

Retrospective Review of Treatment Switches to Nipocalimab in Generalized Myasthenia Gravis: Real-World Healthcare Provider Perspectives

Christen Kutz¹, Jacqueline Pesa², Kathryn Bercury-Russell², Nolan Campbell^{2*}

¹Rocky Mountain Research and Consulting, Colorado Springs, CO, USA; ²Johnson & Johnson, Horsham, PA, USA

^{*}At the time of study



Scan the QR code.
The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.

P415

Key Takeaways

- These findings highlight factors driving switches to nipocalimab in gMG including consistent dosing and hope for improved efficacy
- The most common reason for discontinuing prior advanced therapy was fluctuating symptom control
- Following nipocalimab initiation, the proportion of patients with severe MG-ADL scores decreased from 62.0% to 5.2%, and the mean MG-ADL score decreased from 10.8 to 5.6
- Among patients treated with immunosuppressants or prednisone, more than half reduced dosage or discontinued these treatments following nipocalimab initiation
- The majority of HCPs reported ‘much’ or ‘very much’ clinical improvement, supporting nipocalimab as a beneficial option for patients with challenges on prior advanced therapies

Background

- Generalized myasthenia gravis (gMG) is a chronic, autoimmune, neuromuscular disease that is mediated by immunoglobulin G autoantibodies^{1,2}
- gMG is characterized by fluctuating and unpredictable muscle weakness, and its presentation is complex and heterogeneous^{1,2}
- The current treatment landscape includes intravenous immunoglobulin (IVIG), anti-CD19 therapies, complement inhibitors, and neonatal Fc receptor (FcRn) blockers³

- Nipocalimab is an FcRn blocker that was approved by the US Food and Drug Administration in 2025 for the treatment of gMG in adult and pediatric patients aged ≥12 years who are positive for either anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibodies⁴
- Clinical decision-making and treatment regimen optimization are complicated by disease heterogeneity and increasing availability of treatment options
- Understanding the factors and considerations that are driving healthcare providers (HCPs) to switch patients from advanced treatments to nipocalimab will help guide clinical practice

Objectives

- To explore reasons for switching patients with gMG from advanced therapies to nipocalimab
- To describe clinical outcomes among patients who switched from advanced therapies to nipocalimab

Methods

HCP Survey

Study Population

- Survey respondents were invited from a database of 475 neurology HCPs in the United States
 - General and neuromuscular specialist neurologists, physician assistants, and nurse practitioners from academic centers, hospital networks, and private neurology clinics were invited
- To be eligible for inclusion in the survey, HCP respondents were required to have switched ≥1 patient to nipocalimab from a prior advanced therapy (IVIG, anti-CD19 therapy, complement inhibitor, or other FcRn blocker)

- Eligible patients met the following inclusion criteria:
 - Diagnosed with gMG
 - Myasthenia Gravis Foundation of America (MGFA) classification of II–IV
 - Age ≥18 years
 - Anti-AChR or anti-MuSK antibody positive

Data Collection

- A 21-item, multiple-choice survey was delivered electronically via Survey Monkey
- Respondents accessed their own patients’ medical records to complete the survey
- Respondents were compensated with US\$100 for survey completion

- The study was approved by an institutional review board, and all patient data were de-identified

Outcomes and Analyses

Survey Outcomes

- HCP characteristics included specialty
- Patient demographics included age, gender, and race and ethnicity
- Patient clinical characteristics included year of diagnosis, presence of autoantibodies, current adjunctive medications, prior advanced therapy and duration of treatment, MGFA classification, Myasthenia Gravis Activities of Daily Living (MG-ADL) scores, reasons for discontinuation

of prior advanced therapy, reasons for selection of nipocalimab, washout period duration, steroid and immunosuppressant use, and patient’s current condition

Data Analyses

- Multiple-choice survey responses were analyzed using descriptive statistics. MG-ADL scores were assessed using the median as the measure of central tendency and the interquartile range as the frequency distribution
- Subgroup analyses were conducted based on class of prior advanced therapy—IVIG, FcRn blocker, or other advanced therapy

