

STANDARD MEDICARE PART B MANAGEMENT

RYSTIGGO (rozanolixumab-noli)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Rystiggo is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. DOCUMENTATION

The following documentation must be available, upon request, for all submissions:

- A. For initial requests: chart notes, medical records, or claims history documenting:
 1. Positive anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody test
 2. Myasthenia Gravis Foundation of America (MGFA) clinical classification score
 3. MG activities of daily living (MG-ADL) score
 4. Use of an acetylcholinesterase (AChE) inhibitor, steroid, or non-steroidal immunosuppressive therapy (NSIST)
- B. For continuation requests: Chart notes or medical record documentation supporting positive clinical response.

III. CRITERIA FOR INITIAL APPROVAL

Generalized myasthenia gravis (gMG)

Authorization of 6 months may be granted for treatment of generalized myasthenia gravis (gMG) when all of the following criteria are met:

1. Anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive
2. Myasthenia Gravis Foundation of America (MGFA) clinical classification II to IVa
3. MG activities of daily living (MG-ADL) total score of 3 or more with at least 3 points from non-ocular symptoms

Reference number(s)
6041-A

4. On a stable dose of at least one of the following:
 - a. Acetylcholinesterase inhibitors (e.g., pyridostigmine)
 - b. Steroids (at least 1 month of treatment)
 - c. Nonsteroidal immunosuppressive therapy (NSIST) (at least 6 months of treatment) (e.g., azathioprine, mycophenolate mofetil)

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 6 months may be granted when all of the following criteria are met:

1. The member is currently receiving therapy with Rystiggo.
2. Rystiggo is being used to treat an indication enumerated in Section III.
3. The member is receiving benefit from therapy. Benefit is defined as:
 - a. No evidence of unacceptable toxicity or disease progression while on the current regimen, AND
 - b. The member demonstrates a positive response to therapy (e.g., improvement in MG-ADL score, changes compared to baseline in Quantitative Myasthenia Gravis (QMG) total score).

V. REFERENCES

1. Rystiggo [package insert]. Smyrna, GA: UCB, Inc.; June 2023.
2. Sanders D, Wolfe G, Benatar M et al. International consensus guidance for management of myasthenia gravis. *Neurology*. 2021; 96 (3) 114-122.
3. Bril V, Drużdż A, Grosskreutz J, et al. Safety and efficacy of rozanolixizumab in patients with generalised myasthenia gravis (MycarinG): a randomised, double-blind, placebo-controlled, adaptive phase 3 study. *Lancet Neurol*. 2023;22(5):383-394.