



Helping you save on your VYVGART treatment



See if you could be eligible to pay
as little as \$0 for your co-pay through
the VYVGART Co-pay Program*

VYVGART[®]
(efgartigimod alfa-fcab)
Injection for Intravenous Use
400 mg/20 mL vial

*Eligible commercially insured patients may pay as little as \$0 for VYVGART and may receive a maximum benefit of \$25,000 per calendar year for their eligible out-of-pocket costs for the drug and drug administration. Persons residing in MA and RI are not eligible for financial assistance related to administration costs. Please see full Terms and Conditions on pages 5 and 6.

Please see accompanying full Prescribing Information or visit [VYVGART.com/PI](https://www.vyvgart.com/PI).

Here for you during your **VYVGART** treatment journey



My VYVGART Path is a Patient Support Program that provides personalized support from a Nurse Case Manager and committed support team. A Nurse Case Manager is here to help you understand your VYVGART treatment, feel empowered with resources and information, navigate the insurance process, and understand potential financial assistance programs.

If you are enrolled in My VYVGART Path,
reach out to a Nurse Case Manager at 1-833-MY-PATH-1 (1-833-697-2841).

Not yet enrolled in My VYVGART Path?

**ASK YOUR
DOCTOR
TO SIGN YOU UP**



With My VYVGART Path, a Nurse Case Manager is waiting to help you through your VYVGART treatment journey.

If you are eligible, you may pay as little as \$0 for VYVGART and related administration costs*

You may be eligible if:

- ✓ You have a valid prescription for VYVGART
- ✓ You have insurance coverage for VYVGART through a private or commercial insurance plan

On the next page, see how to get enrolled in the VYVGART Co-pay Program.

» **Enroll in My VYVGART Path**

If you are not enrolled in My VYVGART Path, ask your doctor to enroll you today at MyPathEnroll.com. Once you're enrolled, a Nurse Case Manager can help you understand insurance coverage and more during your VYVGART treatment journey.

If you are not eligible for the Co-pay Program, there may be other financial assistance programs available. Reach out to a Nurse Case Manager at 1-833-MY-PATH-1 (1-833-697-2841).

**Reach out to
a Nurse Case
Manager at
1-833-MY-PATH-1
(1-833-697-2841)**

*Up to \$25,000 savings per calendar year for eligible out of pocket costs for the drug and drug administration. Persons residing in MA and RI are not eligible for financial assistance related to administration costs. Please see full Terms and Conditions on pages 5 and 6.



First, get enrolled in the VYVGART Co-pay Program

TWO WAYS TO ENROLL:

» **Via a My VYVGART Path Nurse Case Manager**

If you are enrolled in My VYVGART Path, a Nurse Case Manager will automatically check your eligibility and enroll you in the VYVGART Co-pay Program, if desired.

A Nurse Case Manager can also:

- **Let you know** if you need to submit a claim
- **Help you keep track** of your reimbursement total
- **Let you know how much** of your yearly commercial co-pay savings allotment you have left

» **Via a specialty pharmacy**

When your neurologist sends your VYVGART prescription to a specialty pharmacy, the specialty pharmacist will call you to help you get enrolled in the VYVGART Co-pay Program. If you do not receive a call, you can call the specialty pharmacy directly. Talk to your neurologist to get the name and phone number of the specialty pharmacy.



After you've been enrolled, you'll receive a VYVGART Co-pay Card in the mail with the information you need to start saving.



Next, get reimbursed for your eligible out-of-pocket costs

TWO WAYS TO GET REIMBURSED:

» **Your doctor, specialty pharmacist, or treatment site**

In most cases, your healthcare provider will submit the reimbursement form on your behalf. Just be sure to give them the information from your VYVGART Co-pay Card.

» **Submit yourself**

If your healthcare provider does not submit the reimbursement form on your behalf, you can submit the reimbursement form yourself by following the instructions below.

STEP 1:

Use the Explanation of Benefits (EOB) sent to you by your primary insurance company and your VYVGART Co-pay Card to help you fill out the Patient Check Request Form (download the form at **VYVGARTcopayprogram.com**). You can use the Connective Rx (CRx) Customer Service number to reach out directly to request a copy of the Patient Check Request Form: 1-800-753-4513.

STEP 2:

Submit the Patient Check Request Form and a copy of the EOB via fax (**1-855-492-9923**) or mail to: **VYVGART Claims Processing Dept. PO Box 2355 Morristown, NJ 07962**

 **Once your claim is reviewed and approved, you'll receive a check in the mail.**

Note: How often you need to complete these steps to submit a claim will depend on your primary insurance provider. In most cases, a doctor or health facility will submit the reimbursement form for you.

