# nipocalimab-aahu (Imaavy™)

**Medicare Advantage Medical Policy #MA-156**
Original Effective Date: 01/01/2026
Current Effective Date: 01/01/2026

*Applies to all products administered or underwritten by the Health Plan, unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

# When Services May Be Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Health Plan may consider nipocalimab-aahu (Imaavy™)‡ for the treatment of myasthenia gravis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for nipocalimab-aahu (Imaavy) will be considered when the following criteria are met:

- **Initial (6 months)**
  - Patient is greater than or equal to 12 years of age; AND
  - Patient has a diagnosis of generalized myasthenia gravis; AND
  - Patient has an anti-acetylcholine receptor autoantibody positive serologic test OR an anti-muscle-specific tyrosine kinase autoantibody positive serologic test; AND
  - Patient has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV; AND
  - Patient has a Myasthenia Gravis Activities of Daily Living (MG-ADL) total score of ≥ 6; AND
  - Patient has received or is currently receiving pyridostigmine or corticosteroids unless there is clinical evidence or patient history that suggests the use of pyridostigmine or corticosteroids will cause an adverse effect or inadequate response to the patient; AND
  - Patient has received or is currently receiving at least one nonsteroidal immunosuppressive therapy (NSIST) for at least 1 year unless there is clinical evidence or patient history that suggests NSISTs will be ineffective or cause an adverse reaction to the patient. Examples of NSISTs include azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, tacrolimus, and cyclophosphamide; AND
  - Patient has evidence of unresolved symptoms of myasthenia gravis, such as difficulty swallowing, difficulty breathing, or a functional disability resulting in the discontinuation of physical activity (e.g., double vision, talking, impairment of mobility); AND
  - The requested dose does not exceed 30 mg/kg at week 0, followed by 15 mg/kg at week 2 and then 15 mg/kg every 2 weeks thereafter.

- **Continuation (12 months)**
  - Patient has received an initial authorization for Imaavy from the plan OR has provided documentation for an active course of treatment from previous health plan; AND
  - Patient has experienced improvement on therapy as evidenced by at least ONE of the following:
    - Improvement in the Myasthenia Gravis Activities of Daily Living (MG-ADL) total score; OR
    - Improvement in the Quantitative Myasthenia Gravis (QMG) total score; AND
  - The requested dose does not exceed 15mg/kg every 2 weeks.

# When Services Are Considered Not Medically Necessary

Based on review of available data, the Health Plan considers the use of nipocalimab-aahu (Imaavy) when any of the following criteria are NOT met to be **not medically necessary.****

- For initial requests:
  - Patient has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV
  - Patient has a Myasthenia Gravis Activities of Daily Living (MG-ADL) total score of $\geq 6$
  - Patient has received or is currently receiving pyridostigmine
  - Patient has received or is currently receiving at least one nonsteroidal immunosuppressive therapy (NSIST) for at least 1 year.
  - Patient has evidence of unresolved symptoms of myasthenia gravis, such as difficulty swallowing, difficulty breathing, or a functional disability resulting in the discontinuation of physical activity (e.g., double vision, talking, impairment of mobility)
- For continuation requests:
  - Patient has experienced improvement on therapy as evidenced by at least ONE of the following:
    - Improvement in the Myasthenia Gravis Activities of Daily Living (MG-ADL) total score; OR
    - Improvement in Quantitative Myasthenia Gravis (QMG) total score

# When Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Health Plan considers the use of nipocalimab-aahu (Imaavy) when the patient selection criteria are not met (with the exception of those denoted above as **not medically necessary****) to be **investigational.***

# Policy Guidelines

**Myasthenia Gravis Foundation of America (MGFA) Clinical Classification**

| *Class* | *Description* |
|---|---|
| I | Any ocular muscle weakness; may have weakness of eye closure. All other muscle strength is normal |
| IIa | Mild weakness affecting muscles other than ocular muscles. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles |
| IIb | Mild weakness affecting muscles other than ocular muscles. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both. |
| IIIa | Moderate weakness affecting muscles other than ocular muscles. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles. |
| IIIb | Moderate weakness affecting muscles other than ocular muscles. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both. |
| IVa | Severe weakness affecting muscles other than ocular muscles. Predominantly affecting limb, axial muscles, or both. May also have lesser involvement of oropharyngeal muscles. |
| IVb | Severe weakness affecting muscles other than ocular muscles. Predominantly affecting oropharyngeal, respiratory muscles, or both. May also have lesser or equal involvement of limb, axial muscles, or both. |
| V | Intubation with or without mechanical ventilation except when employed during routine postoperative management. |

