Dosing + Administration Guide for CIDP

Offer your patients 2 administration options for use at home, in office, or at the infusion center.[1]*

Not actual size.

*Do not dilute VYVGART Hytrulo. Allow for appropriate storage, preparation, and setup time before use.[1]
CIDP=chronic inflammatory demyelinating polyneuropathy.

INDICATION

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYVGART HYTRULO is contraindicated in patients with serious hypersensitivity to efgartigimod alfa products, to hyaluronidase, or to any of the excipients of VYVGART HYTRULO. Reactions have included anaphylaxis and hypotension leading to syncope.

Please see additional Important Safety Information throughout and full Prescribing Information.

VYVGART Hytrulo®
(efgartigimod alfa and hyaluronidase-qvfc)
Subcutaneous Injection
180 mg/mL and 2000 U/mL | 200 mg/mL and 2000 U/mL

Recommended dose and dose schedule for CIDP

One injection, once weekly[1]

Recommended dose

Not actual size.

Single-dose prefilled syringe[1]

- Administered by a **patient or caregiver***
- **1,000 mg/10,000 units** (1,000 mg efgartigimod alfa and 10,000 units hyaluronidase)
- Administered subcutaneously over approximately **20-30 seconds**†

Patients and/or caregivers will receive in-person injection training until ready to inject.*

*After proper instruction on subcutaneous injection technique, a patient or caregiver may inject VYVGART Hytrulo prefilled syringe.[1] See full Prescribing Information.

Not actual size.

Single-dose vial[1]

- Administered by a **healthcare professional only**
- **1,008 mg/11,200 units** (1,008 mg efgartigimod alfa and 11,200 units hyaluronidase)
- Administered subcutaneously over approximately **30-90 seconds**†

†Refers to actual subcutaneous injection time of VYVGART Hytrulo. Monitor for clinical signs and symptoms of hypersensitivity reactions for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention.[1]

CIDP=chronic inflammatory demyelinating polyneuropathy.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Infections

VYVGART HYTRULO may increase the risk of infection. The most common infections observed in Study 1 in patients with gMG were urinary tract infection (10% of efgartigimod alfa-fcab-treated patients vs 5% of placebo-treated patients) and respiratory tract infections (33% of efgartigimod alfa-fcab-treated patients vs 29% of placebo-treated patients). Patients on efgartigimod alfa-fcab vs placebo had below normal levels for white blood cell counts (12% vs 5%, respectively), lymphocyte counts (28% vs 19%, respectively), and neutrophil counts (13% vs 6%, respectively). The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay VYVGART HYTRULO administration in patients with an active infection until the infection has resolved; monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART HYTRULO until the infection has resolved.

Considerations

Scheduling for CIDP

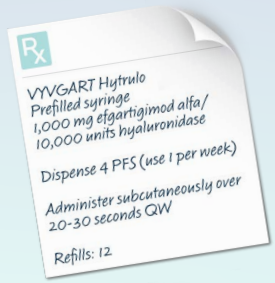
VYVGART Hytrulo is dosed **once weekly** for adults with **CIDP**. Plan to accommodate the weekly treatment schedule of patients with **CIDP**.[1]

If a scheduled injection is missed

VYVGART Hytrulo may be administered **up to 3 days** after the scheduled time point. Thereafter, resume the original dosing schedule.[1]

Immunization

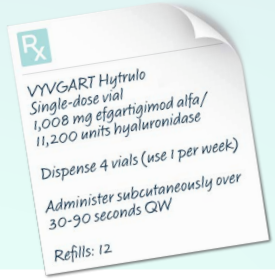
Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART Hytrulo. The safety of immunization with live vaccines and the immune response to vaccination during treatment with VYVGART Hytrulo are unknown. Because VYVGART Hytrulo causes a reduction in IgG levels, vaccination with live vaccines is **not recommended** during treatment with VYVGART Hytrulo.[1]



Prescribing the prefilled syringe

Order the 4-pack for 4 weeks of treatment and fewer deliveries from the specialty pharmacy.[1]

12 refills of VYVGART Hytrulo will cover **12 months of treatment**.[1] Use your clinical judgment to determine the appropriate amount of refills for your patient.



Prescribing the single-dose vial

Each vial is administered with a winged infusion set.[1] Use your clinical judgment to determine the appropriate amount of refills for your patient.

Example prescriptions only. Please refer to the full Prescribing Information for complete dosing information.

