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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 08/08/2024

Rystiggo® (rozanolixizumab-noli)

HCPCS: J9333

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
- a. FDA approved indication
 - b. FDA approved age
 - c. Documented anti-acetylcholine receptor (AChR) antibody positive myasthenia gravis (MG) identified by:
 - i. Lab record or chart notes identifying the patient is positive for anti-AChR antibodies
AND
 - ii. One of the following confirmatory tests:
 1. Positive edrophonium test
 2. History of clinical response to oral cholinesterase inhibitors (for example: pyridostigmine)
 3. Electrophysiological evidence of abnormal neuromuscular transmission by repetitive nerve stimulation (RNS) or single-fiber electromyography (SFEMG)
- OR
- d. Documented anti-muscle-specific tyrosine kinase (MuSK) antibody positive MG identified by:
 - i. Lab record or chart notes identifying the patient is positive for anti-MuSK antibodies
AND
 - ii. Electrophysiological evidence of abnormal neuromuscular transmission by repetitive nerve stimulation (RNS) or single-fiber electromyography (SFEMG)
 - e. Patients must NOT have a history of:
 - i. Thymectomy within 6 months
 - ii. Current thymoma
 - iii. Other neoplasms of the thymus
 - f. Previous treatment courses of at least 12 weeks with one of the following standards of care have been ineffective: methotrexate, azathioprine, cyclophosphamide, cyclosporine, mycophenolate mofetil, or tacrolimus unless all are contraindicated or not tolerated
 - g. Patient is currently receiving, and will continue to receive, a stable standard of care regimen
 - h. Must not be used with other biologic therapies for myasthenia gravis or immunoglobulin therapy
 - i. Trial and failure, intolerance, or a contraindication to the preferred products as specified in the BCBSM/BCN medical utilization management drug list

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

B. Quantity Limitations, Authorization Period and Renewal Criteria

- a. Quantity Limits: Align with FDA recommended dosing
- b. Authorization Period: One year at a time
- c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Rystiggo is a neonatal Fc receptor blocker 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
- Myasthenia gravis is a rare autoimmune disease resulting from an immunologic attack of AChR, MuSK, and/or other receptors found on the postsynaptic neuromuscular junction. It typically initially presents as asymmetric ptosis and diplopia and is known as ocular, or class I, MG of the eyelids and extraocular muscles. As weakness extends beyond the ocular muscles, the disease progresses into generalized MG with patients experiencing widespread fatigue and muscle weakness most commonly in the head, neck, and extremities. Depending on the severity of muscle weakness, at this point MG is classified as either class II for mild, class III for moderate, and class IV for severe presentation. Those with class V disease require intubation due to profound debilitating muscle weakness and fatigue and difficulty breathing, swallowing, speaking, and walking. Rystiggo has only been studied in patients with class II – IV disease. There is no safety and efficacy data to support use in patients with class I or V disease at this time.
- Rystiggo is only indicated for use in patients with anti-AChR or anti-MuSK antibodies. An immunologic assay to detect for the presence of anti-AChR and anti-MuSK antibodies is the first step towards a diagnosis of MG. Once it is determined a patient has one of these antibody types, at least one other confirmatory test should be conducted. A positive edrophonium test, history of response to oral cholinesterase inhibitors, repetitive nerve stimulation (RNS), or single-fiber electromyography (SFEMG) all can be used to verify anti-AChR MG. Only a repetitive nerve stimulation (RNS) or single-fiber electromyography (SFEMG) can be used to confirm anti-MuSK antibody positive disease.
- The thymus plays an important role in the pathogenesis of MG. Studies have shown that muscle-like myoid cells in the thymic medulla expressing AChR could be driving the antibody mediated response seen in MG. MuSK antibody positive disease is not typically associated with thymic abnormalities or thymoma. The 2021 international consensus guidance for management of myasthenia gravis state thymectomy can be considered for patients with generalized MG without thymoma based on Class II evidence from a meta-analysis. Benefit from thymectomy is usually delayed and is often only identified several years post-surgery. Also, patients with thymomas, tumors originating from the epithelial cells of the thymus, may develop MG. Guidelines state the presence of thymoma is always a surgical indication, regardless of the severity of MG, followed by chemotherapy and radiation to treat the tumor as appropriate. Rystiggo has not been studied in patients who have undergone thymectomy within 6 months, those with thymoma, and those with other tumors of the thymus. There is no safety and efficacy data to support use of Rystiggo in these patient populations at this time regardless of antibody status.
- Safety and efficacy of Rystiggo were established in the MycarinG trial, a multicenter, randomized, double-blind, placebo-controlled study of 200 adult patients with gMG who were anti-AChR antibody positive or anti-MuSK antibody positive. Patients had class II – IV disease and were already stable on at least one treatment, which

