

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

<b>DRUG NAME</b>	<b>Rystiggo (rozanolixizumab-noli)</b>
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

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)

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***