touch™ NEUROLOGY

Reducing burden of disease in gMG: Exploring the role of FcRn inhibitors

Practice aid for myasthenia gravis

For more information, visit: www.touchNEUROLOGY.com

Disease-modifying therapy options in generalized myasthenia gravis[1,2]

Symptomatic treatment with AChE inhibitors (e.g. pyridostigmine)

1. Mild/moderate disease activity → Corticosteroids (tapering) ± non-steroidal IST (e.g. azathioprine)

2. High disease activity
- AChR+ → **Add on options:** FcRn-I, C5-I → **Thymectomy***
- MuSK+ → **Add on options:** *RTX,* FcRn-I

3. Myasthenia gravis exacerbations/crises → IVIg, PLEX, IA

Treatments listed in italics are used off-label.

*Thymectomy is recommended in AChR+ patients who are eligible and should be performed within 2 years after diagnosis.

touch™ NEUROLOGY

Approved FcRn inhibitor options in generalized myasthenia gravis[3,4]

	Efgartigimod	Rozanolixizumab
Dose	10 mg/kg (IV) 1,000 mg (SC)	7 mg/kg, 10 mg/kg, 15 mg/kg
Dosing regimen	Weekly IV for 4 weeks*† Weekly SC for 4 weeks*†	Weekly SC for 6 weeks*
Pharmacokinetic advantage	Rapid onset of action	SC administration convenient
US FDA and EMA approval status	Approved for use in AChR+ gMG	Approved in AChR+ and MuSK+ gMG

Emerging FcRn inhibitor options in generalized myasthenia gravis[5]

	Nipocalimab	Batoclimab
Dose	30 mg/kg initial dose followed by 15 mg/kg	680 mg
Dosing regimen	IV every 2 weeks*	Weekly SC for 6 weeks*
Pharmacokinetic advantage	Significant and sustained IgG reduction	SC administration convenient
US FDA and EMA approval status	Granted priority review by the FDA	N/A

*Further continuation depending on treatment response; †Safety of starting subsequent cycles sooner than 50 days from the start of the previous cycle has not been established.[3,4]

Factors to consider when managing generalized myasthenia gravis with FcRn inhibitors

- Method of administration[3,4]
- Type of generalized myasthenia gravis (AChR+ or MuSK+)[3,4]
- Frequency of administration[3,4]
- Concomitant use with other medications that also bind to FcRn[3,4,7]
- Dosing schedule: cyclic vs predictable dosing[6]
- Timing of vaccinations, particularly live or live-attenuated[3,4]
- Time taken to administer dose[3,4]
- Presence of active infections prior to treatment initiation[3,4]

Abbreviations and references

Abbreviations

ACh, acetylcholine; AChE, ACh esterase; AChR, ACh receptor; C5, C5 component of complement; EMA, European Medicines Agency; FcRn, neonatal Fc receptor; FDA, Food and drug administration; gMG, generalized myasthenia gravis; I, inhibitor; IA, immunoadsorption; Ig, immunoglobulin; IST, immunosuppressive therapy; IV, intravenous; MuSK, muscle-specific tyrosine kinase; N/A, not applicable; PLEX, plasma exchange; RTX, rituximab; SC subcutaneous.

References

1. Wiendl H, et al. *Ther Adv Neurol Disord*. 2023;16:1–31.
2. Gerischer L, et al. *BioDrugs*. 2025;39:185–213.
3. FDA. Prescribing information. Available at: www.accessdata.fda.gov/scripts/cder/daf/index.cfm (accessed 26 March 2025).
4. EMA. Summary of product characteristics. Available at: www.ema.europa.eu/en/medicines (accessed 26 March 2025).
5. Menon D, Bhandari V. *Expert Opin Emerg Drugs*. 2025; doi.org/10.1080/14728214.2025.2458061.
6. Vissing J, et al. *EMJ Neurol*. 2024;12:33–41.
7. Mina-Osorio P, et al. *Transfus Med Rev*. 2024;38:150767.