SmartPA Criteria Proposal

Drug/Drug Class:	Generalized Myasthenia Gravis Clinical Edit *(formerly Vyvgart Clinical Edit)*
First Implementation Date:	TBD
Proposed Date:	October 17, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☐Revision of Existing Criteria ☒New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Vyvgart® (efgartigimod alfa-fcab), Vyvgart® Hytrulo (efgartigimod alfa & hyaluronidase-qvfc), and Rystiggo® (rozanolixizumab-noli).

Why Issue Selected: Myasthenia gravis (MG) is a chronic autoimmune neuromuscular disorder characterized by fluctuating weakness in ocular, bulbar, limb, and/or respiratory muscles due to an antibody-mediated attack directed at acetylcholine receptors (AChR) or muscle-specific tyrosine kinase (MuSK) receptors. There are two clinical forms of MG: ocular and generalized. Ocular MG is limited to weakness in the eyelids and extraocular muscles. Generalized MG (gMG) involves weakness in a variable combination of ocular, bulbar, limb and respiratory muscles. Approximately 71,000 people are diagnosed with MG in the United States, of which 85% have a diagnosis of gMG. Treatment has traditionally consisted of acetylcholinesterase inhibitors, immunosuppressants, and rapid immunomodulatory therapies such as intravenous immunoglobulin (IVIG) and plasma exchange (PLEX).

The recent approval of neonatal Fc receptor (FcRn) antagonists has provided an alternative to traditional treatments for MG. Blocking FcRn results in decreased levels of Immunoglobulin G (IgG), leading to less breakdown of acetylcholine within the neuromuscular junction.

Vyvgart® (efgartigimod alfa-fcab) and Vyvgart® Hytrulo (efgartigimod alfa & hyaluronidase-qvfc) are human IgG1 antibody fragments that bind to the FcRn, resulting in the reduction of circulating IgG. Vyvgart (intravenous infusion FDA approved December 17, 2021) and Vyvgart Hytrulo (subcutaneous injection FDA approved June 20, 2023) are indicated for the treatment of gMG in adult patients who are anti-AChR antibody positive. One treatment cycle consists of once weekly infusions/injections for 4 weeks, with at least 50 days between treatment cycles.

Rystiggo® (rozanolixizumab-noli) is a humanized IgG4 monoclonal antibody that binds to the FcRn, resulting in the reduction of circulating IgG. Rystiggo (subcutaneous infusion FDA approved June 26, 2023) is indicated for the treatment of gMG in adult patients who are anti-AChR antibody positive or anti-MuSK antibody positive. One treatment cycle consists of once weekly infusions for 6 weeks, with at least 63 days between treatment cycles.

Due to the high cost and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Vyvgart, Vyvgart Hytrulo, and Rystiggo.

Program-Specific Information:

Drug	Cost per cycle (WAC)	Cost per year (WAC)
VYVGART 400 MG/20 ML VIAL	$48,552	$291,312[a]
VYVGART HYTRULO 180 MG/2,000 UNITS/ML VIAL	$63,092	$378,552[a]
RYSTIGGO 280 MG/2 ML VIAL	$72,600	$290,400[b]

[a]cost estimate based on 70kg participant being treated with 6 cycles per year
[b]cost estimate based on 70kg participant being treated with 4 cycles per year

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Appropriate Indications**
☐ **Preferred Drug List**
☒ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Generalized Myasthenia Gravis (gMG) agents
- Age range: All appropriate MO HealthNet participants aged 18 years and older

Approval Criteria

Initial Therapy

- Must meet all of the following:
  - Prescribed by or in consultation with neurologist, rheumatologist, or other specialist in the treated disease state;
  - Participant is aged 18 years or older;
  - Participant has documented diagnosis of generalized myasthenia gravis;
  - Documented disease classification as Myasthenia Gravis Foundation of America (MGFA) Class II, III, or IV; **AND**
  - Adequate therapeutic trial of 2 immunosuppressants (e.g., glucocorticoids, azathioprine, mycophenolate, tacrolimus, cyclosporine, methotrexate) (90/120 days)
- Must meet one of the following:
  - Documented baseline Myasthenia Gravis Activities of Daily Living (MG-ADL) score of greater than or equal to 6; **OR**
  - Documented baseline Quantitative Myasthenia Gravis (QMG) score of greater than or equal to 12
- Additional approval criteria for Vyvgart and Vyvgart Hytrulo only:
  - Documented positive anti-acetylcholine receptor (AChR) antibody test
- Additional approval criteria for Rystiggo only:
  - Documented positive anti-acetylcholine receptor (AChR) antibody test; **OR**
  - Documented positive anti-muscle-specific tyrosine kinase (MuSK) antibody test
- Initial approval period: 3 months

Continuation of Therapy

- Must meet all of the following:
  - Treatment has a sustained effect for at least 4 weeks after the end of the previous treatment cycle
- Must meet one of the following:
  - MG-ADL score is greater than or equal to 6;
  - QMG score is greater than or equal to 12; **OR**
  - Participant was a MG-ADL/QMG responder initially, but no longer has a clinically meaningful improvement (defined as < 2-point improvement in total MG-ADL score or < 3-point improvement in total QMG score)

- Additional continuation criteria for Vyvgart and Vyvgart Hytrulo only:
  - Minimum time between treatment cycles should be no less than 50 days from the start of previous treatment cycle and the start of the next treatment cycle
- Additional continuation criteria for Rystiggo only:
  - Minimum time between treatment cycles should be no less than 63 days from the start of previous treatment cycle and the start of the next treatment cycle
- Continuation approval period: 6 months

Denial Criteria

- Therapy will deny with presence of one of the following:
  - Any approval criteria are not met;
  - Participant is currently pregnant; **OR**
  - Therapy exceeds 24 infusions/injections per year
- Additional denial criteria for Vyvgart only:
  - Dose exceeds 1,200 mg (60 mL) per infusion
- Additional denial criteria for Vyvgart Hytrulo only:
  - Dose exceeds 1,008 mg/11,200 units (5.6 mL) per injection
- Additional denial criteria for Rystiggo only:
  - Dose exceeds 840 mg (6 mL) per infusion

Required Documentation

Laboratory Results:		Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception code “0682” (Clinical Edit)
Rule Type: CE

Default Approval Period

3 months

References

- Vyvgart [package insert]. Boston, MA: argenx BV; April 2022.
- Vyvgart Hytrulo [package insert]. Boston, MA: argenx BV; June 2023.
- Rystiggo [package insert]. Smyrna, GA: UCB, Inc.; June 2023.
- IPD Analytics: New Drug Review: Vyvgart (efgartigimod alfa-fcab). January 2022.
- IPD Analytics. New Drug Review. Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc). July 2023.
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- Narayanaswami P, Sanders DB, Wolfe G, et al. International Consensus Guidance for Management of Myasthenia Gravis: 2020 Update. Neurology. 2021;96(3):114-122. doi:10.1212/WNL.0000000000011124.
- Farmakidis C, Pasnoor M, Dimachkie M, Barohn RJ. Treatment of Myasthenia Gravis. *NeurolClin*, 2018;*36*(2);311–337. https://doi.org/10.1016/j.ncl.2018.01.011
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