



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOMODULATORS, MISCELLANEOUS PA SUMMARY**

Preferred	Non-Preferred
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc prefilled syringe)*	n/a

*preferred but requires PA

LENGTH OF AUTHORIZATION: Initial: 6 months, renewal: 1 year

NOTES: Vyvgart Hytrulo is preferred but requires prior authorization (PA).

PA CRITERIA:

Vyvgart Hytrulo

- ❖ Approvable for members 18 years of age or older with a diagnosis of generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive, are Myasthenia Gravis Foundation of America (MGFA) class II, III or IV and have an IgG level of 6 g/L or higher as well as have tried two immunosuppressive therapies (e.g., glucocorticoids, azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus) over the last 12 months and failed to achieve an adequate response or have tried at least one immunosuppressive therapy and required four or more courses of plasmapheresis/plasma exchanges and/or intravenous immune globulin over the last 12 months without symptom control.
- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic inflammatory demyelinating polyneuropathy (CIDP) confirmed by electrophysiologic diagnostic who have been experiencing progressive symptoms for at least the last 2 months, have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with glucocorticoids (e.g., prednisone, methylprednisolone), have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with immune globulin and have experienced inadequate response to or are not a candidate for plasma exchange.
- ❖ Must be prescribed by or in consultation with a neurologist or specialist in managing myasthenia gravis (MG) or chronic inflammatory demyelinating polyneuropathy (CIDP).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to



www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.