CLAIMS

1. Use of an antibody in the manufacture of a medicament for the treatment of myasthenia gravis (MG) in a subject in need of treatment for MG, the antibody comprising: Complementarity-Determining Regions (CDRs) HCDR1, HCDR2, HCDR3, LCDR1, LCDR2, and LCDR3, wherein the HCDR1, HCDR2, HCDR3, LCDR1, LCDR2, and LCDR3 comprise the amino acid sequences of SEQ ID NOs: 3, 4, 5, 6, 7 , and 8, respectively, and wherein the antibody is to be administered intravenously at a dose of from about 250 mg to about 350 mg every 6 months.

2. The use of claim 1, wherein the administration further comprises a first dose of 300 mg, a second dose of 300 mg two weeks after the first dose, and subsequent doses of 300 mg every 6 months following the first initial dose.

3. The use of any one of the preceding claims, wherein the administration is effective in
(i) depleting at least about 90% of circulating CD20+ B cells for at least six months;
(ii) does not increase incidence of an infection in the subject; or
(iii) (i) and (ii).

4. The use of claim 3, wherein the administration reduces a level of peripheral blood $CD20^-$ plasmablasts and plasma cells within about 8 days following the administration.

5. The use of claim 3 or claim 4, wherein the dose is about 300 mg.

6. The use of any one of the preceding claims, wherein the administration is effective in reducing MG-related disability.

7. The use of any one of the preceding claims, wherein the administration is effective in reducing frequency of MG exacerbations.

8. The use of any one of the preceding claims, wherein the subject is acetylcholine receptor antibody positive (AChR-Ab+).

9. The use of any one of the preceding claims, wherein the subject is muscle-specific kinase-antibody positive (MuSK-Ab+).

10. The use of any one of the preceding claims, wherein the subject is acetylcholine receptor antibody positive (AChR-Ab+) and muscle-specific kinase-antibody positive (MuSK-Ab+).

11. The use of any one of the preceding claims, wherein the antibody comprises a heavy chain variable region (VH) comprising the amino acid of SEQ ID NO:1, and a light chain variable region (VL) comprising the amino acid of SEQ ID NO: 2.

12. The use of any one of the preceding claims, wherein the antibody comprises a heavy chain comprising the amino acid of SEQ ID NO: 9; and a light chain comprising the amino acid of SEQ ID NO: 10.

13. The use of any one of the preceding claims, wherein the medicament is to be further administered with one or more additional therapies.

14. The use of claim 13, wherein the one or more additional therapies comprise one or more standard-of-care therapies.

15. The use of claim 14, wherein the one or more standard-of-care therapies comprises a corticosteroid, a nonsteroidal immunosuppressive therapy, or both.

16. The use of claim 15, wherein the one or more standard-of-care therapies comprises the corticosteroid, and wherein the corticosteroid comprises prednisone.

17. The use of claim 13, wherein the one or more additional therapies are one or more of azathioprine, mycophenolate mofetil, mycophenolic acid, or tacrolimus.

18. The use of any one of the preceding claims, wherein the antibody is Inebilizumab.

19. The use of any one of the preceding claims, wherein the administration treats the MG as determined by:

a) a reduction in MG activities of daily living score;

b) a reduction of a MG score;

c) an increase in a quality-of-life score; and/or

d) a reduction in incidence of exacerbations.

20. The use of any one of the preceding claims, wherein the MG is refractory MG.

21. The use of any one of the preceding claims, wherein the subject in need of treatment for MG has uncontrolled MG, on a standard-of-care therapy, as determined by one or more of:

a) a MG Foundation of America classification of II, III, or IV;

b) an MG activities of daily living (MG-ADL) score ≥6, with >50% of this score being attributed to non-ocular items; or

c) a quantitative MG (QMG) score ≥11.

22. The use of claim 16, wherein if the subject in need of treatment for MG is receiving a dosage of prednisone over 5 mg/day or equivalent, the subject will undergo tapering of the prednisone dosage to 5 mg/day.

23. The use of claim 17, comprising a maximum dosage of:

a) tacrolimus ≤3 mg/day;

b) azathioprine ≤3 mg/kg/day;

c) mycophenolate mofetil ≤3 g/day; and/or

d) mycophenolic acid ≤1440 mg/day.

24. The use of claim 21, wherein the subject in need of treatment for MG has uncontrolled MG, on a standard-of-care therapy, as determined by the MG-ADL score of ≥6, with >50% of the score being attributed to non-ocular items, and wherein the MG-ADK score is reduced after the administration.

25. The use of any one of the preceding claims, comprising determining:

a) a B-cell subset phenotype;

b) a B-cell receptor repertoire;

c) a B-cell gene expression profiling; or

d) any combination thereof.

26. The use of any one of the preceding claims, wherein the administration is effective in reducing or eliminating mature plasma cells in the subject.

27. The use of any one of the preceding claims, wherein the administration results in longer-lasting B-cell reduction or elimination as compared to an otherwise comparable method comprising administration of an anti-CD20 therapy.

28. Use of an antibody in the manufacture of a medicament for the treatment of myasthenia gravis (MG), the antibody comprising: a heavy chain variable region (VH) comprising the amino acid of SEQ ID NO:1, and a light chain variable region (VL) comprising the amino acid of SEQ ID NO: 2, wherein the antibody is to be administered intravenously at a dose of 300 mg every 6 months, thereby treating the MG.

29. The use of claim 28, wherein the administration further comprises a first dose of 300 mg, a second dose of 300 mg two weeks after the first dose, and subsequent doses of the 300 mg every 6 months following the first initial dose.

30. The use of any one of claims 28-29, wherein the antibody is to be administered to a subject that is acetylcholine receptor antibody positive (AChR-Ab+) and/or muscle-specific kinase-antibody positive (MuSK-Ab+).