Long-term Safety and Efficacy of Nipocalimab in Generalized Myasthenia Gravis: Vivacity-MG3 Open-Label Extension Phase Results

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DISCLOSURES

Dr. Tuan Vu

- Research or grant support related to MG: Alexion/AstraZeneca Rare Disease, Amgen, argenx, COUR, Dianthus, Immunovant, NMD Pharma, Regeneron, EMD Serono, UCB, Sanofi, and Johnson & Johnson
- Consultant and/or speaker bureau: Alexion/AstraZeneca Rare Disease, argenx, CSL Behring, Dianthus, NMD Pharma, Sanofi, and Johnson & Johnson

INTRODUCTION

- Generalized myasthenia gravis (gMG) is a rare chronic condition caused by autoantibody-mediated disruption of neurotransmission that severely affects daily functioning and health-related quality of life[1,2]
- Nipocalimab, a fully human, high-affinity binding, specific, aglycosylated anti-FcRn monoclonal antibody decreases circulating IgG without causing broad immunosuppression[3,4]
- In the phase 3 double-blind (DB) **Vivacity-MG3 study** (NCT04951622), **nipocalimab** added to the standard of care (SOC) resulted in **rapid and substantial lowering of circulating IgG** including **gMG pathogenic autoantibodies.** IgG reduction was associated with rapid and sustained disease control over 24-weeks in a broad population of antibody-positive patients with gMG[5]
  - LS mean CFB (SE) in MG-ADL score from baseline to weeks 22-24 = −4.70 (0.329) for nipocalimab+SOC vs −3.25 (0.335) for placebo+SOC (difference −1.45 [95% CI −2.38 to −0.52]; p=0.0024)[5]
- The findings from Vivacity-MG3 study supported the recent US FDA approval of nipocalimab for gMG[6] and has received positive opinion from CHMP in September 2025[7]

1. Gilhus NE, et al. Myasthenia gravis. *Nat Rev Dis Primers*. 2019;5:30. **2**. Dresser L, et al. *J Clin Med*. 2021;10:2235. **3**. Leu JH, et al. *Front Neurosci*. 2024;18:1302714; **4**. Ling LE, et al. *Clin Pharmacol Ther*. 2019;105(4):1031-1039; **5**. Antozzi C, et al. *Lancet Neurol*. 2025;24(2):105–116. **6**. IMAAVY™ (nipocalimab-aahu) injection for intravenous use [Package Insert] Horsham, PA; Janssen Pharmaceutical Companies, 2025. **7.** European Medicines Agency. Imaavy™. European Medicines Agency; 2025 Sep 22. https://www.ema.europa.eu/en/medicines/human/ EPAR/imaavy.
CHMP, The Committee for Medicinal Products for Human Use; CI, confidence interval; EMA, European Medicines Agency; FcRn, neonatal fragment crystallisable (Fc) receptor; IgG, immunoglobulin G; SE, standard error; US FDA, United States Food and Drug Administration.

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OBJECTIVE

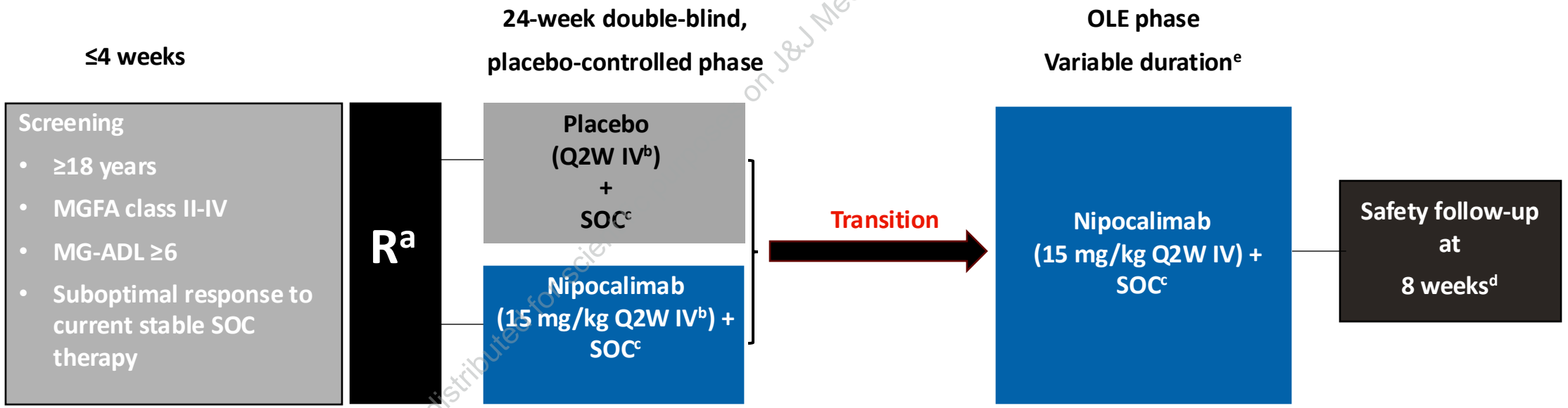
To assess the **long-term safety and efficacy** of nipocalimab+SOC during the **ongoing** OLE phase of Vivacity-MG3

OLE, open-label extension; SOC, standard-of-care.