IgG=immunoglobulin G; PFS=prefilled syringe; QW=once weekly.

Please see additional Important Safety Information throughout and full Prescribing Information.

Preparing VYVGART Hytrulo
Prefilled syringe

VYVGART Hytrulo can be administered subcutaneously with a prefilled syringe. Each prefilled syringe contains 5 mL of solution.[1]

Supplies needed for administration

Provided by the specialty pharmacy:

- One safety needle (25G, 5/8-inch length, thin wall)
- One alcohol swab
- One sterile gauze and/or bandage (as needed)
- One FDA-cleared sharps disposal container

Store VYVGART Hytrulo prefilled syringes refrigerated at 36 °F to 46 °F (2 °C to 8 °C) in the original carton to protect from light until time of use. Do not freeze. Do not shake.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

Immunization

Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART HYTRULO. The safety of immunization with live vaccines and the immune response to vaccination during treatment with VYVGART HYTRULO are unknown. Because VYVGART HYTRULO causes a reduction in immunoglobulin G (IgG) levels, vaccination with live vaccines is not recommended during treatment with VYVGART HYTRULO.

Preparing the injection

STEP 1

Remove 1 prefilled syringe from the refrigerator and place any remaining syringes back in the refrigerator.[2]

STEP 2

Check the expiration date on the prefilled syringe label. Do not use the prefilled syringe if the expiration date has passed.[2]

STEP 3

The liquid medicine should look clear to yellowish in color. A little cloudiness is normal. Do not use the prefilled syringe if liquid medicine is discolored or contains particles.[1,2]

STEP 4

Place the syringe on a clean, flat surface and let it warm up to room temperature for at least 30 minutes. Do not attempt to warm the prefilled syringe in any other way.[2]

STEP 5

Carefully remove the needle from the package. Bend the prefilled syringe cap to remove it from the syringe, then attach the needle by twisting it on (clockwise) until you feel resistance.[2]

Please see additional Important Safety Information throughout and full Prescribing Information.

Administering VYVGART Hytrulo
Prefilled syringe

Administering the injection

STEP 1

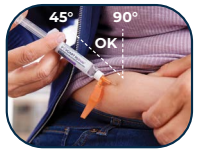
Choose an injection site on the abdomen at least 2 inches away from the belly button (navel). Do not inject into a vein, into skin that is irritated, red, bruised, infected, tender, or hard, or into areas where there are moles or scars. Rotate injection sites for subsequent administrations.[1,2]

Clean the chosen injection site with an alcohol swab and let it air dry.[2]

STEP 2

Insert the full length of the needle into an area of pinched skin at a 45 to 90 degree angle. Slowly press the thumb pad all the way down. It will take approximately 20-30 seconds to inject all of the liquid medicine.[2]*

Localized injection site reactions may occur after VYVGART Hytrulo is administered.[1]



*Refers to actual subcutaneous injection time of VYVGART Hytrulo. Monitor for clinical signs and symptoms of hypersensitivity reactions for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the patient should seek medical attention.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

Hypersensitivity Reactions

In clinical trials, hypersensitivity reactions, including rash, angioedema, and dyspnea were observed in patients treated with VYVGART HYTRULO or intravenous efgartigimod alfa-fcab. Urticaria was also observed in patients treated with VYVGART HYTRULO. Hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 weeks of administration. Anaphylaxis and hypotension leading to syncope have been reported in postmarketing experience with intravenous efgartigimod alfa-fcab. Anaphylaxis and hypotension occurred during or within an hour of administration and led to infusion discontinuation and in some cases to permanent treatment discontinuation. Monitor for clinical signs and symptoms of hypersensitivity reactions for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention.

After the injection

STEP 1

Once administration is complete, discard the used prefilled syringe with the needle attached.[2]

STEP 2

Monitor for clinical signs and symptoms of **hypersensitivity reactions** for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the patient should seek medical attention.[1]

When using the prefilled syringe, VYVGART Hytrulo can be self-injected by the patient or administered by a caregiver. VYVGART Hytrulo is for **subcutaneous** use only. Do not administer intravenously.[1]

Patients and/or caregivers will receive in-person injection training until ready to inject.†

†After proper instruction on subcutaneous injection technique, a patient or caregiver may inject VYVGART Hytrulo prefilled syringe.[1] See full Prescribing Information.

Please refer to the Prescribing Information for the full preparation and administration instructions.

