Vyvgart™ (Efgartigimod Alfa-Fcab) (for Indiana Only)

Policy Number: CSIND00111.03
Effective Date: July 1, 2022

Instructions for Use

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Related Policies
None

Application

This Medical Benefit Drug Policy only applies to the state of Indiana.

Coverage Rationale

Myasthenia Gravis

Vyvgart is proven and medically necessary when the following criteria are met:

- Initial Therapy:
  - Submission of medical records (e.g., chart notes, laboratory values, etc.) to support the diagnosis of generalized myasthenia gravis (gMG) by a neurologist or in consultation with a neurologist confirming all of the following:
    - Patient has not failed a previous course of Vyvgart therapy; and
    - Positive serologic test for anti-AChR antibodies; and
    - One of the following:
      - History of abnormal neuromuscular transmission test demonstrated by single-fiber electromyography (SFEMG) or repetitive nerve stimulation
      - History of positive anticholinesterase test, e.g., edrophonium chloride test
      - Patient has demonstrated improvement in MG signs on oral cholinesterase inhibitors, as assessed by the treating neurologist

    and
    - Patient has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of class II, III, or IV at initiation of therapy; and
    - Patient has a Myasthenia Gravis-specific Activities of Daily Living scale (MG-ADL) total score ≥ 5 at initiation of therapy

  and
  - Both of the following:
    - History of failure of at least two immunosuppressive agents over the course of at least 12 months (e.g., azathioprine, methotrexate, cyclosporine, mycophenylate, etc.); and
    - Patient has required 2 or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin for at least 12 months without symptom control

and
  - Patient is currently on a stable dose (at least 2 months) of immunosuppressive therapy; and
  - Patient is not receiving Vyvgart in combination with Soliris (eculizumab); and
  - Vyvgart is initiated and titrated according to the U.S. Food and Drug Administration (FDA) labeled dosing for gMG, up to a maximum of 1,200 mg per dose; and
  - Prescribed by, or in consultation with, a neurologist; and
  - Initial authorization will be for no more than 6 months.
- Continuation of Therapy:
  - Patient has previously been treated with Vyvgart; and
  - Submission of medical records (e.g., chart notes, laboratory tests) to demonstrate a positive clinical response from baseline as demonstrated by all of the following:
    - Improvement and/or maintenance of at least a 2 point improvement (reduction in score) in the MG-ADL score from pre-treatment baseline.
    - Reduction in signs and symptoms of myasthenia gravis
    - Maintenance, reduction, or discontinuation of dose(s) of baseline immunosuppressive therapy (IST) prior to starting Vyvgart. Note: Add on, dose escalation of IST, or additional rescue therapy from baseline to treat myasthenia gravis or exacerbation of symptoms while on Vyvgart therapy will be considered as treatment failure.

    and
  - Patient is not receiving Vyvgart in combination with Soliris (eculizumab); and
  - Vyvgart is dosed according to the U.S. Food and Drug Administration (FDA) labeled dosing for gMG: up to a maximum of 1,200 mg per dose; and
  - Prescribed by, or in consultation with, a neurologist; and
  - Reauthorization will be for no more than 12 months.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J9332	Injection, efgartigimod alfa-fcab, 2 mg

Diagnosis Code	Description
G70.00	Myasthenia gravis without (acute) exacerbation

Background

Efgartigimod alfa-fcab is a human IgG1 antibody fragment that binds to the neonatal Fc receptor (FcRn), resulting in the reduction of circulating IgG. The pharmacological effect of efgartigimod alfa-fcab was assessed by measuring the decrease in serum IgG levels and AChR autoantibody levels. In patients testing positive for AChR antibodies and who were treated with efgartigimod alfa-fcab, there was a reduction in total IgG levels relative to baseline. Decrease in AChR autoantibody levels followed a similar pattern.

Clinical Evidence

Generalized Myasthenia Gravis

Efgartigimod alfa-fcab is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

The efficacy of efgartigimod alfa-fcab for the treatment of generalized myasthenia gravis (gMG) in adults who are AChR antibody positive was established in a 26-week, multicenter, randomized, double-blind, placebo-controlled trial (Study 1; NCT03669588).

