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

Practice aid for myasthenia gravis

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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.

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[6]

	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]; ‡ A prefilled syringe of efgartigimod alfa and hyaluronidase-qvfc is now approved for subcutaneous self-injection.[5]

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[3,4,8]
- Dosing schedule: cyclic vs predictable dosing[7]
- 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.

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