My VYVGART Path Commercial Copayment Program Explanation of Benefits, Terms and Conditions:

Summary of My VYVGART Path Commercial Copayment Program (“Co-pay Program”) Benefits:

- Eligible patients may pay as little as \$0 per injection of VYVGART with an maximum benefit per calendar year of \$25,000.
 - o The financial assistance provided under the Co-pay Program is to be applied to the patient’s out-of-pocket costs for VYVGART and the associated infusion/administration of VYVGART (e.g. product administration costs).
 - o Patients residing in Massachusetts and Rhode Island are eligible for financial assistance with medication costs for VYVGART, but are ineligible for financial assistance related to infusion costs.
 - o If a patient’s financial responsibility for the medication and associated infusion/administration of VYVGART is greater than the maximum financial assistance that can be provided in a given calendar year, the patient will be responsible for any remaining out-of-pocket costs for the medication and associated infusion/administration for VYVGART for that calendar year.
- The maximum financial assistance provided to eligible patients via the Co-pay Program is \$25,000 per calendar year.

Co-pay Program Terms and Conditions:

- The Co-pay Program provides financial support to be applied to a patient’s out-of-pocket costs for VYVGART and the associated infusion/administration of VYVGART (e.g. product administration costs) for commercially-insured patients who qualify for the Co-pay Program. The Program does not cover the costs of the

physician office visit/evaluation, blood work or other testing or transportation.

- The financial assistance provided by the Co-pay Program is exclusively for the benefit of eligible patients and must be applied towards patient out-of-pocket obligations, including applicable co-payments, coinsurance, and deductibles.
- The patient is responsible for any out-of-pocket costs once the financial assistance limit of \$25,000 is reached in a calendar year. Patients must apply for eligibility and financial assistance from the Co-pay Program each calendar year.
- Patients with government insurance are not eligible for assistance provided under the Co-pay Program, including, but not limited to patients with Medicare, Medicaid, Medigap, TriCare, VA, DoD or any other federal-, state-, or government-funded government healthcare program. Uninsured and cash-paying patients are not eligible for the Co-pay Program nor are individuals with commercial insurance who do not have coverage for VYVGART.
- If, for any reason, a patient’s insurance plan changes while the patient is receiving assistance from the Co-pay Program from a commercial plan (for example, provided by an employer or purchased through an exchange) to a government-funded healthcare program (meaning Medicare, Medicare Advantage, Medicaid, Medigap, TriCare, VA, DoD or any other federal-, state-, or government-funded government healthcare program), the patient must notify My VYVGART Path at 1-833-My-Path-1 or the dispensing specialty pharmacy immediately.
- Patients are not eligible for Co-pay Program assistance: (i) where the patient has no insurance coverage, (ii) where the patient’s insurance plan reimburses

- for the entire cost of VYVGART and its administration/infusion, or (iii) where VYVGART is not covered by a patient's insurance.
- To receive financial assistance from the Co-pay Program, the patient must apply for, be determined eligible for, and enrolled in the Co-pay Program.
 - Financial assistance from the Co-pay Program is only available to patients who have been prescribed VYVGART for an FDA-approved indication.
 - Patients are expressly prohibited from seeking reimbursement from their commercial insurance plan and any other program (such as a Flexible Spending Account [FSA], Health Savings Account [HSA], Health Reimbursement Account [HRA], etc.) for any out-of-pocket costs covered by the Co-pay Program.
 - The Co-pay Program is not valid where prohibited or restricted by law.
 - The Co-pay Program only applies to patients residing in the United States, including Puerto Rico and other U.S. territories.
 - The Co-pay Program is not health insurance.
 - Eligible patients are responsible for complying with any applicable limitations and requirements of his or her health plan related to the use of the financial assistance provided by the Co-pay Program.
 - The financial assistance provided by the Co-pay Program is non-transferable, is limited to use by the eligible patient only, and cannot be combined with any other Co-pay Program, free trial, rebate, coupon, discount, prescription savings card, or other offer.
 - Eligible patients may apply their award of financial assistance towards valid claims for VYVGART and its infusion/administration that are submitted with a date of service that is up to 90 days prior to the initial enrollment date in the Co-pay Program, and up to 30 days prior to the re-enrollment date.
 - If seeking assistance for more than one calendar year, patients will be required to verify eligibility each calendar year.
 - An Explanation of Benefits (EOB) from the patient's health insurer must be submitted to ConnectiveRx by the patient's health care provider within 180 days of the date of the EOB for financial assistance from the Co-pay Program to be applied to the claim. The EOB must reflect the patient's out-of-pocket cost for VYVGART and its associated administration, and submission of the claim by the patient's provider for the cost of VYVGART.
 - Claims for assistance from the Co-pay Program will be processed and benefits applied against the patient's annual program maximum, in the order in which the claims are received.
 - Aggregated and non-identifiable information from patients participating in the Co-pay Program may be collected, analyzed, summarized, and shared with argenx and its affiliates for market research, statistical, and other purposes related to assessing the Co-pay Program.
 - Void if copied, transferred, purchased, altered or traded.
 - argenx reserves the right to rescind, revoke, or amend the Co-pay Program and discontinue support at any time without notice, and other terms and conditions may apply.

