Prior Authorization Guideline

Guideline Name	Vyvgart Hytrulo

Guideline Note:

Effective Date:	10/1/2026

1 . Myasthenia Gravis Criteria

Product Name: Vyvgart Hytrulo	
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Prescribed by or in consultation with a neurologist

AND

2 - Generalized myasthenia gravis with clinical classification II to IV

AND

3 - A baseline Myasthenia Gravis Activities of Daily Living (MG-ADL) score has been obtained

AND

4 - The member has tried and failed all of the following:
4.1 Pyridostigmine

AND

4.2 Corticosteroids

AND

4.3 At least two of azathioprine, mycophenolate, cyclosporine, or tacrolimus

AND

5 - Medical record documentation showing clinical failure, intolerance, contraindication, or other valid medical reason(s) why IV Vyvgart cannot be used

Product Name: Vyvgart Hytrulo	
Approval Length	6 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Documentation demonstrating a clinically significant and meaningful response to therapy	

2 . CIDP Criteria

Product Name: Vyvgart Hytrulo	
Approval Length	3 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Prescribed by or in consultation with a neurologist AND 2 - Vyvgart Hytrulo is indicated or supported for treating chronic inflammatory demyelinating polyneuropathy (CIDP) AND 3 - The condition has persisted for longer than 2 months AND 4 - Baseline strength and weakness are documented using an objective clinical measure, such as INCAT, MRC, 6-minute timed walking test, Rankin, or Modified Rankin AND 5 - Electrophysiologic findings support the diagnosis and rule out other conditions that may not respond to Vyvgart Hytrulo treatment AND 6 - All of the following: 6.1 Failure of or contraindication to corticosteroids	

AND

6.2 Failure of or contraindication to IVIG

AND

6.3 Medical record documentation showing clinical failure, intolerance, contraindication, or other valid medical reason(s) why IV Vyvgart cannot be used

Product Name: Vyvgart Hytrulo	
Approval Length	6 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Improvement from baseline strength and weakness using an objective clinical measuring tool	