**Myasthenia Gravis Activities of Daily Living (MG-ADL) profile**

| *Grade* | *0* | *1* | *2* | *3* | *Score* |
|---|---|---|---|---|---|
| 1. Talking | Normal | Intermittent slurring or nasal speech | Constant slurring or nasal, but can be understood | Difficult to understand speech | |
| 2. Chewing | Normal | Fatigue with solid food | Fatigue with soft food | Gastric tube | |
| 3. Swallowing | Normal | Rare episode of choking | Frequent choking necessitating changes in diet | Gastric tube | |
| 4. Breathing | Normal | Shortness of breath with exertion | Shortness of breath at rest | Ventilator dependence | |
| 5. Impairment of ability to brush teeth or comb hair | None | Extra effort, but no rest periods needed | Rest periods needed | Cannot do one of these functions | |

| | | | | | |
|---|---|---|---|---|---|
| 6. Impairment of ability to arise from a chair | None | Mild, sometimes uses arms | Moderate, always uses arms | Severe, requires assistance | |
| 7. Double vision | None | Occurs, but not daily | Daily, but not constant | Constant | |
| 8. Eyelid droop | None | Occurs, but not daily | Daily, but not constant | Constant | |
| | | | | MG-ADL score total (items 1-8)= | |

**Quantitative Myasthenia Gravis (QMG) Score**

| ***Test Item*** | ***None*** | ***Mild*** | ***Moderate*** | ***Severe*** | ***Score*** |
|---|---|---|---|---|---|
| ***Grade*** | ***0*** | ***1*** | ***2*** | ***3*** | |
| Double vision on lateral gaze (secs) | 61 | 11 - 60 | 1 - 10 | Spontaneous | |
| Ptosis (upward gaze) | 61 | 11 - 60 | 1 - 10 | Spontaneous | |
| Facial muscles | Normal lid closure | Complete, weak, some resistance | Complete without resistance | Incomplete | |
| Swallowing 4 oz water | Normal | Minimal coughing or throat clearing | Severe coughing/choking or nasal congestion | Cannot swallow (test not attempted) | |
| Speech after counting aloud from 1 to 50 (onset of dysarthria) | None at 50 | Dysarthria at 30 - 49 | Dysarthria at 10 - 29 | Dysarthria at 9 | |
| Right arm outstretched (90 degrees sitting), seconds | 240 | 90 - 239 | 10 - 89 | 0 - 9 | |
| Left arm outstretched (90 degrees sitting), seconds | 240 | 90 - 239 | 10 - 89 | 0 - 9 | |
| Forced Vital Capacity | $\geq$ 80 | 65 - 79 | 50 - 64 | $\leq$ 50 | |
| Rt-hand grip, kg | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Men<br>Women | ≥ 45<br>≥ 30 | 15 - 44<br>10 - 29 | 5 - 14<br>5 - 9 | 0 - 4<br>0 - 4 | |
| Lt-hand grip, kg<br>Men<br>Women | <br>≥ 35<br>≥ 25 | <br>15 - 34<br>10 - 24 | <br>5 - 14<br>5 - 9 | <br>0 - 4<br>0 - 4 | |
| Head lifted (45 degrees supine), seconds | 120 | 30 - 119 | 1 - 29 | 0 | |
| Right leg outstretched (45 degrees supine), seconds | 100 | 31 - 99 | 1 - 30 | 0 | |
| Left leg outstretched (45 degrees supine), seconds | 100 | 31 - 99 | 1 - 30 | 0 | |
| | | | | **Total QMG Score:** | |

# Background/Overview

Imaavy is a recombinant human immunoglobulin G1 (IgG1) monoclonal antibody indicated for the treatment of generalized myasthenia gravis (gMG) in adult and pediatric patients 12 years of age and older who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive. It works by binding to the neonatal Fc receptor, resulting in the reduction of circulating IgG. Because it causes this reduction in IgG levels, immunization with live-attenuated or live vaccines is not recommended during treatment with Imaavy. If indicated, these vaccines should be administered before initiation of treatment with Imaavy. The recommended dosage of Imaavy is 30 mg/kg administered once via intravenous infusion over at least 30 minutes. Two weeks after the initial dosage, a maintenance dosage of 15 mg/kg via intravenous infusion should be administered over at least 15 minutes. The maintenance dosage should be continued every two weeks thereafter.

Myasthenia gravis is a chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles. The hallmark of the condition is muscle weakness that worsens after periods of activity and improves after periods of rest. Certain muscles such as those that control eye and eyelid movement, facial expression, chewing, talking, and swallowing are often involved in the disorder, however, the muscles that control breathing and neck and limb movements may also be affected. Acquired myasthenia gravis results from the binding of autoantibodies to the components of the neuromuscular junction, most commonly the acetylcholine receptor (AChR). However, antibodies to other proteins, such as the muscle-specific tyrosine kinase (MuSK) protein, can also lead to impaired transmission at the neuromuscular junction. Myasthenia gravis most commonly occurs in young adult women (< 40 years of age) and older men (> 60 years of age), but it can occur at any

age, including childhood. The incidence ranges from 0.3 to 2.8 per 100,000 and it is estimated to affect more than 700,000 people worldwide. Various clinical scoring systems are available to assess the severity of disease and include the Myasthenia Gravis Foundation of America (MGFA) clinical classification system, Myasthenia Gravis Activities of Daily Living (MG-ADL), and Quantitative Myasthenia Gravis (QMG) test.

