Original Effective Date: 11/29/2023
Current Effective Date: 12/29/2024
Last P&T Approval/Version: 10/30/2024
Next Review Due By: 10/2025
Policy Number: C26210-A

Rystiggo (rozanolixizumab-noli)

PRODUCTS AFFECTED

Rystiggo (rozanolixizumab-noli)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Generalized myasthenia gravis (gMG)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review.

A. GENERALIZED MYASTHENIA GRAVIS:
   1. Documented diagnosis of generalized myasthenia gravis
      AND
   2. Documentation member has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of class II, III, or IV confirmed by positive serologic test for binding anti-

acetylcholine receptor antibodies (AChR-ab) OR anti-muscle-specific tyrosine kinase (MuSK) antibodies [DOCUMENTATION REQUIRED]
AND

3. Documentation of member's Myasthenia Gravis-Specific Activities of Daily Living (MG-ADL) total score (or other means for treatment plan efficacy monitoring)
AND
4. Documentation of an inadequate treatment response (2 weeks trial period), serious side effects, or contraindication to pyridostigmine AND formulary glucocorticoids
AND
5. Prescriber attests rozanolixizumab will not be used concurrently with Soliris (eculizumab), Ultomiris (ravulizumab), Vyvgart/Vyvgart Hytrulo (efgartigimod), or Zilbrysq (zilucoplan

CONTINUATION OF THERAPY:

A. GENERALIZED MYASTHENIA GRAVIS:
1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms as evidenced by ONE of the following:
   (a) Improvement (reduction in score) from pre-treatment baseline on the Myasthenia Gravis-Specific Activities of Daily Living (MG-ADL) assessment OR
   (b) Reduction in signs and symptoms of myasthenia gravis OR
   (c) Stabilization, reduction, or discontinuation of dose(s) of baseline immunosuppressive therapy (IST) prior to starting therapy

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months
MOLINA REVIEWER NOTE: For Texas Marketplace, please see Appendix.

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a board-certified immunologist, neurologist, or rheumatologist [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

<50kg: 420mg (3mL) once weekly for 6 weeks
50kg to <100kg: 560mg (4mL) once weekly for 6 weeks
100kg and above: 840mg (6mL) once weekly for 6 weeks

Maximum Quantity Limits –

Maximum of 42-day supply per cycle, 1 cycle per 63 days
Safety of initiating subsequent cycles sooner than 63 days from the start of the previous treatment cycle has not been established.
See appendix for Vial Optimization chart

PLACE OF ADMINISTRATION:
The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous injectable products administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program.

Note: Site of Care Utilization Management Policy applies for Rystiggo **(**rozanolixizumab-noli).
For information on site of care, see Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Neonatal Fc Receptor (FcRn) Antagonist

FDA-APPROVED USES:
Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or antimuscle-specific tyrosine kinase (MuSK) antibody positive.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*

State Specific Information
State Marketplace
Texas (Source: Texas Statutes, Insurance Code)
"Sec. 1369.654. PROHIBITION ON MULTIPLE PRIOR AUTHORIZATIONS.
(a) A health benefit plan issuer that provides prescription drug benefits *may not require an enrollee to receive more than one prior authorization annually* of the prescription drug benefit for *a prescription drug prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand disease*.
(b) This section does not apply to:
(1) opioids, benzodiazepines, barbiturates, or carisoprodol;
(2) prescription drugs that have a typical treatment period of less than 12 months;
(3) drugs that:
(A) have a boxed warning assigned by the United States Food and Drug Administration for use; and
(B) must have specific provider assessment; or
(4) the use of a drug approved for use by the United States Food and Drug Administration in a manner other than the approved use."