METHODS- Study Design

- Vivacity-MG3 (NCT04951622) is a multicenter, randomized, double-blind, placebo-controlled study with an ongoing OLE phase, designed to evaluate the efficacy, safety, PK, and PD of nipocalimab in adults with gMG[1]

Figure 1: Study Design[1]



1. Antozzi C, et al. *Lancet Neurol.* 2025; 24:105-116 [a]Randomization was stratified by autoantibody status (anti-AChR positive or anti-MuSK positive or anti-AChR negative and anti-MuSK negative), Day 1 MG-ADL total score (≤9 >9), and region (East Asia, US, rest of world). The analysis plan, however, grouped all seropositives together (AChR+, MuSK+ or LRP4+) vs triple seronegatives; [b]All patients received the loading dose of placebo or nipocalimab 30 mg/kg at Week 0 and then started placebo or nipocalimab 15 mg/kg Q2W IV from Week 2 to Week 24; [c]SOC includes acetylcholinesterase inhibitor, glucocorticosteroid, and/or immunosuppressant. [d]Participants who withdraw or discontinue after receiving any amount of study intervention are required to complete a safety follow-up visit 8 weeks after their last dose; [e]In the EU, the OLE phase will be up to 240 weeks.
AChR+, anti-acetylcholine receptor antibody-positive; EU, European Union; gMG, generalized myasthenia gravis; IV, intravenous; MG-ADL, Myasthenia Gravis-Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; MuSK+, anti-muscle-specific tyrosine kinase antibody-positive; OLE, open-label extension; PD, pharmacodynamics; PK, pharmacokinetics; Q2W, every 2 weeks; R, randomized 1:1; SOC, standard-of-care.

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METHODS – Assessments and Population

Assessments

- Mean changes from DB baseline through OLE Week 60 in
  - MG-ADL total score
  - QMG total score
  - IgG levels
  - MG-ADL and QMG in participants who decreased/discontinued steroids
- Safety and tolerability

Analysis population and exposure

- Results from the primary efficacy population (seropositive: anti-AChR+, anti-MuSK+ and/or anti-LRP4+) participants are presented
- Overall, 137 seropositive patients completing DB phase were transitioned in OLE
- Data were collected up to OLE Week 60 (cutoff: 23-August-2024)

AChR+, anti-acetylcholine receptor antibody-positive; DB, double-blind; CFB, change from baseline; LRP4+, anti-low density lipoprotein receptor-related protein 4-antibody-positive; MuSK+, anti-muscle-specific kinase antibody-positive; MG-ADL, Myasthenia Gravis-Activities of Daily Living; MSE, minimal symptom expression; OLE, open-label extension; QMG, Quantitative Myasthenia Gravis.

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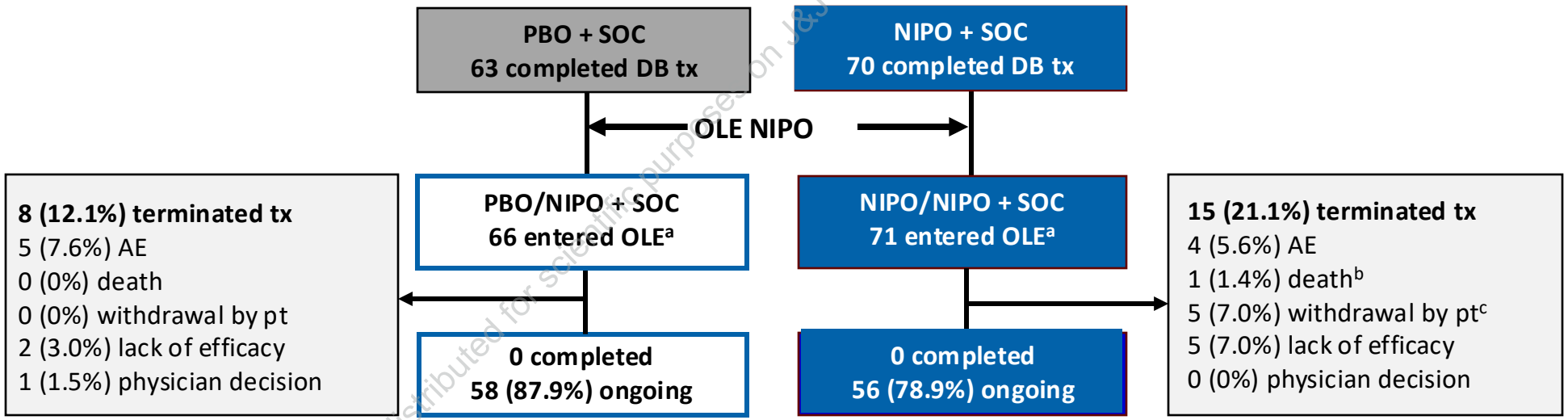
RESULTS – Patient Disposition