IMPORTANT SAFETY INFORMATION (cont'd)

Infusion/Injection-Related Reactions

Infusion-related reactions have been reported with intravenous efgartigimod alfa-fcab in postmarketing experience. The most frequent symptoms and signs were hypertension, chills, shivering, and thoracic, abdominal, and back pain. Infusion-related reactions occurred during or within an hour of administration and led to infusion discontinuation. If a severe infusion/injection-related reaction occurs, initiate appropriate therapy. Consider the risks and benefits of readministering VYVGART HYTRULO following a severe infusion/injection-related reaction. If a mild to moderate infusion/injection-related reaction occurs, patients may be rechallenged with close clinical observation, slower infusion/injection rates, and pre-medications.

Please see additional Important Safety Information throughout and full Prescribing Information.

Preparing VYVGART Hytrulo
Single-dose vial

VYVGART Hytrulo is for subcutaneous use only and is administered with a winged infusion set 25G, 12-inch tubing, made of polyvinyl chloride (PVC), and a maximum priming volume of 0.4 mL.[1]

Supplies needed for administration

- Alcohol swabs
- One 10-mL syringe
- One winged infusion set (25G x 12 inches)
- One sterile gauze
- One adhesive bandage
- One FDA-cleared sharps container
- One 18G transfer needle (2-inch length)

It is important to use an aseptic technique when preparing and administering VYVGART Hytrulo.[1]

Store VYVGART Hytrulo vials refrigerated at 36 °F to 46 °F (2 °C to 8 °C) in the original carton to protect from light until time of use. Do not freeze. Do not shake.[1]

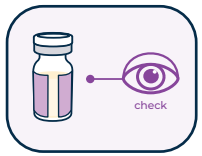
Setting up the injection

STEP 1

Take the vial out of the refrigerator at least 15 minutes before injecting and allow it to reach room temperature. Do not use external heat sources.[1]

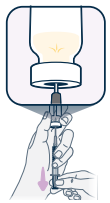
STEP 2

Visually inspect the solution to ensure it is yellowish, clear to opalescent. Do not use if opaque particles or other foreign particles are present.[1]



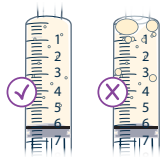
STEP 3

Withdraw the entire contents of VYVGART Hytrulo from the vial using a polypropylene syringe and an 18G stainless steel transfer needle.[1]



STEP 4

Remove large air bubbles if present.[1]



IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

Patients with gMG: In Study 1, the most common (≥10%) adverse reactions in efgartigimod alfa-fcab-treated patients were respiratory tract infection, headache, and urinary tract infection. In Study 2, the most common (≥10%) adverse reactions in VYVGART HYTRULO-treated patients were injection site reactions and headache. Injection site reactions occurred in 38% of VYVGART HYTRULO-treated patients, including injection site rash, erythema, pruritus, bruising, pain, and urticaria. In Study 2 and its open-label extension in patients with gMG, all injection site reactions were mild to moderate in severity and did not lead to treatment discontinuation. The majority occurred within 24 hours after administration and resolved spontaneously. Most injection site reactions occurred during the first treatment cycle, and the incidence decreased with each subsequent cycle.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

Patients with CIDP: In Study 3 stage B, the overall safety profile observed in patients with CIDP treated with VYVGART HYTRULO was consistent with the known safety profile of VYVGART HYTRULO and of efgartigimod alfa-fcab administered intravenously. In Study 3, injection site reactions occurred in 15% of patients treated with VYVGART HYTRULO compared to 6% of patients who received placebo. The most common of these injection site reactions were injection site bruising and injection site erythema. All injection site reactions were mild to moderate in severity. Most injection site reactions occurred during the first 3 months of treatment.

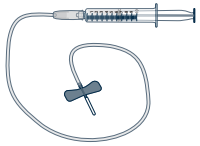
Please see additional Important Safety Information throughout and full Prescribing Information.