“ Helping someone navigate the insurance process when starting their VYVGART treatment journey is rewarding to me. ”

Ken B.
Nurse Case Manager

My VYVGART® Path

VYVGART®
(efgartigimod alfa-fcab)
Injection for Intravenous Use
400 mg/20 mL vial

argenx 

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HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VYVGART safely and effectively. See full prescribing information for VYVGART.

VYVGART® (efgartigimod alfa-fcab) injection, for intravenous use
Initial U.S. Approval: 2021

INDICATIONS AND USAGE

VYVGART is a neonatal Fc receptor blocker indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive. (1)

DOSAGE AND ADMINISTRATION

- Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART. (2.1)
- The recommended dosage is 10 mg/kg administered as an intravenous infusion over one hour once weekly for 4 weeks. In patients weighing 120 kg or more, the recommended dose is 1200 mg per infusion. (2.2)
- Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established. (2.2)
- Must be diluted with 0.9% Sodium Chloride Injection, USP prior to administration. (2.3)
- Administer as an intravenous infusion over one hour via a 0.2 micron in-line filter. (2.3)

DOSAGE FORMS AND STRENGTHS

Injection: 400 mg in 20 mL (20 mg/mL) single-dose vial. (3)

CONTRAINDICATIONS

None. (4)

WARNINGS AND PRECAUTIONS

- Infections: Delay administration of VYVGART to patients with an active infection. Monitor for signs and symptoms of infection in patients treated with VYVGART. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART until the infection has resolved. (5.1)
- Hypersensitivity Reactions: Angioedema, dyspnea, and rash have occurred. If a hypersensitivity reaction occurs, discontinue the infusion and institute appropriate therapy. (5.2)

ADVERSE REACTIONS

Most common adverse reactions ($\geq 10\%$) in patients treated with gMG are respiratory tract infections, headache, and urinary tract infection. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact argenx at 1-833-argx411 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Closely monitor for reduced effectiveness of medications that bind to the human neonatal Fc receptor. When concomitant long-term use of such medications is essential for patient care, consider discontinuing VYVGART and using alternative therapies. (7)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 04/2022

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

- 2.1 Recommended Vaccination
- 2.2 Recommended Dose and Dose Schedules
- 2.3 Preparation and Administration Instructions

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- 5.1 Infections
- 5.2 Hypersensitivity Reactions

6 ADVERSE REACTIONS

- 6.1 Clinical Trials Experience
- 6.2 Immunogenicity

7 DRUG INTERACTIONS

- 7.1 Effect of VYVGART on Other Drugs

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Lactation

8.4 Pediatric Use

8.5 Geriatric Use

8.6 Renal Impairment

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

VYVGART is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Vaccination

Because VYVGART causes transient reduction in IgG levels, immunization with live-attenuated or live vaccines is not recommended during treatment with VYVGART. Evaluate the need to administer age-appropriate immunizations according to immunization guidelines before initiation of a new treatment cycle with VYVGART [see *Dosage and Administration (2.2)* and *Warnings and Precautions (5.1)*].

2.2 Recommended Dose and Dose Schedules

Dilute VYVGART prior to administration. Administer via intravenous infusion only [see *Dosage and Administration (2.3)*].

The recommended dosage of VYVGART is 10 mg/kg administered as an intravenous infusion over one hour once weekly for 4 weeks. In patients weighing 120 kg or more, the recommended dose of VYVGART is 1200 mg (3 vials) per infusion.

Administer subsequent treatment cycles based on clinical evaluation. The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

If a scheduled infusion is missed, VYVGART may be administered up to 3 days after the scheduled time point. Thereafter, resume the original dosing schedule until the treatment cycle is completed.

2.3 Preparation and Administration Instructions

Prior to administration, VYVGART single-dose vials require dilution in 0.9% Sodium Chloride Injection, USP, to make a total volume to be administered of 125 mL (see *Preparation*).

Check that the VYVGART solution is clear to slightly opalescent and colorless to slightly yellow. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if opaque particles, discoloration, or other foreign particles are present.

Use aseptic technique when preparing the VYVGART diluted solution for intravenous infusion. Each vial is for single-dose only.

Discard any unused portion.

