Drug Coverage Policy

Effective Date.....9/1/2026
Coverage Policy Number.....IP0743
Policy Title.....Imaavy

Neurology – Imaavy

- Imaavy™ (nipocalimab-aahu intravenous infusion – Johnson & Johnson)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Imaavy, a neonatal Fc receptor blocker, is indicated for the treatment of **generalized myasthenia gravis** in adults and pediatric patients ≥ 12 years of age who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.[1]

Disease Overview

Myasthenia gravis is a chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles, which are responsible for breathing and moving parts of the body, including the arms and legs.[2] Myasthenia gravis is caused by the production of pathogenic immunoglobulin G (IgG) autoantibodies against neuromuscular junction components (AChR, MuSK, and low density lipoprotein receptor-related protein 4 [LRP4]).[3] Approximately 85% of patients with myasthenia gravis are anti-AChR antibody-positive and approximately 5% to 8% of patients are anti-MuSK antibody-positive.[4] The result of the antibodies at the junction is unsuccessful nerve transmission and deficiency or weakness of muscle contractions.[3] The hallmark of myasthenia gravis is muscle weakness that worsens after periods of activity and improves after periods of rest.[2] 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. MuSK is rare and frequently more severe subtype of myasthenia gravis. Symptomatic treatment with acetylcholinesterase inhibitors (pyridostigmine) is generally unsatisfactory and may be deleterious in MuSK.[10]

Clinical Efficacy

The efficacy of Imaavy was evaluated in one randomized, double-blind, multicenter, placebo-controlled Phase III pivotal study, Vivacity-MG3 (published) [n = 196].[5] Enrolled patients were ≥ 18 years of age with symptoms of gMG categorized as Myasthenia Gravis Foundation of America (MGFA) Class II to IV at screening. In addition, patients had a suboptimal response (defined as myasthenia gravis-activities of daily living [MG-ADL] score of ≥ 6 at baseline) to their current, stable standard-of care therapy for gMG (e.g., acetylcholinesterase inhibitor, corticosteroid, immunosuppressant). Patients were randomized to receive Imaavy (at the FDA-approved regimen) or placebo in addition to their stable gMG regimen. The majority of patients were anti-AChR antibody positive (82% in the Imaavy group vs. 93% in the placebo group), followed by anti-MuSK antibody-positive (16% vs. 5%, respectively) and anti-lipoprotein receptor-related protein 4 (LRP4) antibody positive (3% vs. 1%, respectively). The efficacy analysis dataset included all randomly assigned patients who received at least one dose (partial or complete) of study drug in the double-blind phase and were antibody-positive for a gMG-related pathogenic antibody (anti-AChR, anti-MuSK, or anti-LRP4). The primary efficacy endpoint was the difference between Imaavy and placebo in the least-squares (LS) mean change from baseline in the MG-ADL total score averaged over Weeks 22, 23, and 24. A significantly greater reduction in the MG-ADL total score was observed in the Imaavy group compared with placebo (LS mean change from baseline was -4.70 vs. -3.25, respectively; difference of -1.45; P = 0.0024). The first key secondary endpoint was the difference in the LS mean change in the quantitative myasthenia gravis (QMG) total score from baseline over Weeks 22 and 24; the results favored Imaavy (-4.86 for Imaavy vs. -2.05 for placebo; difference of -2.81; P = 0.00012). The second key secondary endpoint was the percentage of patients with at least a 2-point improvement in the MG-ADL score over Weeks 22, 23, and 24 and significantly more patients in the Imaavy group achieved this endpoint compared with placebo (69% vs. 53%, respectively; difference of 16.2%; P = 0.021). Clinical Pediatric Data: Use in pediatric patients ≥ 12 years of age for this indication is supported by evidence from an adequate and well-controlled trial in adults and additional pharmacokinetic and safety data in pediatric patients who are ≥ 12 years of age.[1] There is an ongoing Phase II/III open-label study to evaluate the efficacy of Imaavy in pediatric patients 2 to < 18 years of age with gMG who are anti-AChR or anti-MuSK antibody positive.[6] Data are not yet available.

Dosing Information

The initial dose of Imaavy is 30 mg/kg administered once via intravenous (IV) infusion over at least 30 minutes.[1] Two weeks after the initial dose, administer a maintenance dose of 15 mg/kg via IV infusion over at least 15 minutes. Continue the maintenance dose every 2 weeks thereafter.

