

Prior Authorization Checklist for gMG Complement Inhibitors

A common reason for denial is incomplete or missing information on a prior authorization form. The following list provides standard information that payers typically request on a PA:

CLINICAL CRITERIA

- Patient and healthcare prescriber information
- gMG ICD-10 Diagnosis Code (G70.00, G70.01)
- MGFA Clinical Classification (Class II-IV)
- MG-ADL total score ≥ 6
- Positive serologic test for anti-AChR antibodies
- Signs and symptoms of gMG (date of onset, severity, exacerbations), comorbidities, etc.

MEDICATION AND VACCINATION HISTORY

- Previous and current therapies, including name, duration of treatment, reason for discontinuation (if applicable):
 - AChE inhibitors
 - Corticosteroids
 - Non-steroidal immunosuppressive therapies
 - Immunosuppressive therapy (IVIg, PLEX, etc.)
 - FcRn receptor antagonists
 - Complement inhibitors
- Patient's meningococcal vaccinations, including dates of initial, second dose, and third doses, and boosters (if applicable):
 - MenACWY
 - MenB-4C or MenB-FHbp
 - MenABCWY

Sign and date all necessary forms; the PA may be rejected if a signature is missing. Your office may need to coordinate with other providers to gather all necessary information to submit a PA.

*This checklist is provided as an educational resource only regarding common PA requirements for patients being prescribed a gMG complement inhibitor. Contact the individual payer for requirements and clinical coverage guidelines.

AChE=acetylcholinesterase; AChR=acetylcholine receptor; FcRn=neonatal Fc receptor; gMG=generalized myasthenia gravis; IVIg=intravenous immunoglobulin; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; MenACWY=quadrivalent (serogroups A, C, W, and Y) meningococcal conjugate vaccine; MenB=serogroup B meningococcal vaccines; MenB-4C=4-component meningococcal group B; MenB-FHbp=meningococcal serogroup B factor H binding protein; MG-ADL=Myasthenia Gravis-Activities of Daily Living; MGFA=Myasthenia Gravis Foundation of America; PLEX=plasma exchange; PA=prior authorization

Prior Authorization Checklist for gMG FcRn Receptor Antagonists

A common reason for denial is incomplete or missing information on a prior authorization form. The following list provides standard information that payers typically request on a PA:

CLINICAL CRITERIA

- Patient and healthcare prescriber information
- gMG ICD-10 Diagnosis Code (G70.00, G70.01)
- MGFA Clinical Classification (Class II-IV)
- MG-ADL total score ≥ 3
- Positive serologic test for anti-AChR antibodies **or** anti-MuSK antibodies
- Signs and symptoms of gMG (date of onset, severity, exacerbations), comorbidities, etc.

MEDICATION HISTORY

- Previous and current therapies, including name, duration of treatment, reason for discontinuation (if applicable):
 - AChE inhibitors
 - Corticosteroids
 - Non-steroidal immunosuppressive therapies
 - Immunosuppressive therapy (IVIg, PLEX, etc.)
 - FcRn receptor antagonists
 - Complement inhibitors

Reminder: Some PA request forms may also require you to indicate the intended site of care for FcRn administration. If applicable, ensure the intended site of care is captured.

Sign and date all necessary forms; the PA may be rejected if a signature is missing. Your office may need to coordinate with other providers to gather all necessary information to submit a PA.

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