- Open-label phase is ongoing
- ~83% of participants entering the open-label phase were still receiving treatment at data cut-off

Figure 2: Disposition (Seropositive Population)



[a]Per protocol, participants requiring rescue treatment during the DB phase completed the DB end-of-phase visit and were eligible to enter the OLE per investigator's discretion. Four patients discontinued the double-blind phase prior to Week 24 but entered the open-label phase: 3 PBO/NIPO and 1 NIPO/NIPO; [b]Cardiac failure (unrelated to treatment). [c]Reasons for withdrawal: lack of improvement; participant was unsatisfied; travel to site was too tiring after surgery; personal reasons; and participant concern about poor vascular access
AE, adverse event; DB, double-blind; NIPO, nipocalimab; OLE, open-label extension; PBO, placebo; pt, participant; SOC, standard-of-care; tx, treatment

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RESULTS – Baseline Demographics

- DB baseline characteristics of participants entering the OLE are similar to the overall DB population

Table 1: Baseline Demographics and Characteristics (Seropositive Population)

Sample	Double-blind		Open-label	
	PBO+SOC	NIPO+SOC	PBO/NIPO+SOC	NIPO/NIPO+SOC
Analysis Set: Seropositive efficacy (DB and OLE)[a]	76	77	66	71
Age mean (range), years	52.3 (20, 81)	52.5 (20, 81)	51.6 (20, 81)	51.1 (20, 81)
Female, n (%)	42 (55.3%)	50 (64.9%)	38 (57.6%)	46 (64.8%)
Race, n (%)				
American Indian or Alaska native	0	1 (1.3%)	0	1 (1.4%)
Asian	25 (32.9%)	24 (31.2%)	21 (31.8%)	22 (31.0%)
Black/African American	1 (1.3%)	1 (1.3%)	1 (1.5%)	1 (1.4%)
White	47 (61.8%)	49 (63.6%)	41 (62.1%)	45 (63.4%)
Not reported	3 (3.9%)	2 (2.6%)	3 (4.5%)	2 (2.8%)
BMI, mean (SD), kg/m^2	28.5 (5.78)	27.6 (5.39)	28.6 (5.99)	27.5 (5.30)
Baseline MG-ADL total score, mean (SD)	9.0 (1.97)	9.4 (2.73)	9.0 (1.98)	9.3 (2.75)
Baseline QMG total score, mean (SD)	15.7 (4.92)	15.1 (4.78)[b]	15.6 (4.90)	15.2 (4.85)[c]
Anti-AChR$^+$/Anti-MuSK$^+$/Anti-LRP4$^+$, n	71/4/1	63/12/2	61/4/1	59/10/2

[a]All randomized seropositive participants who received ≥1 dose of study intervention in the DB phase or all seropositive participants who received ≥1 dose of nipocalimab in the OLE phase; [b]n=73; [c]n=67
AChR+, acetylcholine receptor antibody-positive; BMI, body mass index; DB, double-blind; gMG, generalized myasthenia gravis; LRP4+, low density lipoprotein receptor-related protein 4-antibody-positive; MG-ADL, Myasthenia Gravis-Activities of Daily Living; MuSK+, muscle-specific kinase antibody-positive; NIPO, nipocalimab; OLE, open-label extension; PBO, placebo; QMG, Quantitative Myasthenia Gravis; SD, standard deviation; SOC, standard-of-care.

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RESULTS – Treatment Exposure

- 137 antibody-positive participants were treated with nipocalimab during OLE phase
- Treatment at data cut-off, represents ~87-90 patient-years after completion of DB phase
- Among participants in OLE phase, follow-up duration was over 62 weeks

Table 2: Nipocalimab Exposure (Seropositive Population)

