Rystiggo (rozanolixizumab-noli)
PAM – 076

Iowa Medicaid Program	Prior Authorization	**Effective Date**	01/01/2024
Revision Number	2	**Last Reviewed**	04/18/2025
Reviewed By	Medicaid Medical Director	**Next Review**	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	04/19/2024

Overview

Medication: [1]	rozanolixizumab-noli
Brand Name:	Rystiggo®
Pharmacologic Category:	Antimyasthenic Agents; neonatal Fc receptor blocker
FDA-Approved Indication(s):	Treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive
How Supplied:	Single-dose glass vial in a carton • 280 mg/2 mL (140 mg/mL) • 420 mg/3 mL (140 mg/mL) • 560 mg/4 mL (140 mg/mL) • 840 mg/6 mL (140 mg/mL)
Dosage and Administration:	• Should only be prepared and infused by a healthcare provider. • Administer as a subcutaneous infusion once weekly for 6 weeks (dose is based on patient body weight; see table below). • Administer subsequent treatment cycles based on clinical evaluation (the safety of initiating subsequent cycles sooner than 63 days from the start of the previous treatment cycle has not been established).
Benefit Category:	Medical

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

Descriptive Narrative

Neuromuscular junction (NMJ) disorders comprise several dysfunctions that ultimately lead to muscle weakness. Some of these diseases, such as congenital myasthenic syndromes, are genetic. Other NMJ disorders are acquired autoimmune forms, such as myasthenia gravis, the most prevalent NMJ disorder. Myasthenia gravis (MG) is characterized by muscle weakness and fatigue. The weakness is due to an antibody-mediated immunologic attack directed at proteins in the postsynaptic membrane of the NMJ.

Myasthenia gravis can affect all ages, but it is considered "a disease of young women and old men." The most common onset age is between 20 and 39 years in women and between 50 and 70 years in men. [2] Autoimmune myasthenia gravis has a reported worldwide prevalence of 40 to180 per million people, and an annual incidence of 4-12 per million people. In the United States, there are an estimated 60,000 patients diagnosed with myasthenia gravis.

Autoimmune myasthenia gravis is characterized by the presence of antibodies against several components of the neuromuscular junctions. The most common antibody found in autoimmune myasthenia gravis is directed against post-synaptic acetylcholine receptors (AChRs). Anti-AChR antibodies are present in approximately 80 percent of all autoimmune MG patients.

Less frequent autoantibodies found in autoimmune MG include the anti-muscle-specific kinase (MuSK) antibody (4 percent of the cases) and the anti-lipoprotein receptor-related protein-4 (LRP4) antibody (2 percent of the cases) directed against LPR4. All these autoantibodies belong to the immunoglobulin G (IgG) class.[3]

Guidelines

The International Consensus Guidance for Management of Myasthenia Gravis was last updated in 2020.[4] Rystiggo® is not yet included in the guidance.

Goals of Therapy

The goals of therapy in myasthenia gravis (MG) are to render patients minimally symptomatic or better while minimizing side effects from medications.

There are four primary therapies currently used to treat MG.

- Symptomatic treatment (acetylcholinesterase inhibition) to increase the amount of acetylcholine (ACh) available at the neuromuscular junction
- Chronic immunotherapies (glucocorticoids and nonsteroidal immuno-suppressive and immunomodulatory agents) to target the underlying immune dysregulation
- Rapid but short-acting immunomodulating treatments (therapeutic plasma exchange and intravenous immune globulin [IVIG])
- Surgical treatment (thymectomy)

In addition to the pace and severity of the disease, the time to onset of clinical effect for each of these therapies varies considerably, which plays a large role in choosing the appropriate therapy for a given patient.[5]

Commonly used therapies for myasthenia gravis [6] (estimated times are rough guidelines based upon clinical experience in myasthenia gravis)		Time to onset of effect	Time to maximal effect
Symptomatic therapy – *increases the amount of acetylcholine available at the neuromuscular junction*	pyridostigmine	10-15 minutes	2 hours
Chronic immunotherapies – *target underlying immune dysregulation*	prednisone	2 to 3 weeks	5 to 6 months
	azathioprine	~12 months	1 to 2 years
	mycophenolate mofetil	6 to 12 months	1 to 2 years
	cyclosporine	~6 months	~7 months
	tacrolimus	~6 months	~12 months
	efgartigimod alfa	1 to 2 weeks	~4 weeks
	ravulizumab	1 to 2 weeks	~4 to 10 weeks
Rapid immunotherapies – *manage myasthenia crisis*	plasmapheresis	1 to 7 days	1 to 3 weeks
	intravenous immune globulin (IVIG)	1 to 2 weeks	1 to 3 weeks
Surgery – *therapeutic option in select patients*	thymectomy	1 to 10 years	1 to 10 years

