AHFS®*first*Release™

AHFS® Drug Information™

Efgartigimod Alfa-fcab

Efgartigimod alfa-fcab, a neonatal Fc receptor blocker, is an immunomodulatory agent.

Class: 92:20 • Immunomodulatory Agents (AHFS primary)

Brands: Vyvgart®

Uses

Efgartigimod alfa-fcab has the following uses:

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

Dosage and Administration

General. Efgartigimod alfa-fcab is available in the following dosage form(s) and strength(s): Injection concentrate: 400 mg in 20 mL (20 mg/mL) single-dose vial.

Dosage. It is *essential* that the manufacturer's labeling be consulted for more detailed information on dosage and administration of this drug. Dosage summary:

Adults.

Dosage and Administration.

- Because efgartigimod alfa-fcab causes transient reduction in IgG levels, immunization with live attenuated or live vaccines is not recommended during treatment with the drug. Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with efgartigimod alfa-fcab.
- The recommended dosage is 10 mg/kg administered as an IV infusion over one hour once weekly for 4 weeks. In patients weighing ≥120 kg, the recommended dose is 1200 mg 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.
- Must be diluted with 0.9% sodium chloride for injection prior to administration.
- Administer as an intravenous infusion over one hour via a 0.2 micron in-line filter.

Cautions

Contraindications. None.

Warnings/Precautions.

Infections. Efgartigimod alfa-fcab may increase the risk of infection. The most common infections observed in Study 1 were urinary tract infection (10% of efgartigimod alfa-fcab-treated patients compared to 5% of placebo-treated patients) and respiratory tract infections (33% of efgartigimod alfa-fcab-treated patients compared to 29% of placebo-treated patients). A higher frequency of patients who received efgartigimod alfa-fcab 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 efgartigimod alfa-fcab administration in patients with an active infection until the infection is resolved. During treatment with efgartigimod alfa-fcab, monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding efgartigimod alfa-fcab until the infection has resolved.

Immunization. Immunization with vaccines during efgartigimod alfa-fcab 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 efgartigimod alfa-fcab causes a reduction in IgG levels, vaccination with live attenuated or live vaccines is not recommended during treatment with efgartigimod alfa-fcab. Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with efgartigimod alfa-fcab.

Hypersensitivity reactions. Hypersensitivity reactions, including rash, angioedema, and dyspnea, were observed in efgartigimod alfa-fcab-treated patients. In clinical trials, hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 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. If a hypersensitivity reaction occurs during administration, discontinue efgartigimod alfa-fcab infusion and institute appropriate supportive measures if needed.

Specific populations.

Pregnancy. *Risk summary:* There are no available data on the use of efgartigimod alfa-fcab during pregnancy. There is no evidence of adverse developmental outcomes following the administration of efgartigimod alfa-fcab at up to 100 mg/kg per day in rats and rabbits. Monoclonal antibodies are increasingly transported across the placenta as pregnancy progresses, with the largest amount transferred during the third semester. Therefore, efgartigimod alfa-fcab may be transmitted from the mother to the developing fetus.

As efgartigimod alfa-fcab 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 efgartigimod alfa-fcab in utero.

Animal data: IV administration of efgartigimod alfa-fcab (0, 30, or 100 mg/kg per 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. IV administration of efgartigimod alfa-fcab (0, 30, or 100 mg/kg per 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 RHD of 10 mg/kg, on a body weight (mg/kg) basis.

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 efgartigimod alfa-fcab and any potential adverse effects on the breastfed infant from efgartigimod alfa-fcab or from the underlying maternal condition.

Pediatric Use. Safety and effectiveness in pediatric patients have not been established.

Geriatric Use. Clinical studies of efgartigimod alfa-fcab did not include sufficient numbers of patients aged 65 and older to determine whether they respond differently from younger adult patients.

Renal Impairment. No dose adjustment of efgartigimod alfa-fcab 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 per 1.73 m^2) and severe renal impairment (eGFR <30 mL/min per 1.73 m^2) on pharmacokinetic parameters of efgartigimod alfa-fcab.

Common Adverse Effects. The most common adverse reactions (≥10%) in patients treated with gMG are respiratory tract infections, headache, and urinary tract infection.

Interactions

Specific Drugs. It is *essential* that the manufacturer's labeling be consulted for more detailed information on interactions with this drug, including possible dosage adjustments. Interaction highlights:

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 efgartigimod alfa-fcab and using alternative therapies.

Actions

Mechanism of Action.

- Efgartigimod alfa-fcab is a human IgG_1 antibody fragment that binds to the neonatal Fc receptor (FcRn), resulting in the reduction of circulating IgG.

Advice to Patients

- 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 efgartigimod alfa-fcab. Administration of live or live- attenuated vaccines is not recommended during treatment with efgartigimod alfa-fcab.
- 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.
- Importance of informing clinicians of existing or contemplated concomitant therapy, including prescription and OTC drugs and dietary or herbal supplements, as well as any concomitant illnesses.
- Importance of informing patients of other important precautionary information.

Preparations

Excipients in commercially available drug preparations may have clinically important effects in some individuals; consult specific product labeling for details.

Efgartigimod Alfa-fcab	
Parenteral	
Concentrate, for IV infusion	
	20 mg/mL (400 mg)
	Vyvgart®, argenx US