Preparation

- Calculate the dose (mg), total drug volume (mL) of VYVGART solution required, and the number of vials needed based on the recommended dose according to the patient's body weight [see *Dosage and Administration (2.2)*]. Each vial contains a total of 400 mg of VYVGART at a concentration of 20 mg per mL.
- Gently withdraw the calculated dose of VYVGART from the vial(s) with a sterile syringe and needle. Discard any unused portion of the vials.
- Dilute the withdrawn VYVGART with 0.9% Sodium Chloride Injection, USP to make a total volume of 125 mL for intravenous infusion.
- Gently invert the infusion bag containing the diluted VYVGART without shaking to ensure thorough mixing of the product and the diluent.
- The diluted solution can be administered using polyethylene (PE), polyvinyl chloride (PVC), ethylene vinyl acetate (EVA), or ethylene/polypropylene copolymer bags (polyolefins bags), and with PE, PVC, EVA, or polyurethane/polypropylene infusion lines.

Storage Conditions of the Diluted Solution

- VYVGART does not contain preservatives. Administer immediately after dilution and complete the infusion within 4 hours of dilution.
- If immediate use is not possible, the diluted solution may be stored refrigerated at 2°C to 8°C (36°F to 46°F) for up to 8 hours. Do not freeze. Protect from light. Allow the diluted drug to reach room temperature before administration. Complete the infusion within 4 hours of removal from the refrigerator. Do not heat the diluted drug in any manner other than via ambient air.

Administration

- VYVGART should be administered via intravenous infusion by a healthcare professional.
- Visually inspect VYVGART diluted solution for particles or discoloration prior to administration. Do not use if it is discolored, or if opaque or foreign particles are seen.
- Infuse the total 125 mL of diluted solution intravenously over one hour via a 0.2 micron in-line filter.
- After administration of VYVGART, flush the entire line with 0.9% Sodium Chloride Injection, USP.
- Monitor patients during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions. If a hypersensitivity reaction occurs during administration, discontinue administration of VYVGART and institute appropriate supportive measures [see *Warnings and Precautions (5.2)*].
- Other medications should not be injected into infusion side ports or mixed with VYVGART.

3 DOSAGE FORMS AND STRENGTHS

Injection: 400 mg/20 mL (20 mg/mL) as a colorless to slightly yellow, clear to slightly opalescent solution, in a single-dose vial.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Infections

VYVGART may increase the risk of infection. The most common infections observed in Study 1 were urinary tract infection (10% of VYVGART-treated patients compared to 5% of placebo-treated patients) and respiratory tract infections (33% of VYVGART-treated patients compared to 29% of placebo-treated patients) [see *Adverse Reactions (6.1) and Clinical Studies (14)*]. A higher frequency of patients who received VYVGART compared to placebo were observed to have below normal levels for white blood cell counts (12% versus 5%, respectively), lymphocyte counts (28% versus 19%, respectively), and neutrophil counts (13% versus 6%, respectively). The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay VYVGART administration in patients with an active infection until the infection is resolved. During treatment with VYVGART, monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART until the infection has resolved.

Immunization

Immunization with vaccines during VYVGART treatment has not been studied. The safety of immunization with live or live-attenuated vaccines and the response to immunization with any vaccine are unknown. Because VYVGART causes a reduction in IgG levels, vaccination with live-attenuated or live vaccines is not recommended during treatment with VYVGART. Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART.

5.2 Hypersensitivity Reactions

Hypersensitivity reactions, including rash, angioedema, and dyspnea were observed in VYVGART-treated patients. In clinical trials, hypersensitivity reactions were mild or moderate, occurred within one hour to three weeks of administration, and did not lead to treatment discontinuation. Monitor patients during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions [see *Dosage and Administration (2.3)*]. If a hypersensitivity reaction occurs during administration, discontinue VYVGART infusion and institute appropriate supportive measures if needed.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Infections [see *Warnings and Precautions (5.1)*]
- Hypersensitivity Reactions [see *Warnings and Precautions (5.2)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical studies, the safety of VYVGART has been evaluated in 246 patients who received at least one dose of VYVGART, including 57 patients exposed to at least 7 treatment cycles and 8 patients exposed to at least 10 treatment cycles.

In a placebo-controlled study (Study 1) in patients with gMG, 84 patients received VYVGART 10 mg/kg [see *Clinical Studies (14)*]. Of these 84 patients, approximately 75% were female, 82% were White, 11% were Asian, and 8% were of Hispanic or Latino ethnicity. The mean age at study entry was 46 years (range 19 to 78).

The minimum time between treatment cycles, specified by study protocol, was 50 days. On average, VYVGART-treated patients received 2 cycles in Study 1. The mean and median times to the second treatment cycle were 94 days and 72 days from the initial infusion of the first treatment cycle, respectively, for VYVGART-treated patients.

Adverse reactions reported in at least 5% of patients treated with VYVGART and more frequently than placebo are summarized in [Table 1](#). The most common adverse reactions (reported in at least 10% of VYVGART-treated patients) were respiratory tract infection, headache, and urinary tract infection.

