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| POLICY NAME | Rystiggo (rozanolixizumab) | POLICY # | 3194P |
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Criteria

Coverage Criteria

- ☐ Diagnosis of generalized myasthenia gravis with positive blood genetic test for anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibodies
- ☐ Documentation to support a Myasthenia Gravis Foundation of America Clinical Classification of II, III, or IV at the start of therapy
- ☐ Documentation to support a Myasthenia Gravis-Activities of Daily Living Score (MG-ADL) score greater than or equal to 3
- ☐ Documentation to support a quantitative myasthenia gravis (QMG) score greater than or equal to 11
- ☐ 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
- ☐ Trial and failure, intolerance or contraindication to standard of care therapies (such as pyridostigmine, mycophenolate, etc)
- ☐ For patients with anti-acetylcholine receptor (AChR) antibodies; previous trial and failure, intolerance or contraindication to at least one treatment cycle of Vyvgart
- ☐ Review of chart notes documenting diagnosis and confirming that the patient has met all of the above requirements for treatment with Rystiggo by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ Rystiggo will not be covered in addition to Vyvgart, Soliris or Ultomiris