Switching to rozanolixizumab from efgartigimod: Real-world outcomes in patients with generalized myasthenia gravis in the United States

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Introduction

- gMG is a rare, chronic, autoimmune neuromuscular disease, characterized by fluctuating muscle weakness and fatigue[1–3]
- FcRn blockers such as rozanolixizumab and efgartigimod are often used as targeted therapies for gMG
  - Both are approved for the treatment of anti-AChR Ab+ gMG, with rozanolixizumab also approved for anti-MuSK Ab+ gMG[4,5]
- There are currently limited data on outcomes in patients switching between FcRn blockers, including from efgartigimod to rozanolixizumab[6]
- This study aims to describe the demographics, clinical characteristics, treatment patterns and HCRU among patients with gMG in the USA who received rozanolixizumab after prior treatment with efgartigimod

Methods

- This retrospective, non-interventional cohort study used de-identified claims data from the Komodo Healthcare Map® (July 2022 to June 2025)
- Enrolled patients were aged ≥18 years with an MG diagnosis, who started rozanolixizumab after previous efgartigimod treatment
  - Patients had continuous plan coverage for 12 months before and after the index date (first recorded rozanolixizumab treatment) and received ≥1 efgartigimod treatment ≤12 months before the index date
- Baseline demographics and clinical characteristics, as well as treatment utilization and HCRU at baseline (12 months before the index date) and follow-up (12 months after the index date) were examined

Results

- Overall, 227 patients had ≥1 claim for rozanolixizumab between July 21, 2023 and July 30, 2024
- Of these, 26 patients also had ≥1 claim for efgartigimod and were included in this study
  - 15/26 (57.7%) patients were female
  - Sociodemographic characteristics and comorbidities are shown in **Figures 1** and **2**
- Patients initiated a mean (SD) of 3.5 (1.9) cycles of efgartigimod during the baseline period and 2.3 (1.3) cycles of rozanolixizumab during follow-up
- 19.2% of patients tapered their OCS dose by ≥5 mg during follow-up, and 7.7% achieved complete discontinuation
  - 73.1% of patients maintained a consistent dose (<5 mg change)
- Measurements of HCRU (based on number of HCRU events per patient) decreased from baseline to follow-up, with reductions observed across all HCRU events (**Figure 3**)
- MG-related visits and exacerbations occurred earlier and more frequently during the baseline (EFG) period compared with the follow-up (RLZ) period (**Figure 4**)

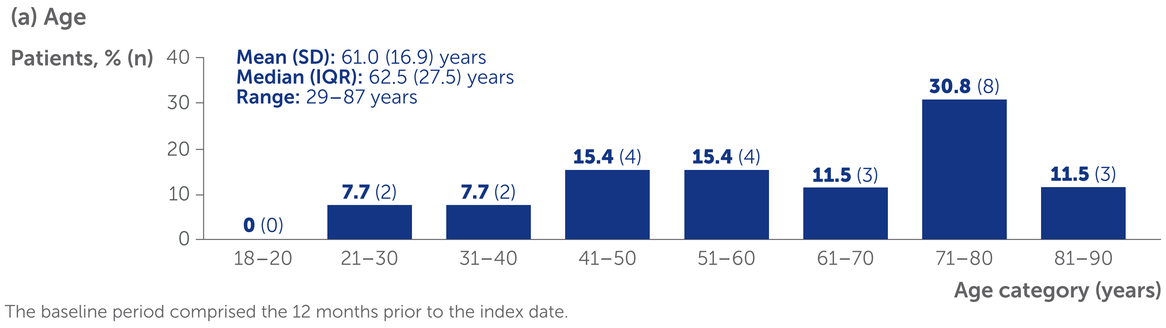
Summary and conclusions

This retrospective, non-interventional study evaluated demographics, clinical characteristics, treatment patterns and HCRU in patients with gMG in the USA who initiated rozanolixizumab after prior treatment with efgartigimod

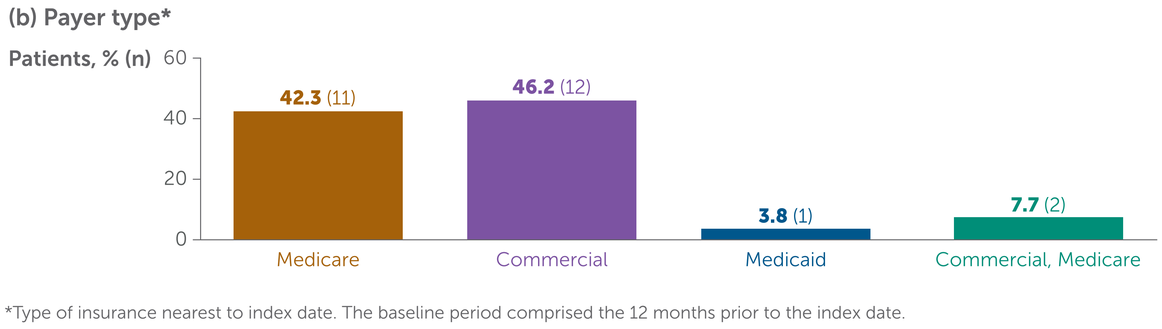
Following the switch to rozanolixizumab, patients experienced reductions in the number of treatment cycles initiated, corticosteroid use and HCRU

