Excellus

Vyvgart (efgartigimod alfa-fcab)
Vyvgart Hytrulo (efgartigimod alfa & hyaluronidase-qvfc)
(Health Professional Administered)
Medical Benefit

Specialty Medication Review Program

Complete this form and fax to:

Medical Specialty Unit
Fax #: 1-800-306-0188
Phone #: 1-800-499-1275

If you are not **buying and billing** this medication, indicate which specialty pharmacy will be used:

☐ **Accredo Health**
Fax: 1-888-773-7386
Phone: 1-866-413-4137

☐ **Walgreens Specialty Pharmacy**
Fax: 1-866-435-2173
Phone: 1-866-435-2171

☐ **Noble**
Fax: 1-888-842-3977
Phone: 1-888-843-2040

Complete ALL the following Patient/Prescriber Information: (Please Print)

Patient Information	
Patient Name:	Patient Phone #: ( )
Patient ID #:	Patient Birthdate:
List Patient Allergy (If Any):	
Prescriber Information	
Prescriber Name:	Prescriber Specialty:
Prescriber Address:	
Prescriber Phone #:	Prescriber Fax #:
Prescriber NPI #:	Office Contact: Extension:

Location of Infusion:
☐ Prescriber office ☐ Home/Homecare agency:_____
☐ Outpatient facility ☐ Other: _____

Servicing Prescriber NPI (if different from the ordering prescriber):

Provide address of infusion location above for medication shipping:

Medication/Medical and Dispensing Information

Medication (HCPCS)	Dose	Frequency	Height	Weight (lbs./kgs)	Procedure Code
Vyvgart (J9332)					
Vyvgart Hytrulo (J9334)					

Diagnosis/ICD-10:

Is this request for a: ☐ New Start ***OR*** ☐ Continuation of Therapy (Recertification) Start date: _____

Questions/Indications for Medical Necessity

****See the Rare Diseases Clinical Prior Authorization Policy (Pharmacy-98) for full Prior Authorization criteria****

Select One of The Following Diagnoses:

☐ Generalized Myasthenia Gravis (gMG)
☐ Other: _____
☐ Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)

Generalized Myasthenia Gravis

1. What is the patient's Myasthenia Gravis Foundation of America (MGFA) clinical classification?
☐ Class I ☐ Class II ☐ Class III
☐ Class IV ☐ Class V ☐ Unknown

2. Is the patient anti-acetylcholine receptor (AChR) antibody positive?	☐ **Yes** ☐ **No**
3. Does the patient have a documented baseline Myasthenia Gravis Activities of Daily Living (MG-ADL) score at least 5?	☐ **Yes** ☐ **No**
4. Has the patient had serious side effects or drug failure to corticosteroids for at least 3 months of treatment	☐ **Yes** ☐ **No**
5. Has the patient had serious side effects or drug failure to non-steroidal immunosuppressive therapy (i.e., azathioprine, mycophenolate mofetil, cyclosporine) for at least 6 months of treatment	☐ **Yes** ☐ **No**
6. Will Vyvgart/Vyvgart Hytrulo be used in combination with Rystiggo, Soliris, Ultomiris, intravenous immunoglobulin (IVIG) for chronic use, or rituximab-containing products?	☐ **Yes** ☐ **No**

Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)- For Vyvgart Hytrulo only

1. Does the patient have confirmed CIDP with supporting documentation (e.g., electrodiagnostic testing, clinical assessment, nerve biopsy)	☐ **Yes** ☐ **No**
2. Has the patient had serious side effects or drug failure to corticosteroids treatment	☐ **Yes** ☐ **No**
3. Has the patient had serious side effects or drug failure to intravenous or subcutaneous immune globulin (IVIG or SCIG) treatment in the past 12 month	☐ **Yes** ☐ **No**
4. **For recertification requests only.** Is there documentation of clinical improvement on an objective scale? (e.g., (e.g., Rankin, Modified Rankin, Medical Research Council (MRC), Inflammatory Rasch-built Overall Disability Scale (I-RODS), Inflammatory Neuropathy Cause and Treatment (INCAT) disability scale)	☐ **Yes** ☐ **No**
5. Will Vyvgart Hytrulo be used in combination with Rystiggo, Soliris, Ultomiris, intravenous immunoglobulin (IVIG) for chronic use, or rituximab-containing products?	☐ **Yes** ☐ **No**

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Provide Other Comments/Clinical Justification:

ATTACH CLINICAL NOTES RELATED TO THIS REQUEST. IF DOCUMENTATION IS NOT PROVIDED, IT MAY DELAY THE REQUEST.

*Prescriber Signature: _____ Date: _____

I certify the above is true and accurate to the best of my knowledge.