Limitations

- Information bias:** HCP-reported data may not capture patient-specific nuances, treatment adherence, or subjective quality-of-life experiences
- Recall bias:** Responses may be influenced by provider recall and non-standardized chart review
- Selection bias:** Convenience sampling through professional networks may overrepresent HCPs with specialized training or distinct practice patterns
- Generalizability:** Findings may not reflect other clinical settings, geographic regions, or patient populations
- Cross-sectional design:** Single time point limits assessment of long-term trends and causal relationships

Results

HCP Characteristics

- Over 80% of HCPs who responded to the survey were general neurologists

Patient Characteristics

- Overall, 50.5% of patients were born before 1970, 53.6% were male, and 50.5% were non-Hispanic White
- Overall, 72.6% of patients were diagnosed after 2015, and 79.4% of patients had AChR autoantibodies
- Overall, 93.8% of patients were receiving adjunctive pyridostigmine, and the most common advanced therapies received prior to nipocalimab were IVIG and intravenous efgartigimod alfa (both 22.7%)

Table 1. Patient demographics and clinical characteristics

Baseline Characteristic	Patients (n=97)
Demographics	
Age in years ^a , mean (SD)	55.7 (15.8)
Gender, n (%)	
Male	52 (53.6)
Female	45 (46.4)
Race/Ethnicity, n (%)	
White, non-Hispanic	49 (50.5)
Black or African American	17 (17.5)
Hispanic or Latino	10 (10.3)
Asian	9 (9.3)
Other	12 (12.4)
Disease Characteristics	
Years since diagnosis ^{b,c} , mean (SD)	8.3 (5.3)
Presence of autoantibodies ^d , n (%)	
AChR autoantibodies	77 (79.4)
MuSK autoantibodies	18 (18.6)
LRP4 autoantibodies	3 (3.1)
Agrin autoantibodies	2 (2.1)
None, seronegative	5 (5.2)
Treatment History	
Current adjunctive therapies ^d , n (%)	
Pyridostigmine	91 (93.8)
Corticosteroids	53 (54.6)
Mycophenolate mofetil	20 (20.6)
Azathioprine	12 (12.4)
Other	8 (8.2)
None	1 (1.0)
Advanced therapy prior to nipocalimab, n (%)	
IVIG	22 (22.7)
Efgartigimod alfa (intravenous)	22 (22.7)
Efgartigimod alfa/hyaluronidase (subcutaneous)	13 (13.4)
Rituximab	11 (11.3)
Ravulizumab	11 (11.3)
Other ^e	18 (18.6)

^aEstimated age in 2026 based on year of birth. ^bSome responses were unavailable; therefore, n=95. ^cEstimated time since diagnosis in 2026 based on year of diagnosis. ^dMultiple responses were possible; total percentage therefore exceeds 100%. ^eIncludes eculizumab, n=7; rozoquinizumab-noli, n=6; inebilizumab, n=3; and zilucoplan, n=2. ^fACHR=acetylcholine receptor, IVIG=intravenous immunoglobulin, LRP4=low-density lipoprotein receptor-related protein 4, MuSK=muscle-specific kinase, SD=standard deviation.