Outcomes Measurements[7]

The Myasthenia Gravis Foundation of America Classification (MGFA)	
MGFA classification separates patients in groups based on disease severity and the localization of the symptoms.	
Class I	Any ocular muscle weakness; may have weakness of eye closure. All other muscle strength is normal.
Class II	Mild weakness affecting muscles other than ocular, ± ocular muscle weakness of any severity. IIa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles. IIb. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both.
Class III	Moderate weakness affecting muscles other than ocular, ± ocular muscle weakness of any severity. IIIa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles. IIIb. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both.
Class IV	Severe weakness affecting muscles other than ocular, ± ocular muscle weakness of any severity. IVa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles. IVb. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both.
Class V	Defined as intubation, with or without mechanical ventilation, except when employed during routine postoperative management. The use of a feeding tube without intubation places the patient in class IVb.

The Myasthenia Gravis Activities of Daily Living (MG-ADL)				
The MG-ADL assesses the impact of generalized myasthenia gravis (gMG) on daily functions by assigning a score to 8 signs or symptoms that are commonly affected in gMG, then totaling the individual scores for a composite MG-ADL score. Each item is measured on a 4-point scale, where a score of 0 represents normal function and a score of 3 represents the loss of ability to perform that function.				
Grade	0	1	2	3
1. Talking	Normal	Intermittent slurring or nasal speech	Constant slurring or nasal, but can be understood	Difficult to understand speech
2. Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube
3. Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube
4. Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence
5. Impairment of ability to brush teeth or comb hair	None	Extra effort, but no rest periods needed	Rest periods needed	Cannot do one of these functions
6. Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, requires assistance
7. Double vision	None	Occurs, but not daily	Daily, but not constant	Constant
8. Eyelid droop	None	Occurs, but not daily	Daily, but not constant	Constant

Criteria

Prior authorization is required.

Rystiggo® is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of generalized myasthenia gravis (gMG); **AND**
2. Documentation that member has positive serologic test for one of the following (a or b):
   a. Presence of anti-acetylcholine receptor antibodies (AChR-Ab+); or
   b. Presence of anti-muscle-specific tyrosine kinase antibodies (MuSK-Ab+); **AND**
3. Member has Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of Class II to IVa; **AND**
4. Member has a Myasthenia Gravis – Activities of Daily Living (MG-ADL) score of at least 3 or higher (with at least 3 points from non-ocular symptoms; **AND**
5. Member is 18 years of age or older; **AND**

6. Member is on a stable dose (for the duration specified, if indicated) of at least ONE (or documentation of inadequate response, intolerance, or labeled contraindication to ALL) of the following standard-of-care treatments for gMG:
    a. Steroids (at least 3 months of treatment); and/or
    b. Non-steroidal immunosuppressive therapy, e.g., azathioprine, cyclophosphamide, cyclosporine, mycophenolate mofetil, or tacrolimus (at least 6 months of treatment); and/or
    c. If member has positive serological test for anti-AChR antibodies (not applicable if AChR-Ab negative): acetylcholinesterase inhibitors (e.g., pyridostigmine); **AND**
7. Rystiggo is not prescribed concurrently with eculizumab (Soliris®), efgartigimod alfa-fcab (Vyvgart®), efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo®), rituximab, ravulizumab (Ultomiris®), or maintenance immunoglobulin treatment; **AND**
8. Prescribed by, or in consultation with, an immunologist, neurologist, or rheumatologist; **AND**
9. Request meets one of the following (a or b):
    a. Regimen prescribed is based on member's weight, and (i, ii, or iii):
        i. If weight is less than 50 kg: dose does not exceed 420 mg once weekly for 6 weeks for initial cycle (if subsequent cycle is required, at least 63 days have passed since the start of the initial cycle); or,
        ii. If weight is 50 kg to 100 kg: dose does not exceed 560 mg once weekly for 6 weeks for initial cycle (if subsequent cycle is required, at least 63 days have passed since the start of the initial cycle); or,
        iii. If weight is 100 kg or more: dose does not exceed 840 mg once weekly for 6 weeks for initial cycle (if subsequent cycle is required, at least 63 days have passed since the start of the initial cycle); **OR**
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