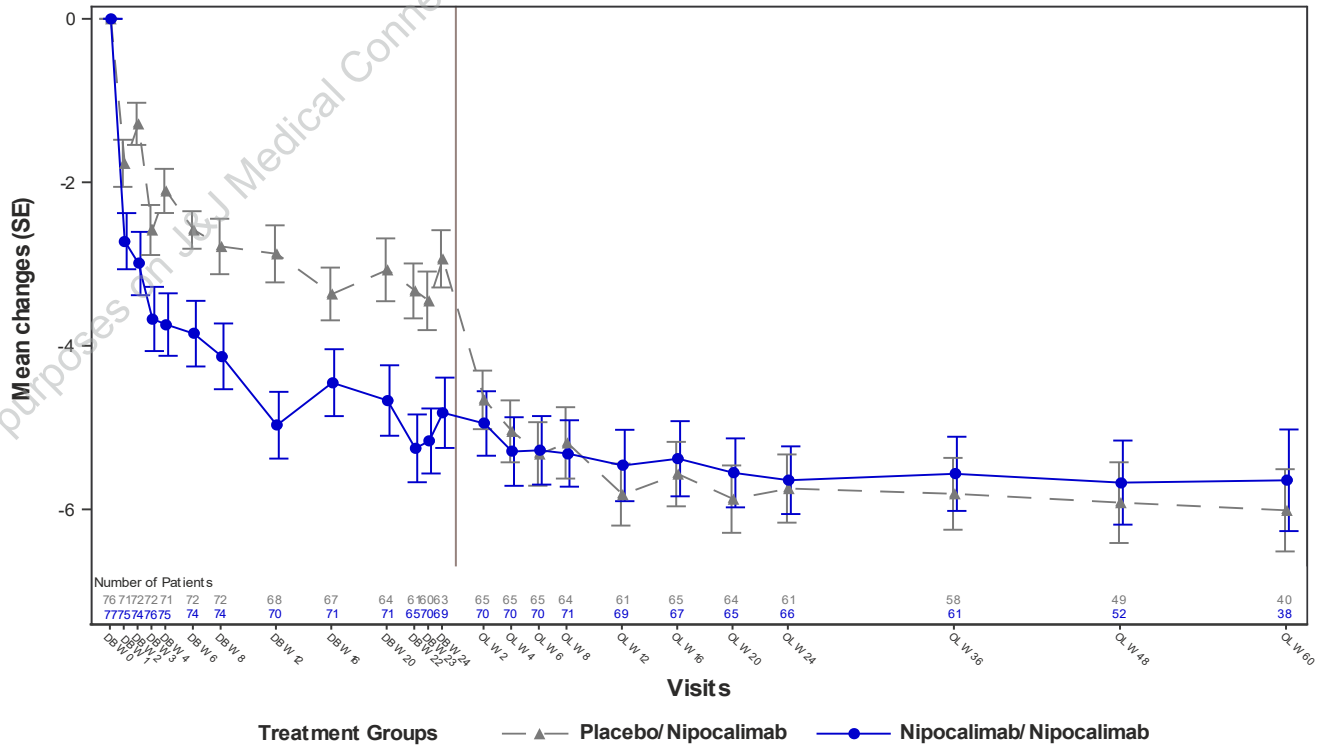
	Double-blind		Open-label	
	PBO + SOC	NIPO + SOC	PBO/NIPO + SOC	NIPO/NIPO + SOC
Analysis set: Seropositive efficacy (DB and OLE)	76	77	66	71
Treatment duration, median (range), weeks[a]	22.1 (0, 23)	22.1 (2, 23)	69.1 (8, 128)	62.1 (8, 128)
Number of administrations received, median (range)	12.0 (1, 12)	12.0 (2, 12)	35.0 (5, 57)	31.0 (5, 65)
Total treatment, participant-years, sum	29.2	30.4	86.8	90.3
Duration of follow-up, median (range), weeks[b]	24.0 (0, 31)	24.0 (10, 25)	69.7 (10, 128)	62.1 (16, 128)

[a]Total duration of treatment=(date of last dose of study intervention minus date of first dose of study intervention) + 1; [b]Total duration of follow-up = (date of last contact minus date of first dose of study intervention) + 1.
DB, double-blind; NIPO, nipocalimab; OLE, open-label extension; PBO, placebo; SOC, standard-of-care

RESULTS – Improvements in MG-ADL Score

- At OLE Week 60, MG-ADL mean (SE) change from double-blind baseline:
  - PBO/NIPO+SOC: −6.01 (0.503), (n=40)[a]
  - NIPO/NIPO+SOC: −5.64 (0.621), (n=38)[a]

Figure 3: MG-ADL Total Score: Mean Changes from DB Baseline Over Time (Seropositive Population)



Note: P-value for comparison of MG-ADL total score change from baseline significantly different from zero using a one-sample t-test; [a]P<0.001. CFB, change from baseline; DB, double-blind; MG-ADL, Myasthenia Gravis-Activities of Daily Living; NIPO, nipocalimab; PBO, placebo; OL(E), open-label extension; SE, standard error; SOC, standard-of-care; W, week.