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included acetylcholinesterase inhibitors, corticosteroids, or immunosuppressants, for MG prior to study entry. They also had a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of at least 3 with at least 3 points from non-ocular symptoms. Patients were randomly assigned 1:1:1 to receive weight-tiered doses of Rystiggo equivalent to approximately 7 mg/kg or approximately 10 mg/kg or placebo administered as six subcutaneous infusions per cycle with one infusion given per week repeated as needed depending on clinical response no sooner than 63 days after initiation of the previous cycle. The primary endpoint the change from baseline to day 43 in the myasthenia gravis activities of daily living (MG-ADL) score. The trial met its primary endpoint with reductions in MG-ADL score from baseline to day 43 were greater in the Rystiggo 7 mg/kg group and in the Rystiggo 10 mg/kg group than with placebo which was statistically significant for both groups (p-value < 0.0001).

- Standard therapies recommended by the 2021 international consensus guidance for management of myasthenia gravis include acetylcholinesterase inhibitors, corticosteroids, immunosuppressants, rituximab, Soliris®, IVIG, and PLEX.
 - Acetylcholinesterase inhibitors are used for temporary symptomatic relief of MG symptoms. Their use is limited as an adjunct therapy to immunotherapy in those with residual or refractory MG or for treatment of ocular and mild generalized disease in those who cannot receive immunosuppressants.
 - Corticosteroids are effective in ocular MG and in patients with general MG with unsatisfactory responses to acetylcholinesterase inhibitors. They produce improvement in up 80% of MG patients often beginning within 2 weeks. However, they are associated with significant dose-dependent adverse events and are typically started with an immunosuppressant and then tapered slowly.
 - Azathioprine and mycophenolate mofetil are standard immunosuppressant therapies and act as steroid-sparing agents. Other options include cyclosporin, methotrexate, and tacrolimus. Onset of action is slow and may take up to 9 to 12 months. Guidelines recommend dose adjustments no more frequently than every 3 to 6 months. Once the patient experiences treatment effect doses should be maintained for six months to two years of therapy and then tapered to the lowest effective dose.
 - Oral methotrexate may be considered as a steroid-sparing agent in patients with generalized MG who have not tolerated or responded to steroid-sparing agents that are better supported by randomized clinical trial data.
 - Cyclophosphamide is typically used after failure of standard therapy in severe MG. It has several serious potential side effects. Since there are effective agents with less toxicity cyclophosphamide is usually reserved for patients refractory to the other immunosuppressive therapies.
 - PLEX and IVIG provide short-term symptomatic relief during exacerbations for surgical preparation or in patients with septicemia through downregulating autoantibodies and/or inducing antiidiopathic antibodies. IVIG has been shown to be effective in reducing the time of mechanical ventilation in myasthenic crisis, in management of severe generalized MG, to stabilize MG before surgery, and prior to high-dose corticosteroid therapy to minimize or prevent steroid-induced exacerbations. IVIG may be a maintenance treatment option for patients intolerant to or not responding to an adequate course of non-steroid immunosuppressive therapy. In contrast, the clinical effects of PLEX last only a few weeks unless concomitant immunosuppressants are given. Studies indicate that there is no long-term immunosuppressive effect of PLEX. Patients were excluded from the ADAPT trial if they had received IVIG or undergone PLEX 1 month prior to the start of the study.
 - There is good rationale for the use of rituximab in MG as the disease is B-cell mediated and rituximab targets CD20 on the B-cell membrane. Treatment guidelines state rituximab should be considered as an early therapeutic option in patients with MuSK antibody positive MG who have an unsatisfactory response to