Figure 1. Top five reasons for discontinuing prior advanced therapy

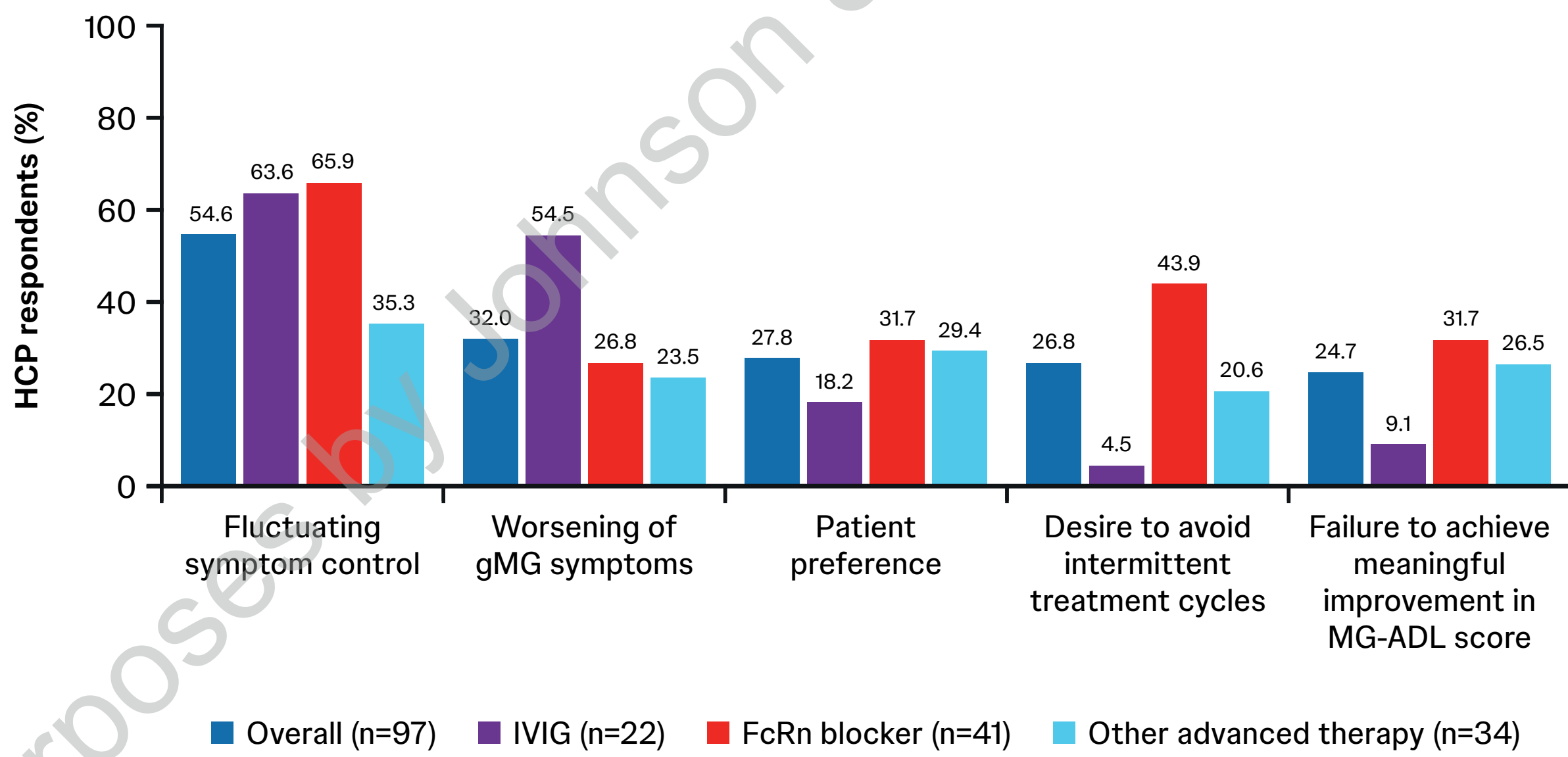


Figure 2. Top five reasons for selecting nipocalimab (n=97)

