



Myasthenia Gravis

Is a rare neuromuscular disease that involves a disconnect at the neuromuscular junction. Autoimmune MG is complex and occurs when the body's natural immune system starts to make antibodies against itself.

This results in increased weakness. Through complex steps, antibodies could impair the function of the neuromuscular junction by activating complements or via other mechanisms. The newest therapies are designed to inhibit complement (complement inhibition), reduce antibody level (FcRN therapy), or decrease antibody production (B cell depletion).

These therapies act in a more targeted fashion than the therapies that have been used previously in years past.

Basically, these treatments fall into 1 of 3 categories: Complement C-5 inhibitors; FcRn (neonatal Fc receptor) binders and blockers; and B-cell suppressers. Their current indications are mostly antibody positive MG.

NOTE: Information provided from www.accessdata.fda.gov and product inserts.



Latest Biological Treatments for Myasthenia Gravis®

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Drug Name	Manufacturer	Delivery By	Usual Dosing	Action	Antibody Specific	Vaccinations Needed
Zilbrysq® (Zilucoplan)	UCB	sub-cutaneous injection	daily	Monoclonal antibody that inhibits Complement C-5	AChR+	serial meningococcal vaccines are required
Ultomiris® (Ravulizumab-cwvz)	Alexion	IV Infusion	Once every 8 weeks (6-7 times a year)	Monoclonal antibody that inhibits Complement C-5	AChR+	serial meningococcal vaccines are required
SOLIRIS® (Eculizumab)	Alexion	IV Infusion	900 mg weekly for first 4 weeks, 5th week 1200 mg, then 1200 mg every 2 weeks	Monoclonal antibody that inhibits Complement C-5	AChR+	serial meningococcal vaccines are required
Rystiggo® (Rozanolizumab-noli)	UCB	sub-cutaneous injection Note: Given by medical professional	weekly for 6 weeks then break for 9-14 weeks, then another 6 weeks. Average 4 cycles per year	IgG4 monoclonal antibody that binds to the neonatal Fc receptor (FcRn), reducing circulating IgG.	AChR+ and MuSK+	
Vvgart® (efgartigimod alfa-fcab)	ArgenX	IV Infusion	weekly for 4 weeks, individualized break before beginning another cycle but not sooner than 4 weeks from the last infusion	IgG1 antibody fragment that binds to the neonatal Fc receptor (FcRn), reducing circulating IgG.	AChR+	
Vvgart Hytrulo® (efgartigimod alfa and hyaluronidase-qvfc)	ArgenX	sub-cutaneous injection Note: Given by medical professional	weekly for 4 weeks, individualized break before beginning another cycle but not sooner than 4 weeks from the last injection	IgG1 antibody fragment that binds to the neonatal Fc receptor (FcRn), reducing circulating IgG.	AChR+	
rituximab and its biosimilars	Various	IV Infusion	usually 1 infusion every 4-6 months (off label use)	monoclonal antibody that suppresses/depletes B-cells	All generalized MG especially MuSK+	