Table 1: Adverse Reactions in $\geq 5\%$ of Patients Treated with VYVGART and More Frequently than in Placebo-Treated Patients in Study 1 (Safety Population)

Adverse reaction	VYVGART (N=84) %	Placebo (N=83) %
Respiratory tract infection	33	29
Headache*	32	29
Urinary tract infection	10	5
Paraesthesia†	7	5
Myalgia	6	1

*Headache includes migraine and procedural headache.

†Paraesthesia includes oral hypoesthesia, hypoesthesia, and hyperesthesia.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to VYVGART in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

In up to 26 weeks of treatment in Study 1, 20% (17/83) of patients developed antibodies to VYVGART. Seven percent (6/83) of patients developed neutralizing antibodies.

Because few patients tested positive for anti-efgartigimod alfa-fcab antibodies and neutralizing antibodies, the available data are too limited to make definitive conclusions regarding immunogenicity and the effect on pharmacokinetics, safety, or efficacy of VYVGART.

7 DRUG INTERACTIONS

7.1 Effect of VYVGART on Other Drugs

Concomitant use of VYVGART with medications that bind to the human neonatal Fc receptor (FcRn) (e.g., immunoglobulin products, monoclonal antibodies, or antibody derivatives containing the human Fc domain of the IgG subclass) may lower systemic exposures and reduce effectiveness of such medications. Closely monitor for reduced effectiveness of medications that bind to the human neonatal Fc receptor. When concomitant long-term use of such medications is essential for patient care, consider discontinuing VYVGART and using alternative therapies.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data on the use of VYVGART during pregnancy. There is no evidence of adverse developmental outcomes following the administration of VYVGART at up to 100 mg/kg/day in rats and rabbits (see Data).

The background rate of major birth defects and miscarriage in the indicated population is unknown. In the U.S. general population, the estimated background rate of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Monoclonal antibodies are increasingly transported across the placenta as pregnancy progresses, with the largest amount transferred during the third trimester. Therefore, efgartigimod alfa-fcab may be transmitted from the mother to the developing fetus.

As VYVGART is expected to reduce maternal IgG antibody levels, reduction in passive protection to the newborn is anticipated. Risk and benefits should be considered prior to administering live or live-attenuated vaccines to infants exposed to VYVGART in utero [see *Warnings and Precautions (5.1)*].

Data

Animal Data

Intravenous administration of efgartigimod alfa-fcab (0, 30, or 100 mg/kg/day) to pregnant rats and rabbits throughout organogenesis resulted in no adverse effects on embryofetal development in either species. The doses tested are 3 and 10 times the recommended human dose (RHD) of 10 mg/kg, on a body weight (mg/kg) basis.

Intravenous administration of efgartigimod alfa-fcab (0, 30, or 100 mg/kg/day) to rats throughout gestation and lactation resulted in no adverse effects on pre- or postnatal development. The doses tested are 3 and 10 times the recommended human dose (RHD) of 10 mg/kg, on a body weight (mg/kg) basis.

8.2 Lactation

Risk Summary

There is no information regarding the presence of efgartigimod alfa-fcab in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VYVGART and any potential adverse effects on the breastfed infant from VYVGART or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of VYVGART did not include sufficient numbers of patients aged 65 and older to determine whether they respond differently from younger adult patients.

8.6 Renal Impairment

No dose adjustment of VYVGART is needed for patients with mild renal impairment. There are insufficient data to evaluate the impact of moderate renal impairment (eGFR 30-59 mL/min/1.73 m²)

and severe renal impairment (eGFR <30 mL/min/1.73 m²) on pharmacokinetic parameters of efgartigimod alfa-fcab [see *Clinical Pharmacology* (12.3)].

11 DESCRIPTION

Efgartigimod alfa-fcab is a human immunoglobulin G1 (IgG1) -derived Fc fragment (fragment, crystallized) of the za allotype. The efgartigimod alfa-fcab Fc fragment is a homodimer consisting of two identical peptide chains each consisting of 227 amino acids linked together by two interchain disulfide bonds with affinity for FcRn. The molecular weight of efgartigimod alfa-fcab is approximately 54 kDa.

VYVGART (efgartigimod alfa-fcab) injection is a sterile, preservative free, clear to slightly opalescent, colorless to slightly yellow solution supplied in a single-dose vial for infusion after dilution.

Each 20 mL single-dose vial contains 400 mg of efgartigimod alfa-fcab at a concentration of 20 mg/mL. In addition, each mL of solution contains L-arginine hydrochloride (31.6 mg), polysorbate 80 (0.2 mg), sodium chloride (5.8 mg), sodium phosphate dibasic anhydrous (2.4 mg), sodium phosphate monobasic monohydrate (1.1 mg) and water for injection, USP, at a pH of 6.7.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Efgartigimod alfa-fcab is a human IgG1 antibody fragment that binds to the neonatal Fc receptor (FcRn), resulting in the reduction of circulating IgG.

