

Rystiggo (rozanolixizumab-noli) — HCPCS J9333

CARECOST ESTIMATE · BILLING CHEAT SHEET

UCB, Inc. 280 mg / 2 mL SDV (140 mg/mL); also 140 mg / 1 mL SC infusion ~15 min · weekly × 6 per cycle **Reviewed:** May 22, 2026

ASP: Q2 2026

HCPCS J9333 1 mg = 1 unit (perm 1/1/24)	WEEKLY DOSE 490 units 7 mg/kg × 70 kg	MODIFIER JW Waste typical (weight dose)	ADMIN CPT 96372 SC therapeutic inj (non-chemo)	MEDICARE ASP+6% \$23.396 /mg · \$11,464/dose
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CODES & NDC	
HCPCS	J9333 — "Inj, rozanolixizumab-noli, 1 mg" (permanent eff. 1/1/2024; pre-2024 used Q-code or J3590)
NDC (280)	50474-740-01 (10) / 50474-0740-01 (11) — N4 qualifier · 280 mg/2 mL
NDC (140)	50474-741-01 (10) / 50474-0741-01 (11) — 140 mg/1 mL
CLASS	Neonatal Fc receptor (FcRn) inhibitor — humanized IgG4 mAb
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy in most plans

ICD-10 — GMG	
CODE	FOR
G70.00	MG without (acute) exacerbation — primary for cyclic dosing
G70.01	MG with (acute) exacerbation — supports re-cycle medical necessity
G70.2/3/8/9	NOT covered (congenital, other, NOS)

Antibody: AChR or MuSK positivity in chart + PA. Both seropositive types use G70.0x; ICD-10 does not distinguish. Seronegative = NOT covered.

DOSING — 7 MG/KG SC WEEKLY × 6			
<ul style="list-style-type: none"> 7 mg/kg SC weekly × 6 weeks per cycle Repeat cycle: no sooner than day 63 from prior cycle start, based on clinical response SC infusion via pump over ~15 min; abdomen or thigh, rotate sites Max per-dose: 840 mg (caps ≥ 120 kg patients) 			
WEIGHT	MG/DOSE	VIALS	UNITS/WK
< 50 kg	280	1 × 280	280
50–<70 kg	420	1 × 280 + 1 × 140	420
70–<100 kg	560	2 × 280	560
≥ 100 kg	840	3 × 280	840

ADMIN & MODIFIERS	
CODE	WHEN
96372	SC therapeutic injection (primary) — non-chemo
96369-71	SC infusion (only if > 15 min via pump per MAC policy)
96365 / 96401	NOT appropriate (Rystiggo is SC, non-chemo)
JW	Discarded mg on separate line (typical for strict 7 mg/kg)
JZ	No waste (vial-band rounding or exact-multiple dose)

WORKED EXAMPLE — 70 KG, STRICT 7 MG/KG
<ul style="list-style-type: none"> 7 mg/kg × 70 kg = 490 mg target Draw 2 × 280 mg vials = 560 mg; discard 70 mg Line 1: J9333 · 490 units (administered) Line 2: J9333 · 70 units · JW (discarded) Line 3: 96372 · 1 unit (SC injection) Per-dose drug reimb: 560 × \$23.396 = \$13,101.76 Per cycle (6 doses): ~\$78,610.56 drug, pre-sequestration

PAYER REQUIREMENTS (MAY 2026)		
PAYER	PA	STEP / CRITERIA
UnitedHealthcare	Yes	AChR+ or MuSK+; pyridostigmine + 1 immunosuppressant trial
Aetna	Yes	AChR+ or MuSK+; inadequate response/intolerance prior IS
Cigna / ESI	Yes	Pyridostigmine + corticosteroid + immunosuppressant
BCBS	Yes	Plan-specific; prior steroid + steroid-sparing IS typical
Medicare (Part B)	No	FDA on-label gMG; MAC LCD coverage

Re-cycle: document MG-ADL/QMG score showing symptom return + ≥ 63-day interval.

FCRN CLASS — J9333 VS J9332

	RYSTIGGO J9333	VYVGART J9332
Mfr	UCB	argenx
Route	SC ~15 min	IV 1 hr / SC (Hytrulo)
Dose	7 mg/kg wk × 6	10 mg/kg IV wk × 4 / 1,008 mg SC
AChR+	Yes	Yes
MuSK+	Yes (only one)	NO
CIDP	No	Yes (Hytrulo)

TOP DENIALS — RANK ORDER

- **#1 Antibody serology missing** — submit AChR or MuSK lab report
- **#2** Prior immunosuppressant not documented
- **#3** Re-cycle justification missing
- **#4** Wrong CPT (96365 / 96401 instead of 96372)
- **#5** JW waste line missing on strict 7 mg/kg dose
- **#6** Wrong HCPCS (J3590 / J9332)
- **#7** Off-label dx (seronegative, congenital, ocular-only)

SITE OF CARE

SETTING	POS	NOTES
Neurology office	11	Preferred — 15-min SC fits cleanly
AIC	49	Preferred by commercial UM
HOPD (on/off-campus)	22 / 19	Allowed early; disfavored thereafter
Patient home	12	After stable cycles, certified home infusion vendor

PATIENT ASSISTANCE — UCB CARES

- **UCBcares Patient Support: 1-844-599-2273** (1-844-599-CARE)
- Web: rystiggo.com · rystiggohcp.com
- **Copay program:** commercial pts as low as \$0/dose (excludes federal)
- **PAP:** free drug for uninsured/underinsured
- **Bridge:** short-term supply for PA delays
- Foundations: PAN, HealthWell, PAF Co-Pay Relief, MGFA

First FDA-approved therapy for MuSK-positive gMG. No REMS; no boxed warning. Vyvgart (J9332, efgartigimod) is the other FcRn but covers AChR+ only.