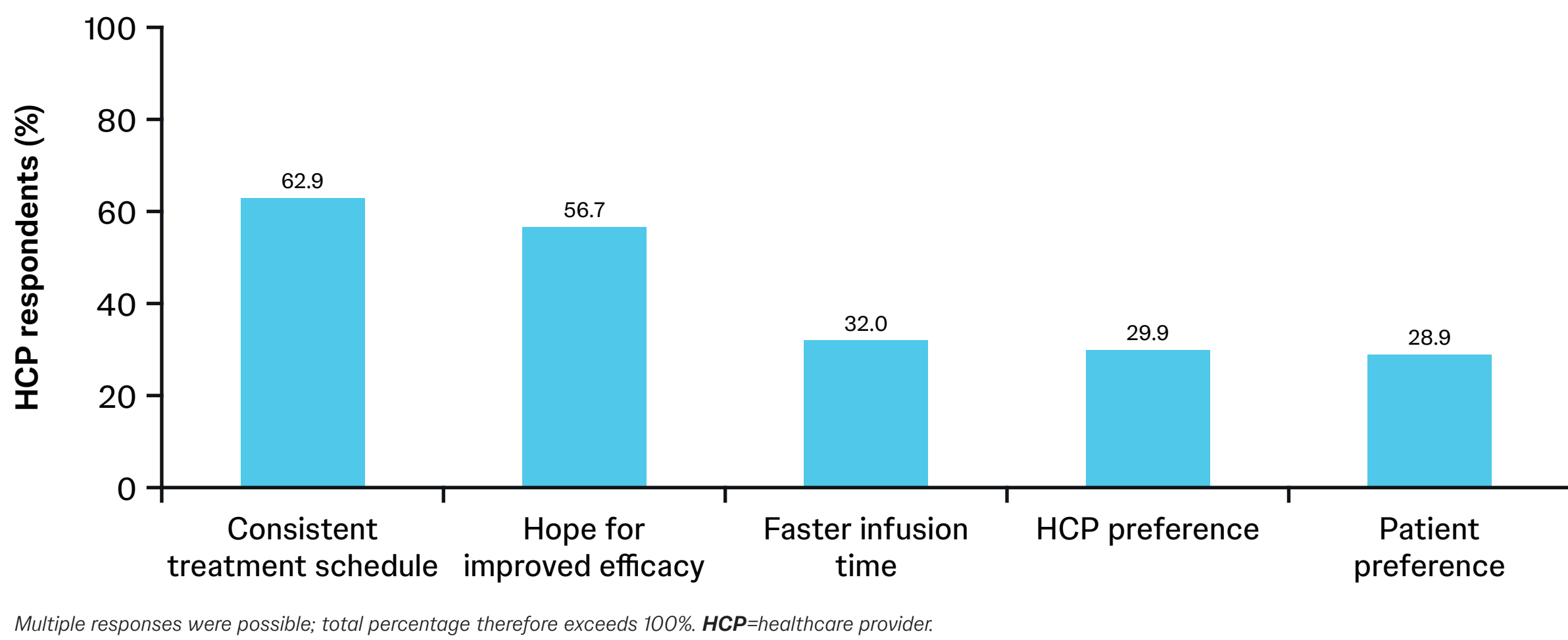
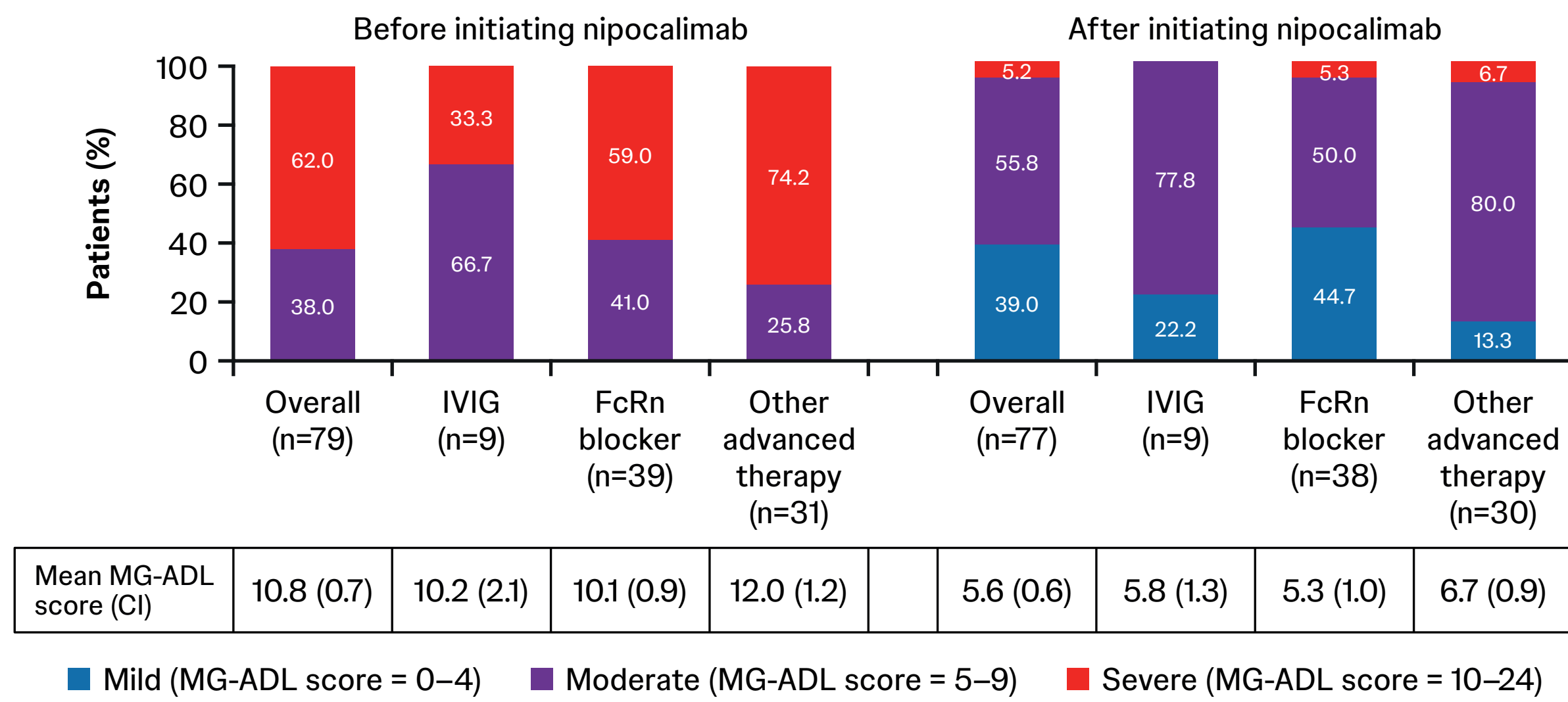