12.2 Pharmacodynamics

In Study 1 [see *Clinical Studies* (14)], the pharmacological effect of efgartigimod alfa-fcab was assessed by measuring the decrease in serum IgG levels and AChR autoantibody levels. In patients testing positive for AChR antibodies and who were treated with VYVGART, there was a reduction in total IgG levels relative to baseline. Decrease in AChR autoantibody levels followed a similar pattern.

12.3 Pharmacokinetics

Efgartigimod alfa-fcab exhibits linear pharmacokinetics, and following single doses of efgartigimod alfa-fcab, exposures increase proportionally up to 50 mg/kg (5 times the recommended dosage).

Distribution

The volume of distribution is 15 to 20L.

Metabolism and Elimination

Efgartigimod alfa-fcab is expected to be degraded by proteolytic enzymes into small peptides and amino acids.

The terminal half-life is 80 to 120 hours (3 to 5 days).

After a single intravenous dose of 10 mg/kg efgartigimod alfa-fcab in healthy subjects, less than 0.1% of the administered dose was recovered in urine.

Specific Populations

Age, Sex, and Race

A population pharmacokinetics analysis assessing the effects of age, sex, and race did not suggest any clinically significant impact of these covariates on efgartigimod alfa-fcab exposures.

Patients with Renal Impairment

No dedicated pharmacokinetic study has been performed in patients with renal impairment.

A population PK analysis of data from the VYVGART clinical studies indicated that patients with mild renal impairment (eGFR 60-89 mL/min/1.72m²) had 22% increase in exposure relative to the exposure in patients with normal renal function [see *Use in Specific Populations (8.6)*].

Patients with Hepatic Impairment

No dedicated pharmacokinetic study has been performed in patients with hepatic impairment. Hepatic impairment is not expected to affect the pharmacokinetics of efgartigimod alfa-fcab.

Drug Interaction Studies

Clinical drug interactions studies have not been performed with efgartigimod alfa-fcab.

P450 Enzymes

Efgartigimod alfa-fcab is not metabolized by cytochrome P450 enzymes; therefore, interactions with concomitant medications that are substrates, inducers, or inhibitors of cytochrome P450 enzymes are unlikely.

Drug Interactions with Other Drugs or Biological Products

Efgartigimod alfa-fcab may decrease concentrations of compounds that bind to the human FcRn [see *Drug Interactions (7.1)*].

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis and Mutagenesis

No studies have been conducted to assess the carcinogenic potential of efgartigimod alfa-fcab.

No studies have been conducted to assess the genotoxic potential of efgartigimod alfa-fcab.

Impairment of Fertility

Intravenous administration of efgartigimod alfa-fcab (0, 30, or 100 mg/kg/day) to male and female rats prior to and during mating and continuing in females through gestation day 7 resulted in no adverse effects on fertility. The doses tested are 3 and 10 times the recommended human dose (RHD) of 10 mg/kg, on a body weight (mg/kg) basis.

14 CLINICAL STUDIES

The efficacy of VYVGART for the treatment of generalized myasthenia gravis (gMG) in adults who are AChR antibody positive was established in a 26-week, multicenter, randomized, double-blind, placebo-controlled trial (Study 1; NCT03669588).

Study 1 enrolled patients who met the following criteria at screening:

- Myasthenia Gravis Foundation of America (MGFA) clinical classification class II to IV
- MG-Activities of Daily Living (MG-ADL) total score of ≥ 5
- On stable dose of MG therapy prior to screening, that included acetylcholinesterase (AChE) inhibitors, steroids, or non-steroidal immunosuppressive therapies (NSISTs), either in combination or alone
- IgG levels of at least 6 g/L

A total of 167 patients were enrolled in Study 1 and were randomized to receive either VYVGART 10mg/kg (1200 mg for those weighing 120 kg or more) (n=84) or placebo (n=83). Baseline characteristics were similar between treatment groups. Patients had a median age of 46 years at screening (range: 19 to 81 years) and a median time since diagnosis of 9 years. Seventy-one percent were female, and 84% were White. Median MG-ADL total score was 9, and median Quantitative Myasthenia Gravis (QMG) total score was 16. The majority of patients (n=65 for VYVGART; n=64 for placebo) were positive for AChR antibodies.

At baseline, over 80% of patients in each group received AChE inhibitors, over 70% in each treatment group received steroids, and approximately 60% in each treatment group received NSISTs, at stable doses.

Patients were treated with VYVGART at the recommended dosage regimen [*see Dosage and Administration (2.2)*].

