

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Zilbrysq (zilucoplan)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Zilbrysq, approved by the FDA in 2023, is a C5 complement inhibitor indicated for the treatment of generalized

For **reauthorization**:

1. Chart notes must document clinically meaningful improvement in symptom severity and daily functioning compared to pre-treatment baseline (e.g., improved MG-ADL or QMG scores).

If all the above requirements are met, the medication will be approved for an additional 12 months.