

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Rystiggo (rozanolixizumab -noli)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

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For reauthorization :

1. Chart notes must document clinically meaningful improvement in symptom severity and daily functioning compared to pre-treatment baseline (e.g., improved MG-ADL or QMG scores); AND
2. Treatment cycles are being prescribed at least 63 days apart.

If all the above requirements are met , the medication will be approved for an additional 12 months .

CareSource considers Rystiggo (rozanolixizumab) -