMPLE

ONWARD is provided as a service of UCB and is intended to support the appropriate use of UCB medicines. ONWARD may be amended or canceled at any time without notice. Some program and eligibility restrictions may apply.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

ZILBRYSQ, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis*. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- **Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least 2 weeks prior to the first dose of ZILBRYSQ, unless the risks of delaying therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination against meningococcal bacteria in patients receiving a complement inhibitor.**
- **Patients receiving ZILBRYSQ are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected.**

Because of the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ZILBRYSQ REMS.

CONTRAINDICATIONS

ZILBRYSQ is contraindicated for initiation in patients with unresolved serious *Neisseria meningitidis* infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

ZILBRYSQ, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by meningococcal bacteria (septicemia and/or meningitis) in any serogroup, including non-groupable strains. Life-threatening and fatal meningococcal infections have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors. The initiation of ZILBRYSQ treatment is contraindicated in patients with unresolved serious *Neisseria meningitidis* infection.

Complete or update meningococcal vaccination (for serogroups A, C, W, Y and B) at least 2 weeks prior to administration of the first dose of ZILBRYSQ, according to current ACIP recommendations for patients receiving a complement inhibitor.

If urgent ZILBRYSQ therapy is indicated in a patient who is not up to date with meningococcal vaccines according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible.

Closely monitor patients for early signs and symptoms of meningococcal infection and evaluate patients immediately if infection is suspected. Consider interruption of ZILBRYSQ in patients who are undergoing treatment for serious meningococcal infection, depending on the risks of interrupting treatment in the disease being treated.

ZILBRYSQ REMS

Due to the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a REMS called ZILBRYSQ REMS.

Under the ZILBRYSQ REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risk of serious meningococcal infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines. Additional information on the REMS requirements is available at www.ZILBRYSQREMS.com or 1-877-414-8353.

Please refer to the next page for additional Important Safety Information.
Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

ZILBRYSQ®
(zilucoplan) Injection

Guide to Writing a Letter of Medical Necessity (cont'd)

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Other Infections

Serious infections with *Neisseria* species (other than *Neisseria meningitidis*), including disseminated gonococcal infections, have been reported in patients treated with complement inhibitors. ZILBRYSQ blocks terminal complement activation; therefore, patients may have increased susceptibility to infections, especially with encapsulated bacteria, such as infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae*, *Haemophilus influenzae*, and to a lesser extent, *Neisseria gonorrhoeae*. Administer vaccinations for the prevention of *Streptococcus pneumoniae* infection according to ACIP recommendations. Patients receiving ZILBRYSQ are at increased risk for infections due to these organisms, even if they develop antibodies following vaccination.

Pancreatitis and Other Pancreatic Conditions

Pancreatitis and pancreatic cysts have been reported in patients treated with ZILBRYSQ. Patients should be informed of this risk before starting ZILBRYSQ. Obtain lipase and amylase levels at baseline before starting treatment with ZILBRYSQ. Discontinue ZILBRYSQ in patients with suspected pancreatitis and initiate appropriate management until pancreatitis is ruled out or has resolved.

ADVERSE REACTIONS

In a placebo-controlled study, the most common adverse reactions (reported in at least 10% of gMG patients treated with ZILBRYSQ) were injection site reactions, upper respiratory tract infections, and diarrhea.

Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit ZILBRYSQhcp.com.

For more information about ZILBRYSQ, visit ZILBRYSQhcp.com.

For additional information, contact UCBCares® at 1-844-599-CARE (2273).

ACIP=Advisory Committee on Immunization Practices; gMG=generalized myasthenia gravis.

References: 1. ZILBRYSQ [prescribing information]. Smyrna, GA: UCB, Inc. **2.** Barnett C, Herbelin L, Dimachkie MM, Barohn RJ. Measuring clinical treatment response in myasthenia gravis. *Neurol Clin*. 2018;36(2):339-353. **3.** Howard JF, Bresch S, Genge A, et al. Safety and efficacy of zilucoplan in patients with generalised myasthenia gravis (RAISE): a randomised, double-blind, placebo-controlled, phase 3 study, *Lancet Neurol*. 2023;22(5):395-406. **4.** Farmakidis C, Pasnoor M, Dimachkie MM, Barohn RJ. Treatment of myasthenia gravis. *Neurol Clin*. 2018;36(2):311-337. **5.** Menon D, Bril V. Pharmacotherapy of generalized myasthenia gravis with special emphasis on newer biologicals. *Drugs*. 2022;82(8):865-887. **6.** ULTOMIRIS [prescribing information]. Boston, MA: Alexion Pharmaceuticals, Inc. **7.** VYVGART [prescribing information]. Boston, MA: argenx US, Inc. **8.** VYVGART Hytrulo [prescribing information]. Boston, MA: argenx US, Inc. **9.** RYSTIGGO [prescribing information]. Smyrna, GA: UCB, Inc. **10.** Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older. Available at: https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf. Published November 11, 2024. Accessed March 3, 2025. **11.** Meriggioli MN, Sanders DB. Autoimmune myasthenia gravis: emerging clinical and biological heterogeneity. *Lancet Neurol*. 2009;8(5):475-490.

US-ZL-2500140 | March 2025