APPENDIX 1:

Table 1: Recommended Dose Based on Body Weight

Body Weight of Patient	Dose	Volume to be Infused
Less than 50 kg	420 mg	3 mL
50 kg to less than 100 kg	560 mg	4 mL
100 kg and above	840 mg	6 mL

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Myasthenia gravis (MG) is a rare autoimmune disorder that occurs when a patient's own antibodies block neuromuscular transmission, leading to weakness in skeletal muscles. The condition is characterized by a distinctive pattern of muscle strength reduction with repeated use, which improves after a period of rest. Myasthenia gravis is normally categorized into two clinical types: generalized myasthenia gravis (gMG) and ocular myasthenia gravis. While ocular MG only affects the muscles that are involved with the eyes and eyelids, gMG affects muscles throughout the whole body, and generally gets worse with age. There is currently no cure for gMG, but treatment options are available. To treat MG, cholinesterase inhibitors like pyridostigmine are typically used as a first- line approach. Glucocorticoids may also be administered initially due to their rapid onset, but some patients may not respond well or experience intolerable side effects. In such cases, nonsteroidal immunosuppressive drugs like azathioprine or mycophenolate can be considered to replace or reduce glucocorticoid doses. However, the effects of these drugs may take several months to be seen, and therefore, bridging therapy using IV immune globulin (IVIG) or plasma exchange is often necessary. Rystiggo (rozanolixizumab) is a new, recently FDA-approved medication that is indicated for the treatment of generalized myasthenia gravis. Rozanolixizumab-noli is a humanized IgG4 monoclonal antibody that binds to the neonatal Fc receptor (FcRn), resulting in the reduction of circulating IgG, the main antibody responsible for blocking neuromuscular transmission. The efficacy of Rystiggo for the treatment of generalized myasthenia gravis (gMG) in adults who are anti-AChR antibody positive or anti-MuSK antibody positive was established in a multicenter, randomized, double-blind, placebo-controlled study. The study was preceded by a 4-week screening period, followed by a 6-week treatment period and then an 8-week observation period. The study included patients who met the following criteria: presence of autoantibodies against AChR or MuSK; myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IVa; Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score of at least 3 (with at least 3 points from non-ocular symptoms); on stable dose of MG therapy prior to screening that included acetylcholinesterase (AChE) inhibitors, steroids, or non-steroidal immunosuppressive therapies (NSISTs), either in combination or alone; serum IgG levels of at least 5.5 g/L. A total of 200 patients that met these criteria were randomized 1:1:1 to receive weight-based doses of Rystiggo. The efficacy of Rystiggo was measured using the MG-ADL scale, which assesses the impact of gMG on daily activities using a 4-point scale and 8 different functions. The results of the study, shown in the appendix, indicated that the average MG-ADL scores were higher in the two treatment groups compared to the control group.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Rystiggo (rozanolixizumab) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Rystiggo (rozanolixizumab) include: No labeled contraindications. However, patients should be delayed administration of Rystiggo if they have signs or symptoms consistent with an active infection. Patients should also refrain from receiving live vaccines

while undergoing treatment with Rystiggo.

OTHER SPECIAL CONSIDERATIONS:

Warning: Serious events of aseptic meningitis have been reported. Monitor for symptoms; diagnostic workup and treatment should be initiated according to the standard of care.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J9333	Injection, rozanolixizumab-noli, 1 mg

AVAILABLE DOSAGE FORMS:

Rystiggo SOLN 280MG/2ML single-dose vial
Rystiggo SOLN 420MG/3ML single-dose vial
Rystiggo SOLN 560MG/4ML single-dose vial
Rystiggo SOLN 840MG/6ML single-dose vial

REFERENCES

1. Rystiggo (rozanolixizumab) [prescribing information]. Smyrna, GA: UCB Inc; June 2024.
2. Bril V, et al. Safety and efficacy of rozanolixizumab in patients with generalized myasthenia gravis (MycarinG): a randomised, double-blind, placebo-controlled, adaptive phase 3 study. Lancet Neurol. 2023;22(5):383–394.doi:10.1016/S1474-4422(23)00077-7
3. Jaretzki A 3rd, et al. Myasthenia gravis: recommendations for clinical research standards. Task Force of the Medical Scientific Advisory Board of the Myasthenia Gravis Foundation of America. Neurology. 2000;55(1):16–23. doi:10.1212/wnl.55.1.16
4. Myasthenia Gravis Foundation of America. MGFA Clinical Classification. https://myasthenia.org/Portals/0/MGFA%20Classification.pdf

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Coding/Billing Information Template Update	Q1 2024
NEW CRITERIA	Q4 2023