Guidelines

An international consensus guidance for the management of myasthenia gravis was published in 2016.[7] The guidelines recommend pyridostigmine for the initial treatment in most patients with myasthenia gravis. The ability to discontinue pyridostigmine can indicate that the patient has met treatment goals and may guide the tapering of other therapies. Corticosteroids or immunosuppressant therapy should be used in all patients with myasthenia gravis who have not met treatment goals after an adequate trial of pyridostigmine. Nonsteroidal immunosuppressant agents include azathioprine, cyclosporine, mycophenolate mofetil, methotrexate, and tacrolimus. It is usually necessary to maintain some immunosuppression for many years, sometimes for life. Plasma exchange and intravenous immunoglobulin can be used as short-term treatments in certain patients. A 2020 update to these guidelines provides new recommendations for methotrexate, rituximab, and eculizumab intravenous infusion (Soliris®, biosimilars).[8] All recommendations should be considered extensions or additions to recommendations made in the initial international consensus guidance (2016). Oral methotrexate may be considered as a steroid-sparing agent in patients with generalized myasthenia gravis who have not tolerated or responded to steroid-sparing agents. Rituximab should be considered as an early therapeutic option in patients with anti-MuSK antibody-positive myasthenia gravis who have an unsatisfactory response to initial immunotherapy. Eculizumab should be considered in the treatment of severe, refractory, anti-AChR antibody-positive generalized myasthenia gravis.

Pediatric patients with generalized myasthenia gravis. Cholinesterase inhibitors are used first-line for the symptomatic treatment of juvenile myasthenia gravis (JMG); pyridostigmine is the most widely used cholinesterase inhibitor for JMG.[8] There are no formal guidelines for the use of immunosuppressive therapy in JMG, and current practice has been taken from adult guidelines and expert opinions based on individual experience. Prednisolone is accepted as the first-line immunosuppressive therapy in JMG. Second-line therapies or steroid-sparing agents include, but are not limited to, azathioprine, mycophenolate mofetil, tacrolimus, rituximab, cyclosporine, and cyclophosphamide.

Coverage Policy

POLICY STATEMENT
Prior Authorization is required for benefit coverage of Imaavy. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Imaavy as well as the monitoring required for adverse events and long-term efficacy, approval requires Imaavy to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory tests, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Imaavy is considered medically necessary when the following is met

FDA-Approved Indication

1. **Generalized Myasthenia Gravis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
- **i.** Patient is ≥ 12 years of age; AND
- **ii.** If patient is ≥ 18 years of age, patient meets BOTH of the following (a and b):
  - **a)** Myasthenia Gravis Foundation of America classification of II to IV; AND
  - **b)** Myasthenia Gravis Activities of Daily Living (MG-ADL) score of ≥ 6; AND
- **iii.** Patient meets ONE of the following (a or b):
  - **a)** Patient has confirmed anti-acetylcholine receptor antibody-positive generalized myasthenia gravis **[documentation required]**; OR
  - **b)** Patient has confirmed anti-muscle-specific tyrosine kinase (MuSK) antibody-positive generalized myasthenia gravis **[documentation required]**; AND
- **iv.** Patient meets ONE of the following (a, b, or c):
  - **a)** Patient has received or is currently receiving pyridostigmine; OR
  - **b)** Patient has a contraindication to pyridostigmine; OR
  - **c)** Patient has anti-MuSK antibody-positive generalized myasthenia gravis; AND
- **v.** Patient has evidence of unresolved symptoms of generalized myasthenia gravis; AND
  Note: Examples of unresolved symptoms include difficulty swallowing, difficulty breathing, or a functional disability resulting in the discontinuation of physical activity (e.g., double vision, talking, impairment of mobility).
- **vi.** The medication is being prescribed by or in consultation with a neurologist; OR

B) Patient is Currently Receiving Imaavy. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
- **i.** Patient is ≥ 12 years of age; AND
- **ii.** According to the prescriber, patient is continuing to derive benefit from Imaavy; AND
  Note: Examples of derived benefit include reductions in exacerbations of myasthenia gravis; improvements in speech, swallowing, mobility, and respiratory function.
- **iii.** The medication is being prescribed by or in consultation with a neurologist.

Dosing. Approve the following (A or B):

A) Initial Therapy. Approve initial dose of 30 mg/kg administered once vial intravenous infusion; followed by maintenance dose of 15 mg/kg administered via intravenous infusion (starting 2 weeks after the initial dose and administer every 2 weeks thereafter); AND

B) Patient is Currently Receiving Imaavy. Approve maintenance dose of 15 mg/kg administered via intravenous infusion every 2 weeks.

