Medical Policy Bulletin

Title:
Rozanolixizumab-noli (Rystiggo)
Policy #:
MA08.164a

The Company makes decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, the Company makes decisions based on Company Policy Bulletins. Benefits may vary based on contract, and individual member benefits must be verified. The Company determines medical necessity only if the benefit exists and no contract exclusions are applicable. Although the Medicare Advantage Policy Bulletin is consistent with Medicare's regulations and guidance, the Company's payment methodology may differ from Medicare.

When services can be administered in various settings, the Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition. This decision is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.

This Policy Bulletin document describes the status of CMS coverage, medical terminology, and/or benefit plan documents and contracts at the time the document was developed. This Policy Bulletin will be reviewed regularly and be updated as Medicare changes their regulations and guidance, scientific and medical literature becomes available, and/or the benefit plan documents and/or contracts are changed.

Policy

Coverage is subject to the terms, conditions, and limitations of the member's Evidence of Coverage.

The Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition.

In the absence of coverage criteria from applicable Medicare statutes, regulations, NCDs, LCDs, CMS manuals, or other Medicare coverage documents, this policy uses internal coverage criteria developed by the Company in consideration of peer-reviewed medical literature, clinical practice guidelines, and/or regulatory status.

MEDICALLY NECESSARY

ROZANOLIXIZUMAB-NOLI (RYSTIGGO)
Rozanolixizumab-noli (Rystiggo) is considered medically necessary and, therefore, covered for the treatment of adult individuals 18 years of age or older with generalized myasthenia gravis (gMG) , when all of the following criteria are met, including dosing and frequency:

Initial Criteria

- The individual has documented diagnosis of gMG based individual's history and supported by previous evaluations
- The individual has a confirmed positive record of autoantibodies against acetylcholine receptor (AChR) or muscle-specific kinase (MuSK) .
- The individual has Myasthenia Gravis Foundation of America (MGFA) Class II, III, IVa
- The individual has Myasthenia Gravis-Activities of Daily Living (MG-ADL) score of at least 3 (with ≥3 points from non-ocular symptom) AND a quantitative myasthenia gravis (QMG) score of at least 11
- The individual has a history of inadequate response or intolerance one of the following :
    - standard-of-care therapy (i.e, acetylcholinesterase inhibitors [AChEIs] e.g., pyridostigmine or corticosteroids e.g., preginisone)
    - use of immunoglobulin g (IVIg)/ plasma exchange (PLEX) as rescue therapy
- The individual is not receiving rozanolixizumab-noli (Rystiggo) in combination with eculizumab (Soliris), ravulizumab (Ultomiris) or efgartigimod alfa-fcab (Vyvgart)

- Dosing and frequency for rozanolixizumab-noli (Rystiggo) is based on a body weight (BW) of the individual, once weekly for six weeks with every next cycle initiated not sooner than 63 days from the start of the previous treatment cycle:
    - if (BW) less than 50 kg: 420 mg
    - if (BW) 50 kg to less than 100 kg 560 mg
    - if (BW)100 kg and above 840 mg

Continuation Criteria

Submission of medical records to demonstrate a positive clinical response from baseline (e. g., two-point reduction in MG-ADL total score). The safety of initiating subsequent cycles sooner than 63 days from the start of the previous treatment cycle has not been established.

EXPERIMENTAL/INVESTIGATIONAL

All other uses for moxetumomab Rozanolixizumab-noli (Rystiggo) are considered experimental/investigational and, therefore, not covered unless the indication is supported as an accepted off-label use, as defined in the Company medical policy on off-label coverage for prescription drugs and biologics.

Guidelines

There is no Medicare coverage determination addressing edaravone (Radicava); therefore, the Company policy is applicable.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, rozanolixizumab-noli (Rystiggo) is covered under the medical benefits of the Company's products when the medical necessity criteria listed in this medical policy are met.

MYASTHENIA GRAVIS FOUNDATION OF AMERICA (MGFA) CLINICAL CLASSIFICATION

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 muscles; may also have ocular muscle weakness of any severity.

A. IIa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles.
B. 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 muscles; may also have ocular muscle weakness of any severity.

A. IIIa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles.
B. 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 muscles; may also have ocular muscle weakness of any severity.

A. IVa. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles.
B. 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 individual in class IVb.

MG Activities of Daily Living (MG-ADL) Profile

Grade	Score			
Activities of Daily Living (ADL)	**0**	**1**	**2**	**3**
Talking	Normal	Intermittent slurring or nasal speech	Constant slurring or nasal, but can be understood	Difficult to understand speech
Chewing	Normal	Fatigue with solid food	Fatigue with soft food	Gastric tube
Swallowing	Normal	Rare episode of choking	Frequent choking necessitating changes in diet	Gastric tube
Breathing	Normal	Shortness of breath with exertion	Shortness of breath at rest	Ventilator dependence
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
Impairment of ability to arise from a chair	None	Mild, sometimes uses arms	Moderate, always uses arms	Severe, requires assistance
Double vision	None	Occurs, but not daily	Daily, but not constant	Constant
Eyelid droop	None	Occurs, but not daily	Daily, but not constant	Constant

Quantitative Myasthenia Gravis

The QMG is a 13-item direct physician assessment scoring system that quantifies disease severity based on impairments of body functions and structures. Each item is quantitatively assessed and scored from 0 to 3 (where 3 represents the most severe), providing a total QMG score ranging from 0 to 39. The QMG is composed of the following items: ocular (two items), facial (one item), bulbar (two items), gross motor (six items), axial (one item), and respiratory (one item). According to a 2000 publication by the Task Force of the Medical Scientific Advisory Board of the MGFA, the QMG score was recommended for use in all prospective MG clinical trials for evaluating treatment-related clinical change.

US FOOD AND DRUG ADMINISTRATION (FDA) STATUS

Rozanolixizumab-noli (Rystiggo) was approved by the FDA on June 27, 2023, for the treatment of generalized myasthenia gravis (gMG) in adult individuals who are anti-acetylcholine receptor (AchR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.

PEDIATRIC USE

The safety and effectiveness have not been established in the pediatric population for rozanolixizumab-noli (Rystiggo).

Description

DRUG INFORMATION

Rozanolixizumab-noli (Rystiggo) is a neonatal Fc receptor blocker indicated for the treatment of generalized myasthenia gravis (gMG) in adult individuals who are anti-acetylcholine receptor (AChR) or antimuscle-specific tyrosine kinase (MuSK) antibody positive.

GENERALIZED MYASTHENIA GRAVIS

Myasthenia gravis (MG) is a chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles. The muscle weakness usually worsens after periods of activity and improves after periods of rest. Muscles that control movements of the eye and eyelid, facial expression, chewing, talking, and swallowing are often involved, but those that control breathing and neck and limb movements may also be involved. This weakness is a result of an antibody-mediated, T-cell dependent, immunological attack directed at proteins in the postsynaptic membrane of the neuromuscular junction. MG has an annual incidence of about seven to 23 cases per million. It most often begins before the age of 40 in women and after age 60 in men.

PEER-REVIEWED LITERATURE

SUMMARY

The efficacy of Rozanolixizumab-noli (Rystiggo) for the treatment of generalized MG was demonstrated in MycarinG randomised, double-blind, placebo-controlled, adaptive phase 3 study. Enrolled individuals were 18 years or older with acetylcholine receptor (AChR) or muscle-specific kinase (MuSK) autoantibody-positive generalised myasthenia gravis (Myasthenia Gravis Foundation of America class II–IVa), a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of at least 3 (non-ocular symptoms), and a quantitative myasthenia gravis score of at least 11. Individuals were randomized (1:1:1) to receive subcutaneous infusions once a week for six weeks of either rozanolixizumab 7 mg/kg, rozanolixizumab 10 mg/kg, or placebo. Randomisation was stratified by AChR and MuSK autoantibody status. The primary efficacy endpoint was change from baseline to day 43 in MG-ADL score, assessed in the intention-to-treat population. This trial is registered with ClinicalTrials.gov (NCT03971422) and EudraCT (2019-000968-18); an open-label extension study has been completed (NCT04124965; EudraCT 2019-000969-21) and another is underway (NCT04650854; EudraCT 2020- 003230-20.

Out of 200 enrolled individuals, 66 (33%) were randomly assigned to rozanolixizumab 7 mg/kg, 67 (34%) to rozanolixizumab 10 mg/kg, and 67 (34%) to placebo. Reductions in MG-ADL score from baseline to day 43 were greater in the rozanolixizumab 7 mg/kg group (least-squares mean change –3·37 [SE 0·49]) and in the rozanolixizumab 10 mg/kg group (–3·40 [0·49]) than with placebo (–0·78 [0·49]; for 7 mg/kg, least-squares mean difference −2·59 [95% CI −4·09 to −1·25], p<0·0001; for 10 mg/kg, −2·62 [−3·99 to −1·16], p<0·0001).
Adverse Events (AE) were experienced by 52 (81%) of 64 individuals treated with rozanolixizumab 7 mg/kg, 57 (83%) of 69 treated with rozanolixizumab 10 mg/kg, and 45 (67%) of 67 treated with placebo. The most frequent AEs were headache (29 [45%] individuals in the rozanolixizumab 7 mg/kg group, 26 [38%] in the rozanolixizumab 10 mg/kg group, and 13 [19%] in the placebo group), diarrhoea (16 [25%], 11 [16%], and nine [13%]), and pyrexia (eight [13%], 14 [20%], and one [1%]).

OFF-LABEL INDICATIONS

There may be additional indications contained in the policy section of this document due to evaluation of criteria highlighted in the company's off-label policy, and/or review of clinical guidelines issued by leading professional organizations and government entities.

References

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Coding

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The Coding Table lists any CPT, ICD-10, and HCPCS billing codes related only to the specific policy in which they appear.

CPT Procedure Code Number(s)
N/A

ICD - 10 Procedure Code Number(s)
N/A

ICD - 10 Diagnosis Code Number(s)
G70.00 Myasthenia gravis without (acute) exacerbation
G70.01 Myasthenia gravis with (acute) exacerbation

HCPCS Level II Code Number(s)
J9333 Injection, rozanolixizumab-noli, 1 mg

Revenue Code Number(s)
N/A

Policy History

Revisions From MA08.164a:

03/28/2025	This policy has been reissued in accordance with the Company's annual review process.
05/07/2024	This version of the policy will become effective 05/07/24. This new policy has been issued to communicate the Company's coverage position and criteria for Rozanolixizumab-noli (Rystiggo).

Version Effective Date:
05/07/2024
Version Issued Date:
05/07/2024
Version Reissued Date:
03/28/2025