These findings build on clinical study data, demonstrating the benefits of rozanolixizumab in clinical practice and providing real-world data for patients with gMG and their HCPs who may be considering switching from efgartigimod to rozanolixizumab

Figure 1 Sociodemographic characteristics during the baseline period (N=26)

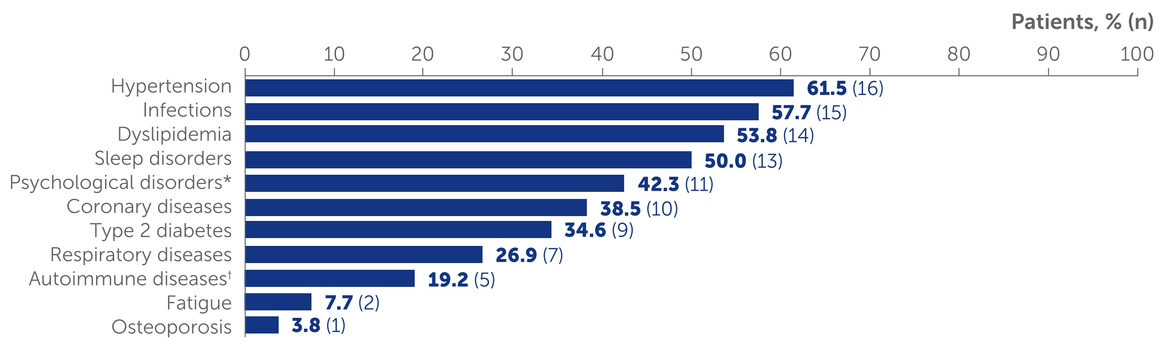


The baseline period comprised the 12 months prior to the index date.



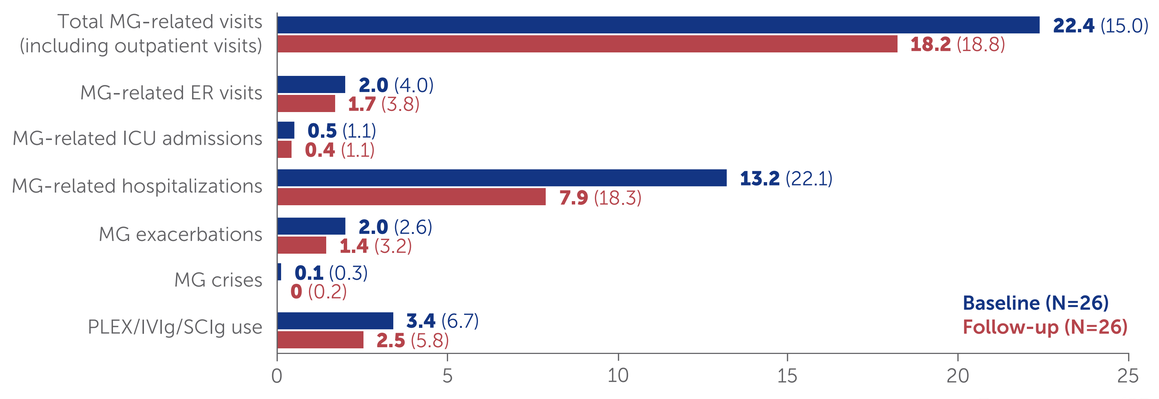
*Type of insurance nearest to index date. The baseline period comprised the 12 months prior to the index date.