The efficacy of VYVGART was measured using the Myasthenia Gravis-Specific Activities of Daily Living scale (MG-ADL) which assesses the impact of gMG on daily functions of 8 signs or 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. In this study, an MG-ADL responder was defined as a patient with a 2-point or greater reduction in the total MG-ADL score compared to the treatment cycle baseline for at least 4 consecutive weeks, with the first reduction occurring no later than 1 week after the last infusion of the cycle.

The primary efficacy endpoint was the comparison of the percentage of MG-ADL responders during the first treatment cycle between treatment groups in the AChR-Ab positive population. A statistically

significant difference favoring VYVGART was observed in the MG-ADL responder rate during the first treatment cycle [67.7% in the VYVGART-treated group vs 29.7% in the placebo-treated group ($p < 0.0001$)].

The efficacy of VYVGART was also measured using the Quantitative Myasthenia Gravis (QMG) total score which is a 13-item categorical grading system that assesses muscle weakness. Each item is assessed on a 4-point scale where a score of 0 represents no weakness and a score of 3 represents severe weakness. A total possible score ranges from 0 to 39, where higher scores indicate more severe impairment. In this study, a QMG responder was defined as a patient who had a 3-point or greater reduction in the total QMG score compared to the treatment cycle baseline for at least 4 consecutive weeks, with the first reduction occurring no later than 1 week after last infusion of the cycle.

The secondary endpoint was the comparison of the percentage of QMG responders during the first treatment cycle between both treatment groups in the AChR-Ab positive patients. A statistically significant difference favoring VYVGART was observed in the QMG responder rate during the first treatment cycle [63.1% in the VYVGART-treated group vs 14.1% in the placebo-treated group ($p < 0.0001$)].

The results are presented in [Table 2](#).

Table 2: MG-ADL and QMG Responders During Cycle 1 in AChR-Ab Positive Patients (mITT Analysis Set)

	VYVGART n=65 %	Placebo n=64 %	P-value	Odds Ratio (95% CI)
MG-ADL Responders	67.7	29.7	< 0.0001	4.951 (2.213, 11.528)
QMG Responders	63.1	14.1	< 0.0001	10.842 (4.179, 31.200)

MG-ADL=Myasthenia Gravis Activities of Daily Living; QMG =Quantitative Myasthenia Gravis; mITT=modified intent-to-treat; n=number of patients for whom the observation was reported; CI = confidence interval;

Logistic regression stratified for AChR-Ab status (if applicable), Japanese/Non-Japanese and standard of care, with baseline MG-ADL as covariate / QMG as covariates

Two-sided exact p-value

Figure 1 shows the mean change from baseline on the MG-ADL during cycle 1.

Figure 1: Mean Change in Total MG-ADL From Cycle 1 Baseline Over Time in AChR-Ab Positive Patients (mITT Analysis Set)