initial immunotherapy. The efficacy of rituximab in refractory AChR antibody positive MG is uncertain. It is an option if patients fail or do not tolerate other immunosuppressive agents. Patients were excluded from the ADAPT trial if they had used rituximab 6 months prior to the start of Vyvgart therapy.

- Soliris should be considered in the treatment of severe, refractory, AChR antibody positive generalized MG. Until further data become available to allow comparisons of cost and efficacy with other treatments guidelines state, Soliris should be considered after trials of other immunotherapies have been unsuccessful in meeting treatment goals. Patients were excluded from the ADAPT trial if they had received Soliris 6 months prior to the start of Vyvgart therapy.
- Rystiggo have not been studied and there is no data to support use in combination with other medications used to treat MG, such as, Soliris.

References:

1. Rystiggo [prescribing information. Smyrna, GA: UCB, Inc.; June 2023.
2. Brill 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 May; 22 (5): 383 – 94.
3. Troth AJ, Dabi A, Solieman N, et al. Myasthenia gravis: a review. *Autoimmune Dis.* 2012; 2012: 874680.
4. Sanders DB, Wolfe GI, Benatar M, et al. International consensus guidance for management of myasthenia gravis: executive summary. *Neurology.* 2016 Jul 26; 87 (4): 419 - 25.
5. Narayanaswami P, Sanders DB, Wolfe GI, et al. International consensus guidance for management of myasthenia gravis: 2020 update. *Neurology.* 2021; 96: 114 - 22.
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7. Pasnoor M, Dimachkie MM, Farmakidis C, et al. Diagnosis of myasthenia gravis. *Neurol Clinic.* 2018 May; 36 (2): 261 – 74.
8. Marx A, Pfister F, Schalke B, et al. The different roles of the thymus in the pathogenesis of the various myasthenia gravis subtypes. *Autoimmun Rev.* 2013; 12: 875 - 84

Policy History												
#	Date	Change Description										
1.3	Effective Date: 08/08/2024	Annual review of criteria was performed, no changes were made										
1.2	Effective Date: 08/10/2023	New Policy										
1.1	Effective Date: 07/13/2023	UM medical management system update for BCBS and BCN <table border="1" data-bbox="483 407 1365 617"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>Yes</td> </tr> <tr> <td>BCNA</td> <td>Yes</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan Medication Authorization Request Form



This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: Initiation Continuation *Date patient started therapy:* _____
2. Administered by patient or a medical professional? patient (self) health care professional (physician, nurse, etc.)
3. Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient administration:* _____
 Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
4. Please specify location of administration if hospital outpatient infusion: _____
5. Please specify location of administration if hospital inpatient infusion: _____
6. Please provide the NPI number for the place of administration: _____
7. **Initiation AND Continuation of therapy:**
 - a. What is the patient's diagnosis? _____
 - b. What other medication has the patient received for their condition? Please list _____
 - i. Please describe the response to previous therapies: _____
 - c. Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - d. Please list any labs values important for diagnosing or monitoring this patient's condition: _____
8. **Continuation of therapy:**
 - a. Has the patient progressed while on this medication? yes no
 - b. How has the patient's condition changed while on this medication?
 - Improved; Please describe: _____
 - Stable; please describe: _____
 - Worsened; Please describe: _____
 - Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Provide chart notes	<input type="checkbox"/> Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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