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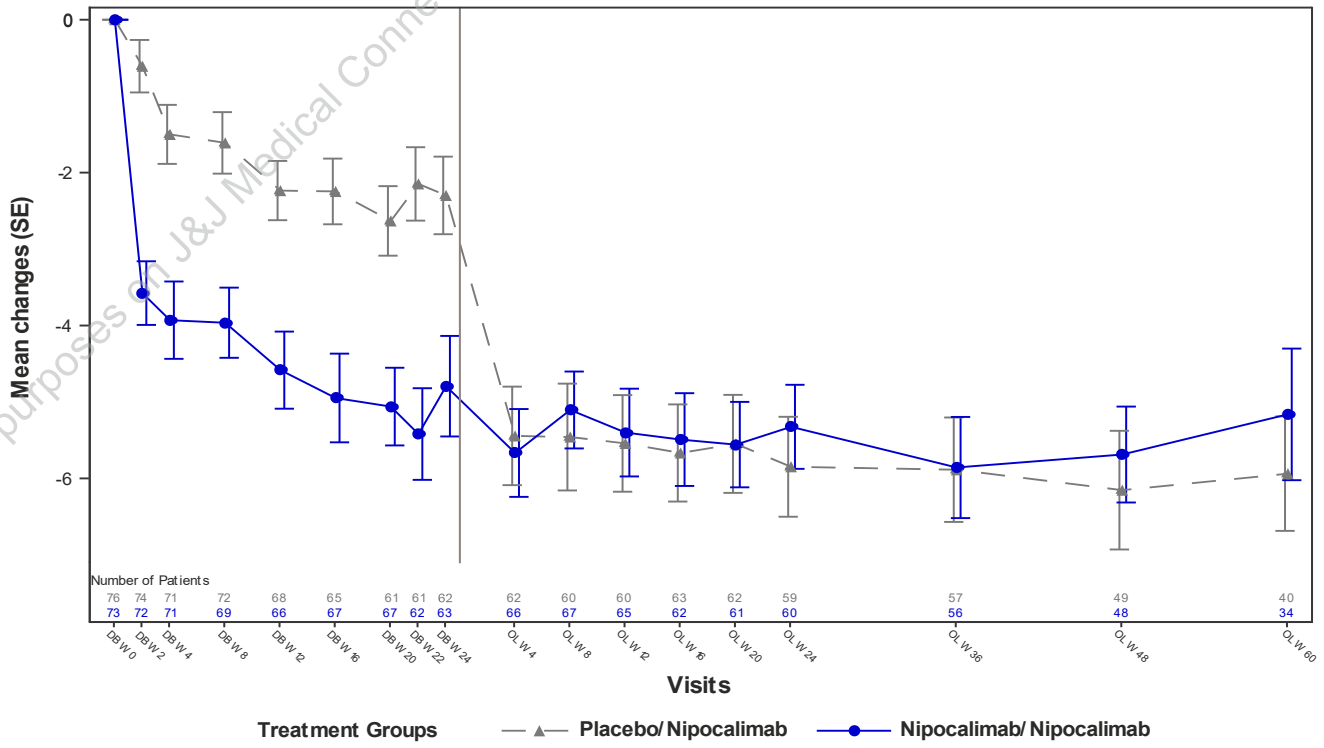
RESULTS – Improvements in QMG Score

- At OLE Week 60, QMG mean (SE) change from double-blind baseline:
  - PBO/NIPO+SOC: −5.94 (0.749), (n=40)[a]
  - NIPO/NIPO+SOC: −5.16 (0.860), (n=34)[a]

Figure 4: QMG Total Score: Mean Changes from DB Baseline Over Time (Seropositive Population)



Note: P-value for comparison of QMG total score change from baseline significantly different from zero using a one-sample t-test; [a]P<0.001.
CFB, change from baseline; DB, double-blind; NIPO, nipocalimab; PBO, placebo; OL(E), open-label extension; QMG, Quantitative Myasthenia Gravis; SE, standard error; SOC, standard-of-care; W, week.

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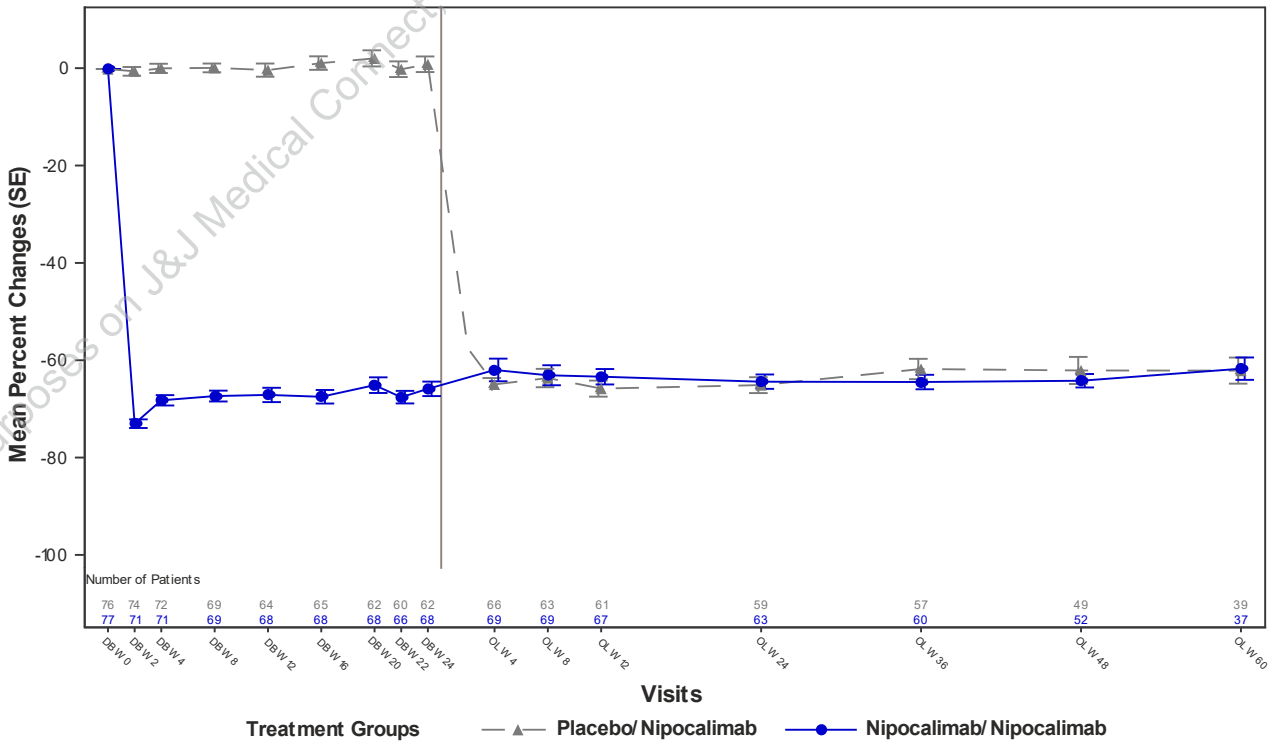
RESULTS – Reduction in IgG Levels