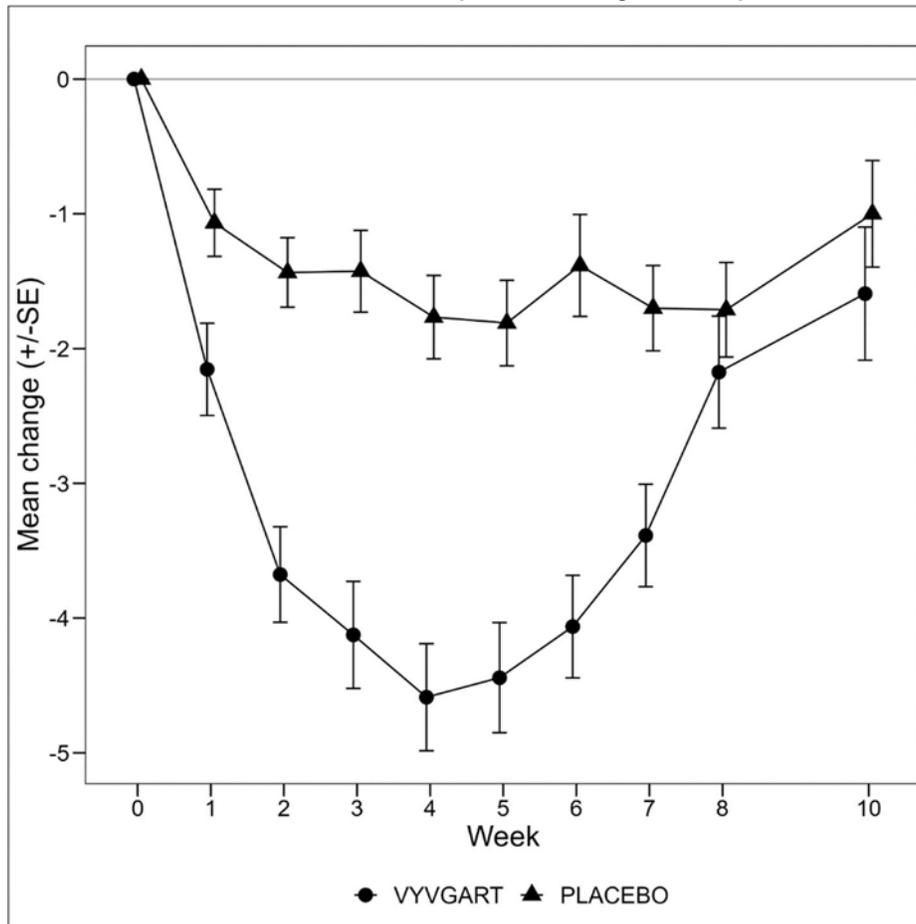
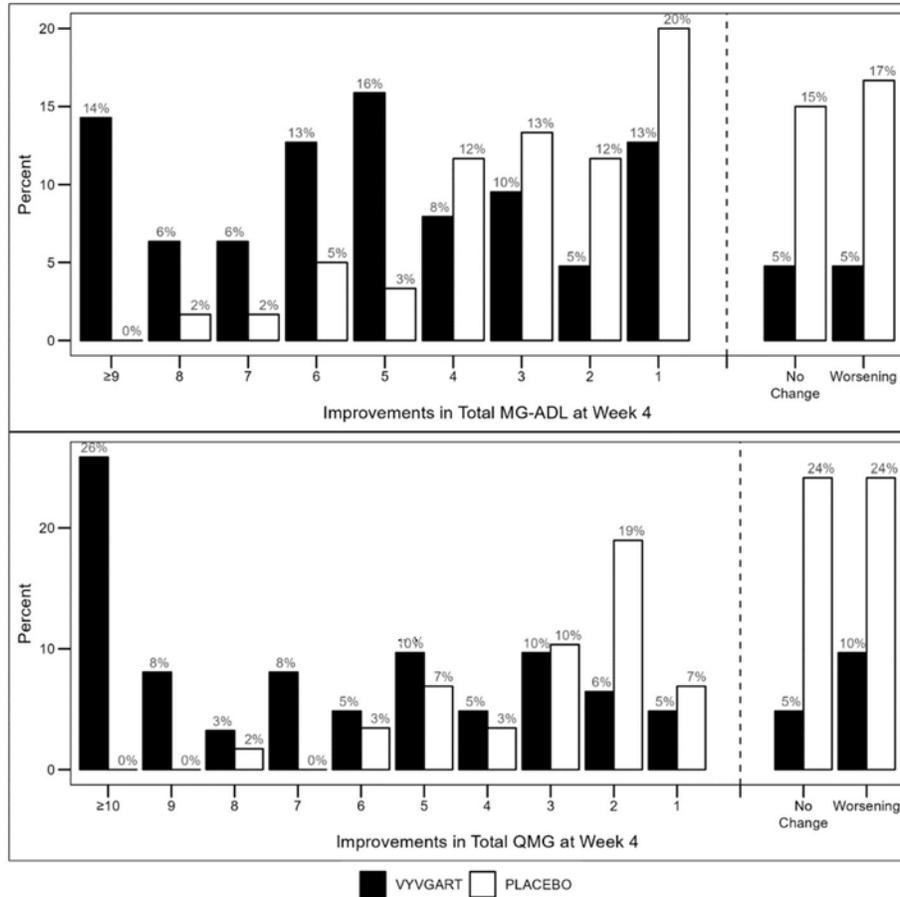


Figure 2 shows the distribution of response on the MG-ADL and QMG during cycle 1, four weeks after the first infusion with VYVGART.

Figure 2: Percentage of Patients with MG-ADL and QMG Total Score Change 4 Weeks Post Initial Infusion of the First Cycle in AChR-Ab Positive Population



16 HOW SUPPLIED/STORAGE AND HANDLING

VYVGART (efgartigimod alfa-fcab) injection is a preservative free, sterile, colorless to slightly yellow, clear to slightly opalescent solution supplied as 400 mg/20 mL (20 mg/mL) in one single-dose vial per carton (NDC 73475-3041-5).

Store VYVGART vials refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light until time of use. Do not freeze. Do not shake.

Refer to *Dosage and Administration* (2.3) for information on stability and storage of the diluted solutions of VYVGART.

17 PATIENT COUNSELING INFORMATION

Infections

Instruct patients to communicate any history of infections to the healthcare provider and to contact their healthcare provider if they develop any symptoms of an infection. Advise patients to complete age-appropriate vaccines according to immunization guidelines prior to initiation of a new treatment cycle with VYVGART. Administration of live or live-attenuated vaccines is not recommended during treatment with VYVGART [see *Warnings and Precautions (5.1)*].

Hypersensitivity Reactions

Inform patients about the signs and symptoms of hypersensitivity reactions. Advise patients to contact their healthcare provider immediately for signs or symptoms of hypersensitivity reactions [see *Warnings and Precautions (5.2)*].

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