

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1513-1
Program	Prior Authorization/Notification
Medications	Rhapsido® (remibrutinib)
P&T Approval Date	2/2026
Effective Date	5/1/2026

1. Background:

Rhapsido is a kinase inhibitor indicated for the treatment of chronic spontaneous urticaria (CSU) in adult patients who remain symptomatic despite H1 antihistamine treatment.

Limitations of Use:

- Rhapsido is not indicated for other forms of urticaria.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Rhapsido** will be approved based on **all** of the following criteria:

- a. Diagnosis of chronic spontaneous urticaria

-AND-

- b. Patient remains symptomatic despite H1 antihistamine treatment [e.g., cetirizine (Zyrtec), fexofenadine (Allegra), loratadine (Claritin)]

-AND-

- c. Patient is not receiving Rhapsido in combination with Dupixent (dupilumab) or Xolair (omalizumab) for treatment of the same indication.

Authorization will be issued for 12 months.

B. Reauthorization

1. **Rhapsido** will be approved based on **both** of the following criterion:

- a. Documentation of positive clinical response to Rhapsido therapy

-AND-

- b. Patient is not receiving Rhapsido in combination with Dupixent (dupilumab) or Xolair (omalizumab) for treatment of the same indication.

Authorization will be issued for 12 months.

^a 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 Programs:

- 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 limitations may be in place.
- Medical Necessity may be in place.

4. References:

1. Rhapsido [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. September 2025.

Program	Prior Authorization/Notification - Rhapsido (remibrutinib)
Change Control	
2/2026	New program.