- At OLE Week 60, mean (SE) % CFB of IgG levels were:
  - PBO/NIPO+SOC: −61.96 (2.686)
  - NIPO/NIPO+SOC: –61.56 (2.297)

Figure 5: PD Biomarker: Total IgG Reduction from Baseline (Seropositive Population)



CFB, change from baseline; DB, double-blind; IgG, immunoglobulin G; PD, pharmacodynamic; OL(E), open-label extension; SE, standard error; SOC, standard-of-care; W, week.

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RESULTS – MG-ADL and QMG in Participants who Decreased or Discontinued Steroids

- 45% (40/89) of participants receiving steroids at open-label baseline were able to decrease or discontinue steroids at data cut-off[a]
  - Among these patients the mean dose of prednisone (mg eq per day) decreased from 23 to 10[b]
- Efficacy was maintained in participants who decreased/discontinued steroids

Figure 6A: MG-ADL Total Score: Mean Changes from DB Baseline

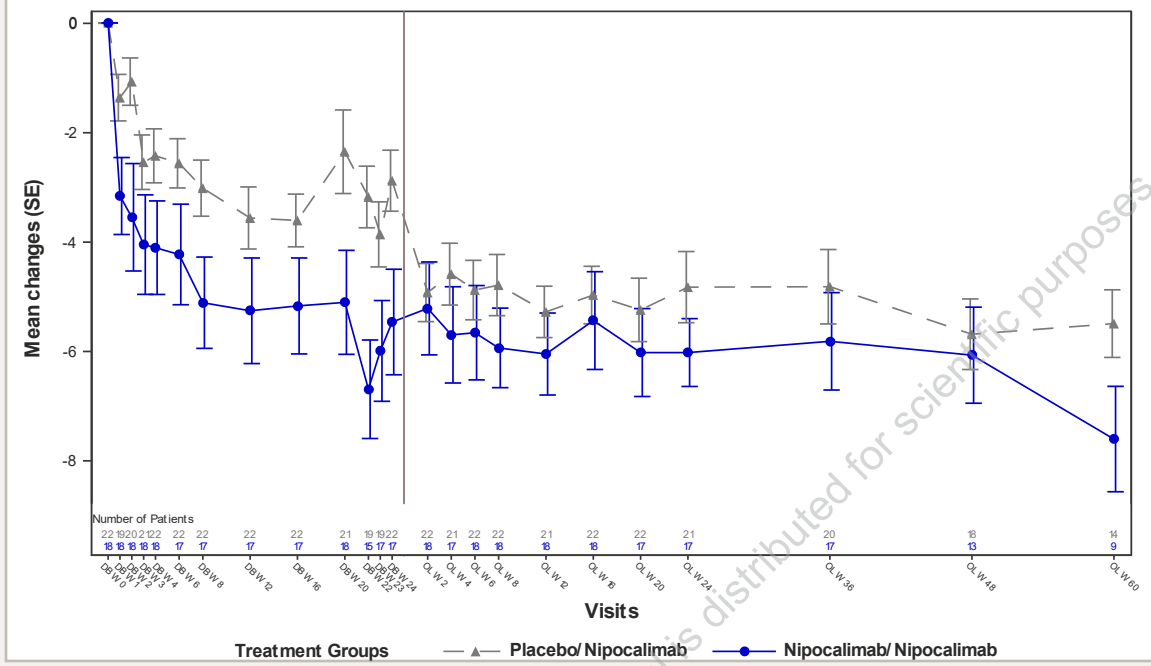
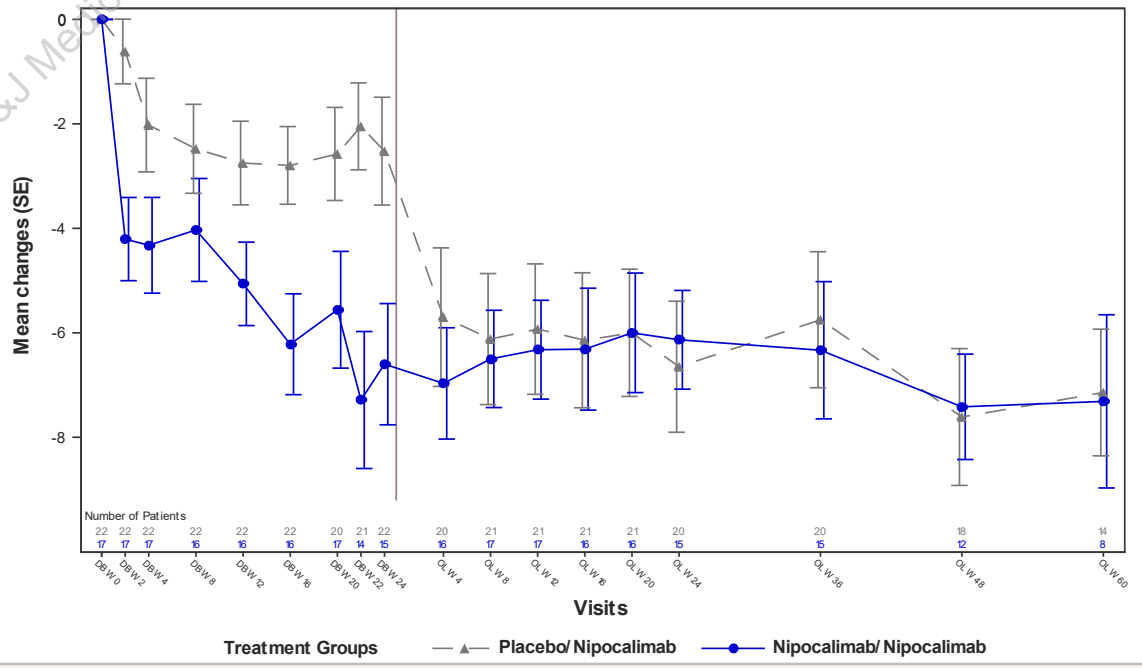


