

Oscar Prior Authorization Criteria

Summary of Changes – 2/1/27

Vyvgart-Vyvgart Hytrulo SGM 5102-A 2026a -

- 1) Added prescriber specialty.
- 2) Added medication will not be used in combination with Uplizna for myasthenia gravis.
- 3) Updated duration of initial approval to 12 months.
- 4) Per label update expanded criteria to allow for approval of all serotypes of myasthenia gravis.