Conditions Not Covered

Imaavy for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concomitant Use with Another Neonatal Fc Receptor Blocker, a Complement Inhibitor, a Rituximab Product, or Uplizna® (inebilizumab-cdon intravenous infusion).** There is no evidence to support concomitant use of Imaavy with another neonatal Fc receptor blocker, a complement inhibitor, a rituximab product, or Uplizna.
   Note: Examples of neonatal Fc receptor blockers are Rystiggo (rozanolixizumab-noli subcutaneous infusion), Vyvgart (efgartigimod alfa-fcab intravenous infusion) and Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc subcutaneous injection).
   Note: Examples of complement inhibitors are eculizumab intravenous infusion (Soliris, biosimilars), Ultomiris (ravulizumab-cwvz intravenous infusion), and Zilbrysq (zilucoplan subcutaneous injection).

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J9256	Injection, nipocalimab-aahu, 3 mg

References

1. Imaavy™ intravenous infusion [prescribing information. Horsham PA: Janssen Biotech; April 2025.
2. National Institute of Neurological Disorders and Stroke (NINDS). Myasthenia Gravis Fact Sheet. National Institutes of Health (NIH) Publication No. 17-768. Publication last updated: March 2020. Available at: https://www.ninds.nih.gov/sites/default/files/migrate-documents/myasthenia_gravis_e_march_2020_508c.pdf. Accessed on May 8, 2026.
3. Cleanthous S, Mork AC, Regnault A, et al. Development of the myasthenia gravis (MG) symptoms PRO: a case study of a patient-centred outcome measure in rare disease. *Orphanet J Rare Dis*. 2021;16:457.
4. Rodolico C, Bonanno C, Toscano A, and Vita G. MuSK-associated myasthenia gravis: clinical features and management. *frontiers in Neurology*. 2020;11:660.
5. Antozzi C, Vu T, Ramchandren S, et al. Safety and efficacy of nipocalimab in adults with generalised myasthenia gravis (Vivacity-MG3): a phase 3, randomized, double-blind, placebo-controlled study. *Lancet Neurol*. 2025;24:105-116.
6. An open-label uncontrolled multicenter study to evaluate the pharmacokinetics, pharmacodynamics, and safety and activity of nipocalimab in children aged 2 to less than 18 years with generalized myasthenia gravis (NCT05265273). Available at: https://clinicaltrials.gov/study/NCT05265273. Accessed on May 8, 2026.
7. Sanders DB, Wolfe GI, Benatar M, et al. International Consensus Guidance for Management of Myasthenia Gravis. *Neurology*. 2016;87:419-425.
8. Narayanaswami P, Sanders DB, Wolfe G, et al. International Consensus Guidance for Management of Myasthenia Gravis: 2020 Update. *Neurology*. 2021;96(3):114-122.
9. O'Connell K, Ramdas S, Palace J. Management of juvenile myasthenia gravis. *Front Neurol*. 2020;11:743. Doi: 10.3389/fneuro.2020.00743.
10. Rodolico C, Bonanno C, Toscano A, et al. MuSK-associated myasthenia gravis: Clinical features and management. *Front Neurol.* 2020;11:660.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	6/12/2025	8/15/2025
Updated policy template.	10/2/2025	11/1/2025
Coding Information: **Added HCPCS**: J9256 with a code effective date of 1/1/2026	-	12/15/2025

Updated documentation statement **from** "Documentation: Documentation is required where noted in the criteria as [documentation required]. Documentation may include, but not limited to, chart notes, laboratory tests, claims records and/or other information" **to** "Documentation: Documentation is required where noted in the criteria as [documentation required]. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, prescription receipts and/or other information. All documentation must include patient-specific identifying information." **Conditions Not Covered** The condition "Concomitant Use with Another Complement Inhibitor, a Neonatal Fc Receptor Blocker, or a Rituximab Product" was revised to "Concomitant Use with Another Complement Inhibitor, a Neonatal Fc Receptor Blocker, a Rituximab Product, or Uplizna® (inebilizumab-cdon intravenous infusion)." **Coding Information:** **Removed** code effective date for HCPCS J9256	3/12/2026	5/1/2026
No criteria changes.	5/21/2026	6/1/2026
Generalized Myasthenia Gravis. Updated wording from "Patient previously received or is currently receiving pyridostigmine" to "Patient has received or is currently receiving pyridostigmine." Updated wording from "Patient has had inadequate efficacy, a contraindication, or significant intolerance to pyridostigmine" to "Patient has a contraindication to pyridostigmine." Added a criterion to bypass the trial of pyridostigmine if the patient has anti-muscle-specific tyrosine kinase (MuSK) antibody-positive generalized myasthenia gravis.	7/23/2026	9/1/2026

The policy effective date is in force until updated or retired.

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