Medications to treat myasthenia gravis include anticholinesterase agents (e.g., pyridostigmine), which slow the breakdown of acetylcholine at the neuromuscular junction and thereby improve neuromuscular transmission and increase muscle strength. Immunosuppressive drugs improve muscle strength by suppressing the production of abnormal antibodies and may include prednisone, azathioprine, mycophenolate mofetil, tacrolimus, and rituximab. Plasmapheresis and intravenous immunoglobulin (IVIG) may be options in severe cases to remove the destructive antibodies; however, their effectiveness frequently only lasts a few weeks to months. Additionally, the Food and Drug Administration (FDA) has approved eculizumab (Soliris®)‡, ravulizumab (Ultomiris™)‡, and zilucoplan (Zilbrysq®)‡, all complement inhibitors, as well as rozanolixizumab (Rystiggo®)‡ and efgartigimod alfa products (Vyvgart®, Vyvgart® Hytrulo)‡ which contain an IgG monoclonal antibody that binds to the neonatal Fc receptor for the treatment of generalized myasthenia gravis. Although Soliris, Ultomiris, Vyvgart, Vyvgart Hytrulo, Rystiggo, Zilbrysq, and Imaavy are the only agents with FDA approval for the condition, the other agents have been used off-label and are still recommended as first-line therapy in clinical practice guidelines. Available guidelines have not been updated to address these newer treatments.

# FDA or Other Governmental Regulatory Approval

**U.S. Food and Drug Administration (FDA)**

Imaavy was approved in April 2025 for the treatment of generalized myasthenia gravis (gMG) in adult and pediatric patients 12 years of age and older who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.

# Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

The efficacy of Imaavy for the treatment of gMG in adults who are anti-AChR or anti-MuSK antibody positive was established in a 24-week, multicenter, randomized, double-blind, placebo-controlled study. Patients were treated with Imaavy with the recommended dosage regimen.

The study enrolled patients with gMG who met the following criteria:

- Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV

- Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score of at least 6
- On stable dose of standard of care MG therapy prior to baseline that included acetylcholinesterase (AChE) inhibitors, steroids or non-steroidal immunosuppressive therapies (NSISTs), either in combination or alone.

In the study, a total of 196 patients were randomized 1:1 to receive Imaavy (n = 98) or placebo (n = 98). Baseline characteristics were similar between treatment groups. Eighty-eight percent (n = 134) of patients were positive for AChR antibodies and 10% (n = 16) were positive for MuSK antibodies. At baseline, in each group, 85% of patients received AChE inhibitors, 66% of patients received steroids, and 54% of patients received NSISTs at stable doses.

The efficacy of Imaavy was measured using the MG-ADL scale, which assesses the impact of gMG on daily functions of 8 signs and symptoms that are typically affected in gMG. Each item is assessed on a 4-point scale, where a score of 0 represents normal function and a score of 3 represents loss of ability to perform that function. A total score ranges from 0 to 24, with the higher scores indicating more impairment.

The primary efficacy endpoint was the comparison of the mean change from baseline to Weeks 22, 23, and 24 between treatment groups in the MG-ADL total score. A statistically significant difference favoring Imaavy was observed in MG-ADL total score change from baseline [-4.7 points in the Imaavy-treated group vs. -3.3 points in the placebo-treated group (p = 0.002)].

# References

1. Imaavy [package insert]. Janssen Biotech, Inc. Horsham, PA. April 2025.

# Policy History

Original Effective Date: 01/01/2026
Current Effective Date: 01/01/2026
10/21/2025 UM Committee review and approval. New policy.
Next Scheduled Review Date: 10/2026

# Coding

*The five character codes included in the Health Plan Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2024 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

*The responsibility for the content of the Health Plan Medical Policy Coverage Guidelines is with the Health Plan and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse*

*or interpretation of information contained in the Health Plan Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Health Plan Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

| Code Type | Code |
|---|---|
| CPT | NA |
| HCPCS | C9305, C9399, J3590 |
| ICD-10 Diagnosis | All related diagnoses |

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;

B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient's health insurance contract contains language that differs from the Health Plan Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Health Plan recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

**NOTICE:** All codes listed on the Medical Policy require prior authorization. This ensures appropriate utilization and alignment with current clinical guidelines.

## Medicare Advantage Members

Established coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: https://www.cms.gov/medicare-coverage-database/search.aspx. You may wish to review the Guide to the MCD Search here: https://www.cms.gov/medicare-coverage-database/help/mcd-bene-help.aspx.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria may be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of this internal coverage criteria.