

PHARMACY POLICY STATEMENT

North Carolina Marketplace

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

Rystiggo

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-