Figure 3. Severity of MG-ADL scores pre- and post-nipocalimab initiation



Patients whose MG-ADL was reported as unknown have been excluded. MG-ADL scores range from 0 to 24, with higher scores indicating greater severity. Scores are commonly interpreted as 0–4 = mild, 5–9 = moderate, and 10–24 = severe. CI=confidence interval, FcRn=neonatal Fc receptor, IVIG=intravenous immunoglobulin, MG-ADL=Myasthenia Gravis Activities of Daily Living.

Figure 4. Changes in prednisone utilization post-nipocalimab initiation among patients who were receiving this therapy

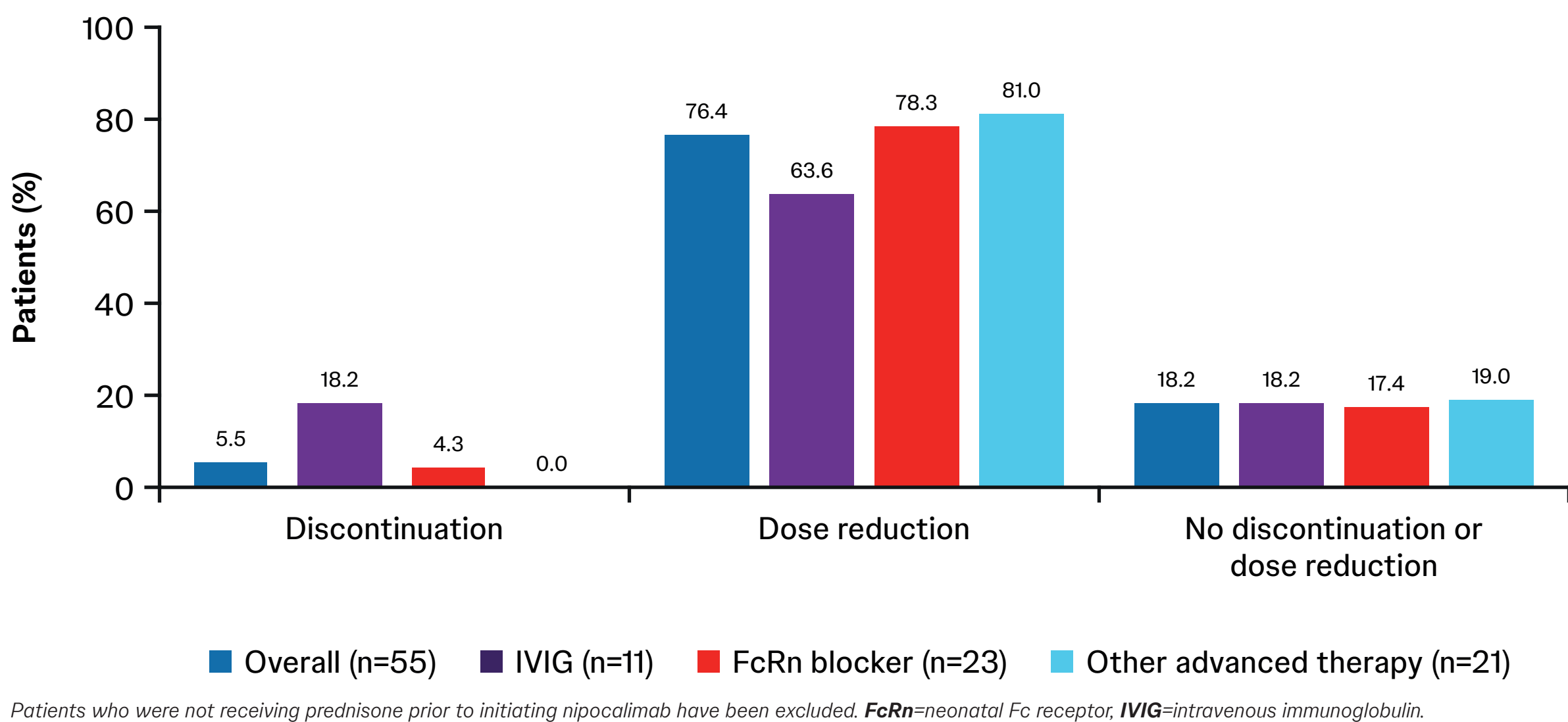


Figure 5. Changes in immunosuppressant utilization post-nipocalimab initiation among patients who were receiving this therapy

