

POLICY NAME	Rystiggo (rozanolixizumab)	POLICY #	
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Criteria

Exclusion Criteria – Any of the following prevents coverage

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

Coverage Criteria

- ☐ 1.1 Diagnosis of generalized myasthenia gravis with positive blood genetic test for anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibodies
- ☐ 1.2 Documentation to support a Myasthenia Gravis Foundation of America Clinical Classification of II, III, or IV at the start of therapy
- ☐ 1.3 Documentation to support a Myasthenia Gravis-Activities of Daily Living Score (MG-ADL) score greater than or equal to 3
- ☐ 1.4 Documentation to support a quantitative myasthenia gravis (QMG) score greater than or equal to 11
- ☐ 1.5 Age 18 years or older
- ☐ 1.6 Prescribed by or in consultation with a neurologist (nervous system doctor) or physician that specializes in treatment of generalized myasthenia gravis
- ☐ 1.7 Trial and failure, intolerance or contraindication to standard of care therapies (such as pyridostigmine, mycophenolate, etc)
- ☐ 1.8 For patients with anti-acetylcholine receptor (AChR) antibodies; previous trial and failure, intolerance or contraindication to at least one treatment cycle of Vyvgart
- ☐ 1.9 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