



Our MG community took note of the recent news regarding the latest therapy options that aim to reduce the burden of hours-long treatment delivery with IVIG. For those who are responding well to this new treatment, it's a game changer. But we recognize that many patients are interested in learning more, so here are some questions that have come in from the MG community with answers provided by Dr. Betty Soliven of the University of Chicago School of Medicine and a member of our Medical Advisory Board.

Question: What is the most important information to know about Vyvgart Hytrulo (SC) and Rystiggo (SC)?

Answer: These new treatments enhance the degradation of immunoglobulin G (IgG), resulting in lowered levels of antibodies causing myasthenia, but other antibodies are affected as well. It is not a cure for myasthenia, as IgG levels go up during the off cycle.

These treatments should be delayed in patients with an active infection. During the treatment cycle, vaccination with live attenuated or live vaccines is not recommended. Caution should be exercised if a patient is also receiving other biologicals or monoclonal antibodies for other medical conditions.

Question: Who is an ideal patient for these new medications?

Answer: A patient with antibody+ myasthenia who remains moderately symptomatic on stable dose of at least one of the following: pyridostigmine, steroids, other immunosuppressants (such as azathioprine, tacrolimus, mycophenolate)

Question: Are these new medications stand-alone therapies or is each medication more commonly paired with other medications to reduce or eliminate MG symptoms?

Answer: No. These are not stand-alone treatments.

Question: How do each of the two new treatments work in the body?

Answer: These new treatments inhibit a receptor called FcRn that is involved in the recycling of IgG. The end result is lowering of IgG levels in the blood.

Question: Who administers the 90-second injections?

Answer: The injections are usually administered by an infusion nurse.

Question: How frequently will the treatment be administered?

Answer: For Vyvgart Hytrulo, the injection is once a week for 4 weeks, then off for 4 weeks. (2nd cycle: minimum interval from Day 1 treatment is 50 days.) A patient will usually receive 3-4 cycles per year.

For Rystiggo, the injection via an infusion pump is once a week for 6 weeks, then off 3-4 weeks. (The second cycle: minimum interval from Day 1 treatment is 63 days.) A patient will usually receive 3-4 cycles per year.

Question: Are either of these medications synthetic?

Answer: They are both synthetic medications.

Question: What are the biggest side effects seen in the trial group?

Answer: With Rystiggo some of the side effects are: headaches, diarrhea, infections; aseptic meningitis has been reported.

For Vyvgart Hytrulo some of the side effects are: urinary tract infection, respiratory infection, headache.

There is a potential hypersensitive reaction or injection site reactions for both drugs.

Question: How many clinical trials were completed?

Answer: One Phase 3 trial "myCarin" trial for Rystiggo

One Phase 3 trial "Adapt-SC" for Vyvgart Hytrulo