

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Efgartigimod (Vyvgart)

Non-Formulary **efgartigimod (Vyvgart)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **efgartigimod (Vyvgart)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a neurologist with specialty in neuromuscular disorders
- Patient has a diagnosis of myasthenia gravis
- Patient has a positive serologic test for anti-acetylcholine receptor (AChR) antibodies
- Patient has a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of 5 or more
- Prior inadequate response to at least two of the following:
  - Corticosteroid (at least 50 mg prednisone equivalent daily) for at least 3 months
  - Azathioprine (at least 2 mg/kg daily) for at least 9-12 months
  - Rituximab for at least 12 months
  - Other disease modifying therapy (e.g., cyclophosphamide, mycophenolate mofetil, cyclosporine, methotrexate), for at least 6-9 months
- Patient is dependent on chronic intravenous immunoglobulin (IVIG) or chronic plasma exchange (PLEX).