Figure 6B: QMG Total Score: Mean Changes from DB Baseline



1. Maggio, MC, et al. *Int J Mol Sci.* 2023;24(17):13192. 2. Nayak S and Acharjya B. *Indian J Dermatol.* 2008;53(4):167–170.

[a]Tapering one of the subject's concomitant MG medications Q4W was allowed in OLE phase if disease was stable in past 4 weeks based on MG-ADL scores and on investigator's discretion. [b]Steroid dose equivalents were calculated as described[1-2]

DB, double-blind, MG-ADL, Myasthenia Gravis-Activities of Daily Living; OL, open-label extension; SE, standard error; QMG, Quantitative Myasthenia Gravis; Q4W, every 4 weeks; W, week.

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RESULTS – Safety

- There were no unexpected adverse events during the OLE
- Adverse event rates including MACE were generally similar in the DB PBO, OLE NIPO, and All NIPO groups

Table 3: Safety and Tolerability (Seropositive Population)

	DB PBO			DB NIPO			OLE NIPO			All NIPO (DB+OLE)		
Analysis Set: Seropositive	76			77			137			143		
Average follow-up duration, wks	22.92			23.13			68.96			78.52		
P-Y[a]	33.4			34.1			181.1			215.2		
	Events/P-Y[a]	**Events, n**	**Pts, n[b]**	**Events/P-Y[a]**	**Events, n**	**Pts, n[b]**	**Events/P-Y[a]**	**Events, n**	**Pts, n[b]**	**Events/P-Y[a]**	**Events, n**	**Pts, n[b]**
All AE	6.98	233	62	8.41	287	64	5.10	924	124	5.63	1211	137
Serious AE	0.57	19	11	0.35	12	5	0.28	51	31	0.29	63	35
Fatal AE	0.06	2[c]	2[c]	0.03	1[c]	1[c]	0.02	3[c,d]	3[c,d]	0.02	4	4
Tx discontinuation due to AE[e]	0.18	6	6	0.18	6	4	0.06	11	11	0.08	17	14
Infection and infestations	1.32	44	31	1.70	58	33	1.20	217	93	1.28	275	106
Infusion-related reaction[f]	0.51	17	6	0.35	12	9	0.07	12	7	0.11	24	16
Adjudicated MACE, fatal	0.06	2	2	0	0	0	0.01	2	2	0.01	2	2
Adjudicated MACE, not fatal	0.03	1	1	0	0	0	0.04	7	1	0.03	7	1

[a]Participant-years of observation (P-Y) is calculated as the total duration of follow-up in days/365.25; [b]Participants with ≥1 AE are shown; [c]Investigator assessed death(s) as unrelated to treatment; [d]Investigator assessed 1 death as related to treatment (hemophagocytic lymphohistiocytosis); [e]Permanent discontinuation of treatment. Treatment discontinuation for an AE with onset in DB (or OLE) occurred in DB (or OLE); [f]Indicated as infusion reaction by investigator on eCRF and relationship to study intervention="Related." AE, adverse event; DB, double-blind; eCRF, case report form; MACE, major adverse cardiovascular event; NIPO, nipocalimab; n, number; OLE, open-label extension; PBO, placebo; Pt, participant; P-Y, participant-year; TEAE, treatment-emergent adverse events; Tx, treatment; wks, weeks.