Study 1 enrolled patients who met the following criteria at screening:

- Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV
- MG-Activities of Daily Living (MG-ADL) total score of ≥ 5
- On stable dose of MG therapy prior to screening, that included acetylcholinesterase (AChE) inhibitors, steroids, or non-steroidal immunosuppressive therapies (NSISTs), either in combination or alone
- IgG levels of at least 6 g/L

A total of 167 patients were enrolled in Study 1 and were randomized to receive either efgartigimod alfa-fcab 10 mg/kg (1,200 mg for those weighing 120 kg or more) (n = 84) or placebo (n = 83). Baseline characteristics were similar between treatment groups. Patients had a median age of 46 years at screening (range: 19 to 81 years) and a median time since diagnosis of 9 years. Seventy-one percent were female, and 84% were White. Median MG-ADL total score was 9, and median Quantitative Myasthenia Gravis (QMG) total score was 16. The majority of patients (n = 65 for efgartigimod alfa-fcab; n = 64 for placebo) were positive for AChR antibodies.

At baseline, over 80% of patients in each group received AChE inhibitors, over 70% in each treatment group received steroids, and approximately 60% in each treatment group received NSISTs, at stable doses.

Patients were treated with efgartigimod alfa-fcab at the recommended dosage regimen.

The efficacy of efgartigimod alfa-fcab was measured using the Myasthenia Gravis-Specific Activities of Daily Living scale (MG-ADL) which assesses the impact of gMG on daily functions of 8 signs or symptoms that are typically affected in gMG. Each item is assessed on a 4-point scale where a score of 0 represents normal function and a score of 3 represents loss of ability to perform that function. A total score ranges from 0 to 24, with the higher scores indicating more impairment. In this study, an MGADL responder was defined as a patient with a 2-point or greater reduction in the total MG-ADL score compared to the treatment cycle baseline for at least 4 consecutive weeks, with the first reduction occurring no later than 1 week after the last infusion of the cycle.

The primary efficacy endpoint was the comparison of the percentage of MG-ADL responders during the first treatment cycle between treatment groups in the AChR-Ab positive population. A statistically significant difference favoring efgartigimod alfa-fcab was observed in the MG-ADL responder rate during the first treatment cycle [67.7% in the efgartigimod alfa-fcab-treated group vs. 29.7% in the placebo-treated group ($p < 0.0001$)].

The efficacy of efgartigimod alfa-fcab was also measured using the Quantitative Myasthenia Gravis (QMG) total score which is a 13-item categorical grading system that assesses muscle weakness. Each item is assessed on a 4-point scale where a score of 0 represents no weakness and a score of 3 represents severe weakness. A total possible score ranges from 0 to 39, where higher scores indicate more severe impairment. In this study, a QMG responder was defined as a patient who had a 3-point or greater reduction in the total QMG score compared to the treatment cycle baseline for at least 4 consecutive weeks, with the first reduction occurring no later than 1 week after last infusion of the cycle.

The secondary endpoint was the comparison of the percentage of QMG responders during the first treatment cycle between both treatment groups in the AChR-Ab positive patients. A statistically significant difference favoring Vyvgart was observed in the QMG responder rate during the first treatment cycle [63.1% in the efgartigimod alfa-fcab-treated group vs. 14.1% in the placebo-treated group ($p < 0.0001$)].

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Vyvgart is a neonatal Fc receptor blocker indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

References

1. Vyvgart™ [prescribing information]. Boston, MA: argenx US, Inc.; December 2021.
2. Howard JF, Jr., Bril V, Vu T, et al. Safety, efficacy, and tolerability of efgartigimod in patients with generalized myasthenia gravis (ADAPT): a multicenter, randomized, placebo-controlled, phase 3 trial. *The Lancet Neurology.* 2021;20(7):526-536.
3. Bird S. Overview of the treatment of myasthenia gravis. In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on January 6, 2022.)
4. Farmakidis C, Pasnoor M, Dimachkie MM, Barohn RJ. Treatment of Myasthenia Gravis. *Neurol Clin*. 2018;36(2):311-337.
5. Narayanaswami P, Sanders DB, Wolfe G, et al. International Consensus Guidance for Management of Myasthenia Gravis: 2020 Update. *Neurology*. 2021;96(3):114-122.

Policy History/Revision Information

Date	Summary of Changes
07/01/2022	**Applicable Codes** • Updated list of applicable HCPCS codes to reflect quarterly edits; replaced J3490, and J3590 with J9332 **Supporting Information** • Archived previous policy version CSIND00111.02

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

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