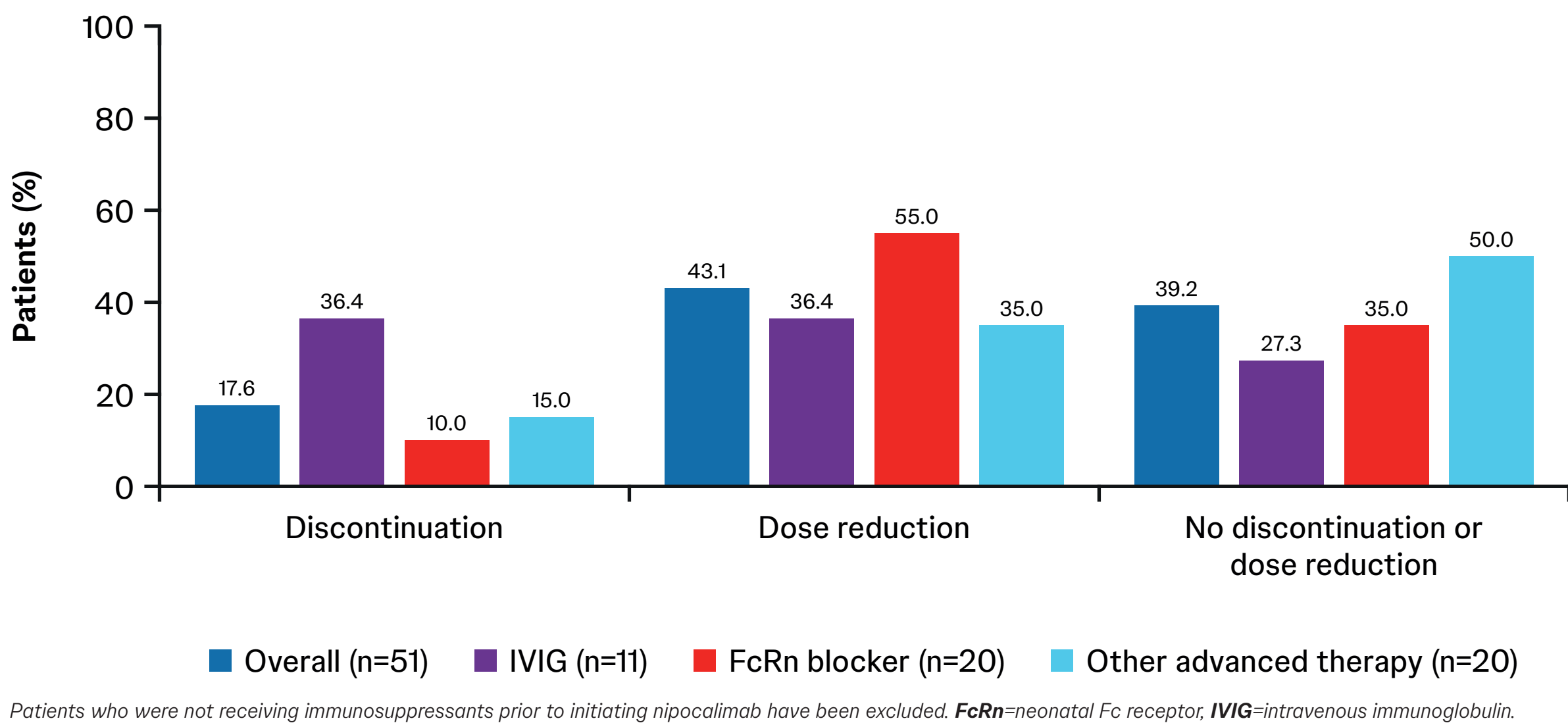
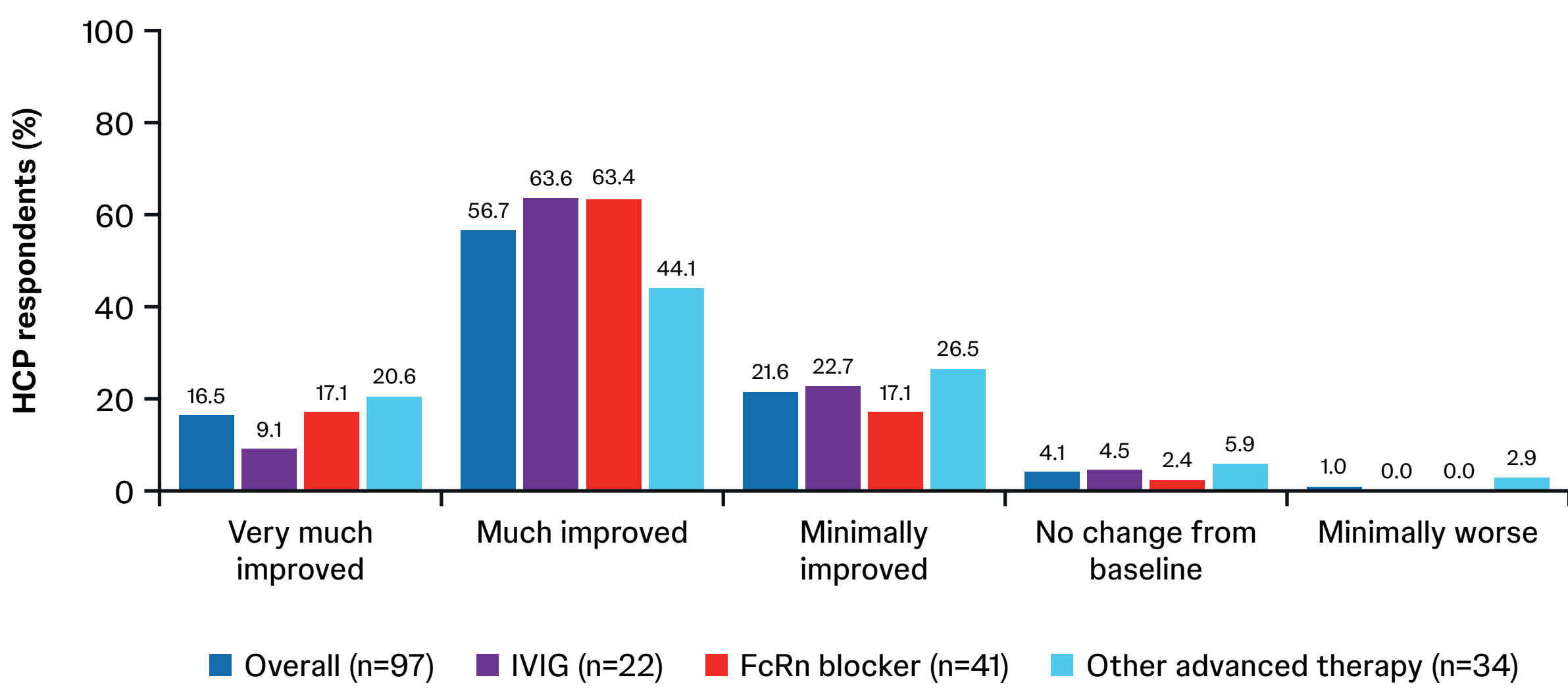


Figure 6. General improvement in patients’ condition since initiating nipocalimab, overall and by prior advanced therapy subgroup



Response categories reflect the HCP respondent’s subjective assessment of the patient’s condition since starting treatment; no prespecified criteria were provided. FcRn=neonatal Fc receptor, HCP=healthcare provider, IVIG=intravenous immunoglobulin.