Figure 2 The most common comorbidities during the baseline period were hypertension, infections and dyslipidemia (N=26)



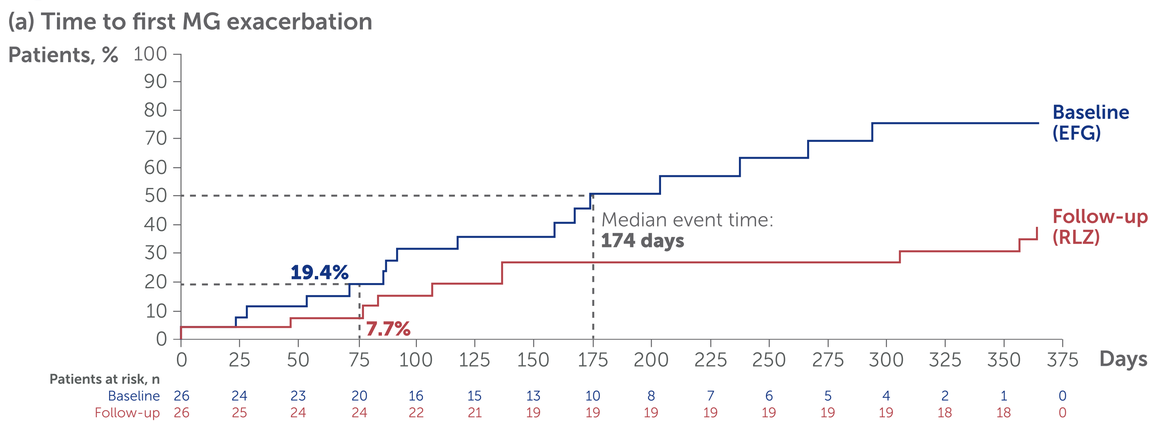
*Psychological disorders included anxiety (n=7 [26.9%]) and depression (n=6 [23.1%]); patients could have both anxiety and depression. †Autoimmune diseases included type 1 diabetes (n=3 [11.5%]), autoimmune thyroiditis (n=2 [7.7%]), SLE (n=1 [3.8%]) and Crohn's disease (n=1 [3.8%]); patients could have >1 autoimmune disease. The baseline period comprised the 12 months prior to the index date.

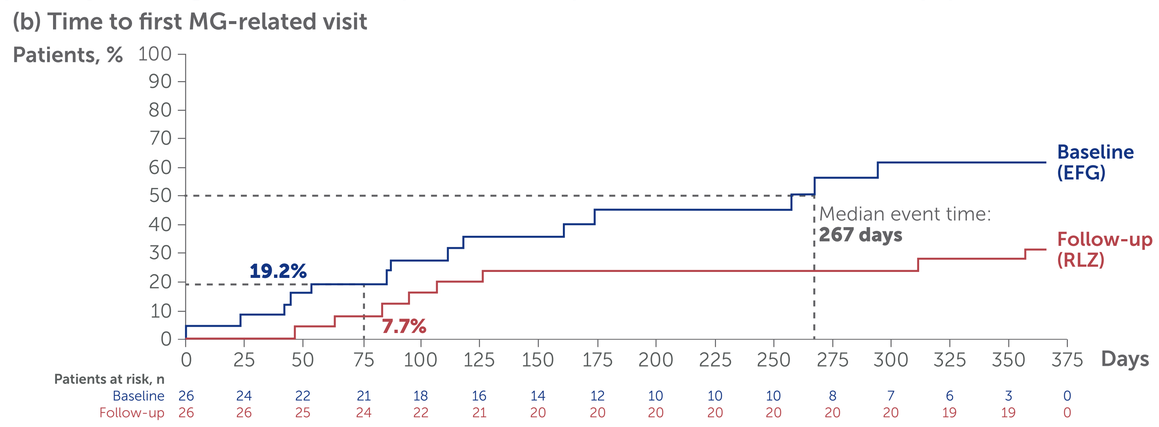
Figure 3 HCRU decreased from baseline to follow-up



Based on number of HCRU events per patient. The baseline period comprised the 12 months prior to the index date.

Figure 4 MG-related (a) exacerbations and (b) visits occurred earlier and more frequently during the baseline period compared with the follow-up period





The baseline period comprised the 12 months prior to the index date, during which patients had ≥1 claim for efgartigimod. The follow-up period comprised the 12 months after the index date, including the index date. A cut-off of 75 days was chosen to allow for enough time following completion of one 6-week cycle. Median event times could not be generated for follow-up (RLZ) as fewer than half of patients experienced an event.

Abbreviations: Ab+, antibody positive; AChR, acetylcholine receptor; EFG, efgartigimod; ER, emergency room; FcRn, neonatal fragment crystallizable receptor; gMG, generalized myasthenia gravis; HCP, healthcare professional; HCRU, healthcare resource utilization; ICU, intensive care unit; IQR, interquartile range; IVIg, intravenous immunoglobulin; MG, myasthenia gravis; MuSK, muscle-specific tyrosine kinase; OCS, oral corticosteroid; PLEX, plasma exchange; RLZ, rozanolixizumab; SCIg, subcutaneous immunoglobulin; SD, standard deviation; SLE, systemic lupus erythematosus.

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