



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 30, 2022

## Vygart™ (efgartigimod alfa-fcab)

**LENGTH OF AUTHORIZATION:** One month

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of generalized myasthenia gravis (gMG).
- Patient is anti-acetylcholine receptor (AChR) antibody positive.
- Patient is on stable dose of myasthenia gravis therapy prior to Vygart (e.g., acetylcholinesterase inhibitor, steroids, or non-steroidal immunosuppressive therapies).
- Patient has IgG  $\geq 6$  g/L.

**CONTINUATION OF THERAPY**

- Patient must continue to meet the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Available as 400 mg in 20 mL (20 mg/mL) single-dose vial.
- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>