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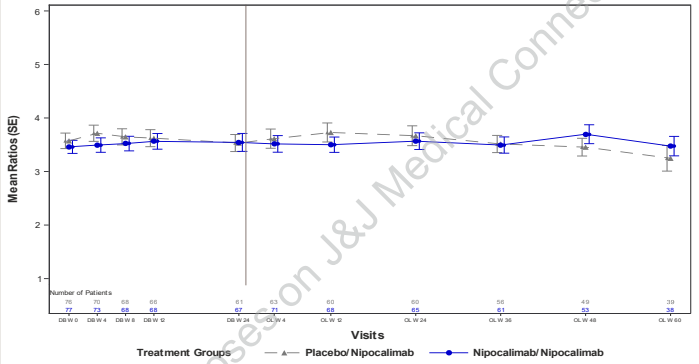
RESULTS – Lipid Levels

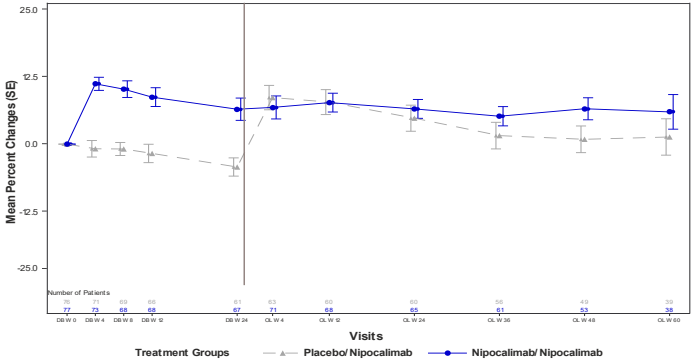
- From Baseline to DB Week 24, CHOL/HDL ratios remained stable in both the PBO/NIPO and NIPO/NIPO groups
- This ratio remained stable at OLE Week 60
- Ratios remained stable because similar percent increases in both HDL and LDL were observed with nipocalimab
- Albumin levels were within the reference range of normal during the DB and OLE period; no participant reported hypoalbuminemia (≤20 g/L)

Figure 7: Lipids Over Time (Seropositive Population)

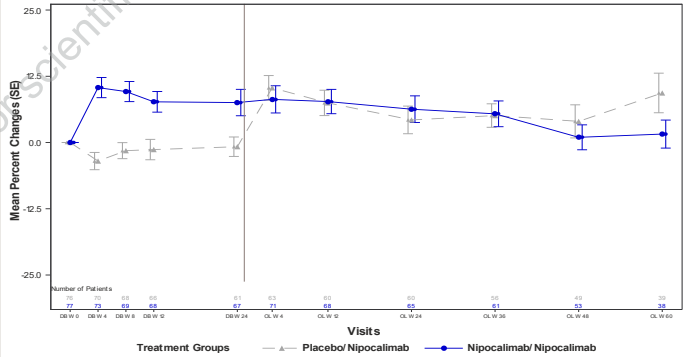
(A) Mean CHOL/HDL Ratios From DB Baseline



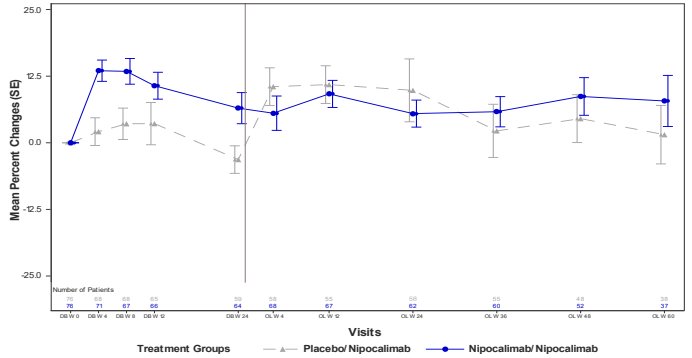
(B) Mean Percent Changes in CHOL (mmol/L) From DB Baseline



(C) Mean Percent Changes in HDL CHOL (mmol/L) From DB Baseline



(D) Mean Percent Changes in LDL CHOL (mmol/L) From DB Baseline



BL, baseline; CFB, change from baseline; CHOL, cholesterol; DB, double-blind; HDL, high-density lipoprotein; LDL, low-density lipoprotein; NIPO, nipocalimab; OL(E), open-label extension; PBO, placebo; SE, standard error.

CONCLUSIONS

- **Nipocalimab treatment resulted in sustained, clinically meaningful disease control over 84 weeks across the double-blind and open-label phases in a broad population of autoantibody-positive adults with gMG**
- **45% of patients receiving corticosteroids for gMG at baseline decreased/discontinued corticosteroids; the efficacy was preserved in these patients**
- **Mean CHOL/HDL ratios from DB baseline were stable over 84 weeks and <4.0 suggesting limited impact on cardiovascular risk**
- **There are no new safety concerns despite continuous IgG lowering and event rates were comparable in the double-blind placebo, open-label extension phases in all nipocalimab-treated patients**

gMG, generalized myasthenia gravis; IgG, immunoglobulin G.