This space intentionally left blank

Rystiggo® is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response to therapy, as demonstrated by (a and b):
    a. Reduction in signs or symptoms that impact daily function; **AND**
    b. At least a 2-point reduction in the total Myasthenia Gravis Activities of Daily Living (MG-ADL) score from pre-treatment baseline; **AND**
3. Rystiggo is not prescribed concurrently with eculizumab (Soliris®), efgartigimod alfa-fcab (Vyvgart®), efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo®), rituximab, ravulizumab (Ultomiris®), or maintenance immunoglobulin treatment; **AND**
4. Prescribed by, or in consultation with, an immunologist, neurologist, or rheumatologist; **AND**
5. Request meets one of the following (a or b):
    a. Regimen prescribed is based on member's current weight, and (i, ii, or iii):
        i. If weight is less than 50 kg: dose does not exceed 420 mg once weekly for 6 weeks **AND** at least 63 days have passed since the start of the previous cycle; or
        ii. If weight is 50 kg to 100 kg: dose does not exceed 560 mg once weekly for 6 weeks **AND** at least 63 days have passed since the start of the previous cycle; or
        iii. If weight is 100 kg or more: dose does not exceed 840 mg once weekly for 6 weeks **AND** at least 63 days have passed since the start of the previous cycle; **OR**
    b. Regimen is supported by clinical practice guidelines. Supporting clinical documentation must be provided with any request for which regimen prescribed does not align with FDA-approved labeling.

Approval Duration and Quantity Limits

	Initial Authorization	Subsequent Authorization(s)
Approval Duration	6 months	12 months
Quantity Limits	Dose not to exceed 840 mg (dosing is based on weight) • Administered as a subcutaneous infusion once weekly for 6 weeks; **AND** • (for subsequent cycles) at least 63 days have passed since the start of the previous cycle	

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J9333	Injection, rozanolixizumab-noli, 1 mg

ICD-10	Description
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation

NDC (Strength) (SDV = single-dose vial)	Labeler	Dosage	Pkg Size	Pkg Qty	Units/ Pkg
50474-0980-79 (2 mL SDV: 280 mg/2 mL)	UCB, Inc. (50474)	1 mg	1	EA	280
50474-0981-83 (3 mL SDV: 420 mg/3 mL)	UCB, Inc. (50474)	1 mg	1	EA	420
50474-0982-84 (4 mL SDV: 560 mg/4 mL)	UCB, Inc. (50474)	1 mg	1	EA	560
50474-0983-86 (6 mL SDV: 840 mg/6 mL)	UCB, Inc. (50474)	1 mg	1	EA	840

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Rystiggo® prescribing information (03/2025). UCB, Inc.: Smyrna, GA. Available online at: www.rystiggohcp.com. Accessed March 25, 2025.

[2] Bubuioc AM, Kudebayeva A, Turuspekova S, Lisnic V, Leone MA. The epidemiology of myasthenia gravis. J Med Life. 2021 Jan-Mar;14(1):7-16. PMID: 33767779.

[3] Gilhus NE, Verschuuren JJ. Myasthenia gravis: subgroup classification and therapeutic strategies. Lancet Neurol. 2015 Oct;14(10):1023-36. PMID: 26376969.

[4] Narayanaswami P, Sanders DB, et al. International Consensus Guidance for Management of Myasthenia Gravis: 2020 Update. Neurology. 2021 Jan 19;96(3): 114-122. Epub 2020 Nov 3. PMID: 33144515.

[5] Bird SJ. Overview of the treatment of myasthenia gravis. Goddeau RP, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed March 25, 2025.

[6] Bird SJ. Chronic immunotherapy for myasthenia gravis. Goddeau RP, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed March 25, 2025.

[7] Barnett C, Herbelin L, Dimachkie MM, Barohn RJ. Measuring Clinical Treatment Response in Myasthenia Gravis. Neurol Clin. 2018 May;36(2):339-353. PMID 29655453.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual review. Added additional package sizes to Overview table and Coding and Product Information section.	2
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee