Clinical Criteria

Subject:	Vyvgart (efgartigimod alfa-fcab)		
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Table of Contents

Overview
Coding
References
Clinical criteria
Document history

Overview

This document addresses the use of Vyvgart (efgartigimod alfa-fcab), an intravenously administered human immunoglobulin G1 (IgG1) antibody Fc fragment that targets the neonatal Fc receptor (FcRn). Vyvgart is approved for the treatment of generalized myasthenia gravis in adult patients who are anti-acetylcholine receptor (AchR) antibody positive.

Generalized myasthenia gravis (gMG) is a rare autoimmune disease that manifests in clinical symptoms of dyspnea, dysphagia, diplopia, dysarthria, and ptosis. Generalized myasthenia gravis is commonly mediated by IgG autoantibodies which are directed against the neuromuscular junction and cause muscle weakness. Treatment options include cholinesterase inhibitors for symptom control, corticosteroids and non-steroidal agents (azathioprine, mycophenolate mofetil) that broadly suppress the immune system. Other treatments include therapeutic plasma exchange which remove pathogenic IgG autoantibodies, immunoglobulins, and a C5 complement inhibitor, Soliris, that blocks complement activation triggered by acetylcholine receptor antibodies at the neuromuscular junction. Vyvgart (efgartigimod alfa-fcab) is the first antibody fragment treatment option and is the first agent used to target IgG autoantibodies.

Current published evidence includes one phase 3, multicenter, randomized, placebo-controlled trial that includes individuals with non-ocular symptoms and were on a stable dose of at least one gMG treatment (cholinesterase inhibitors, corticosteroids, or non-steroidal immunosuppressants) prior to screening and throughout the study. Trail inclusion criteria required Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV disease and a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of at least 5 or higher. Individuals with hepatitis B, hepatitis C, HIV, or severe infections were excluded. While individuals with acetylcholine receptor (AChR) antibody negative disease were included, the trial was not statistically powered to assess efficacy in this population. Participants in the trial were treated with Vyvgart (efgartigimod alfa-fcab) 10 mg/kg administered intravenously as four infusions per cycle (one infusion every week for 4 weeks). The primary endpoint was proportion of acetylcholine receptor antibody-positive patients who were MG-ADL responders (≥2-point MG-ADL improvement sustained for ≥4 weeks) in the first treatment cycle. Subsequent cycles were administered according to clinical response when the MG-ADL score was at least 5 and, for responders, when they no longer had a clinically meaningful decrease in MG-ADL score compared to baseline. Not all patients were responders after 1 cycle of therapy: and some achieved response after the second cycle. An open-label extension is underway to study the effects of Vyvgart on patients that completed the trial or could not complete a cycle before trial end (NCT03770403).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Vyvgart (efgartigimod alfa-fcab)

Initial requests for Vyvgart (efgartigimod alfa-fcab) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Individual has a diagnosis of acetylcholine receptor antibody-positive (AChR-Ab+) generalized myasthenia gravis (gGM); **AND**
III. Documentation is provided that individual has a positive serologic test for the presence of acetylcholine receptor antibodies (AchR-Ab+); **AND**
IV. Individual has Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV disease; **AND**

V. Documentation is provided that individual has a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of at least 5 or higher; **AND**
VI. Individual is currently receiving a stable dose of at least one gMG treatment (including cholinesterase inhibitors, corticosteroids, or non-steroidal immunosuppressants) (Howard 2021).

Initial Approval Duration: 26 weeks

Requests for continued use of Vyvgart (efgartigimod alfa-fcab) may be approved if the following criteria are met:

I. Individual has experienced a prior clinical response to efgartigimod treatment as defined by the following:
   A. Reduction in signs or symptoms that impact daily function; **AND**
   B. Documentation is provided to show at least a 2-point reduction in MG-ADL total score from pre-treatment baseline; **AND**
II. Individual requires continued treatment to maintain response or to regain clinically meaningful response.

Requests for Vyvgart (efgartigimod alfa-fcab) may not be approved for the following:

~~I. All other indications not included above; **OR**~~
I. Individual is using in combination with maintenance immunoglobulin treatment, eculizumab or rituximab; **OR**
II. If the above criteria are not met and for all other indications.

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Continuation Approval Duration: 1 year

Quantity Limits

Vyvgart (efgartigimod alfa-fcab) Quantity Limit

Drug	Limit	
Vyvgart (efgartigimod alfa-fcab) 400 mg/20 mL intravenous solution	Less than 120 kg	10 mg/kg once weekly for 4 weeks (4 weeks = 1 cycle)*
	120 kg and above	1200 mg (total of 3 vials) once weekly for 4 weeks (4 weeks = 1 cycle)*
Override Criteria		
*May approve for additional treatment cycles (4 weeks = 1 cycle) based on clinical relapse/response, but no sooner than 50 days from the start of the previous treatment cycle.		

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS	
J9332	Injection, efgartigimod alfa-fcab, 2mg [Vyvgart] (efgartigimod alfa-fcab)
ICD-10 Diagnosis	
G70.00-G70.01	Myasthenia gravis

Document History

Revised: 08/19/2022
Document History:
- 08/19/2022 – Annual Review: Add ravulizumab to combination exclusion list; wording and formatting updates. Coding Reviewed: No changes.
- 1/4/2022 – Select Review: Add new clinical criteria document for Vyvgart (efgartigimod). Administrative update to add documentation language. Coding Reviewed: Added HCPCS codes J3490, J3590, C9399. All diagnoses pend. Effective 7/1/2022 Added HCPCS J9332. Removed J3490, J3590, C9399. Added G70.00-G70.01. Removed All diagnoses pend.

References

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