Administering VYVGART Hytrulo
Single-dose vial

Preparing the injection

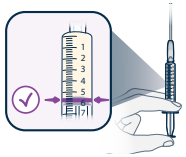
STEP 1

Remove the transfer needle from the syringe and connect the syringe to the winged infusion set.[1]



STEP 2

Fill the tubing of the winged infusion set by gently pressing the syringe plunger until the plunger is at 5.6 mL. There should be solution at the end of the winged infusion set needle.[1]

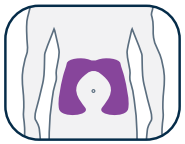


Administering the injection

STEP 1

Choose an injection site on the abdomen at least 2-3 inches from the navel. Do not inject on areas where the skin is red, bruised, tender, or hard, or into areas where there are moles or scars. Rotate injection sites for subsequent administrations.[1]

Clean the chosen injection site with an alcohol swab and let it air dry.[1]



STEP 2

Inject VYVGART Hytrulo subcutaneously into an area of pinched skin at an angle of about 45 degrees over 30-90 seconds.[1]

If there is a small amount of blood or liquid at the injection site, press gauze over the site until bleeding stops. Localized injection site reactions may occur after VYVGART Hytrulo is administered.[1,2]

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS

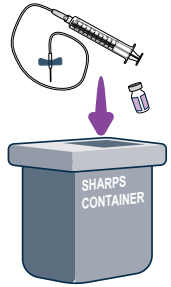
Pregnancy

As VYVGART HYTRULO 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 vaccines to infants exposed to VYVGART HYTRULO in utero.

After the injection

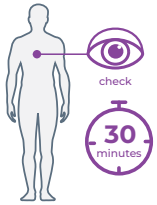
STEP 1

Once administration is complete, discard any solution remaining in the vial, the syringe, and the winged infusion set.[1]



STEP 2

Healthcare professionals should monitor for clinical signs and symptoms of **hypersensitivity reactions** for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention.[1]



When using the single-dose vial, VYVGART Hytrulo is to be administered by a healthcare professional only.
VYVGART Hytrulo is for **subcutaneous** administration only.
Do not administer intravenously.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

Lactation

There is no information regarding the presence of efgartigimod alfa or hyaluronidase, from administration of VYVGART HYTRULO, 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 HYTRULO and any potential adverse effects on the breastfed infant from VYVGART HYTRULO or from the underlying maternal condition.

Please see the full Prescribing Information.

You may report side effects to the US Food and Drug Administration by visiting http://www.fda.gov/medwatch or calling 1-800-FDA-1088. You may also report side effects to argenx US, Inc, at 1-833-argx411 (1-833-274-9411).

Please see additional Important Safety Information throughout and full Prescribing Information.

Adverse reactions
VYVGART Hytrulo

Potential injection site reactions

The overall safety profile observed in patients with CIDP treated with VYVGART Hytrulo was consistent with the known safety profile of VYVGART Hytrulo and of efgartigimod alfa-fcab administered intravenously.[1]

In the ADHERE trial, injection site reactions occurred in 15% of patients treated with VYVGART Hytrulo compared to 6% of patients who received placebo.[1]

- Most common injection site reactions were injection site bruising and injection site erythema[1]
- All injection site reactions were mild to moderate in severity[1]
- Most injection site reactions occurred during the first 3 months of treatment[1]

Hypersensitivity reactions

In clinical trials, hypersensitivity reactions, including rash, angioedema, and dyspnea, were observed in patients treated with VYVGART Hytrulo or intravenous efgartigimod alfa-fcab. Urticaria was also observed in patients treated with VYVGART Hytrulo. Hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 weeks of administration.[1]

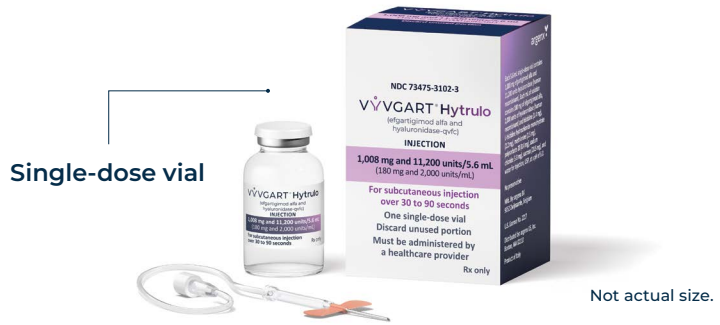
VYVGART Hytrulo can cause anaphylaxis and hypotension leading to syncope, as well as infusion/injection-related reactions including hypertension, chills, shivering, and thoracic, abdominal, and back pain. These reactions occurred during or within an hour of administration with efgartigimod alfa-fcab IV and led to infusion discontinuation and in some cases to permanent treatment discontinuation. If a hypersensitivity reaction occurs with VYVGART Hytrulo, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention. If a severe infusion/injection-related reaction occurs with VYVGART Hytrulo, initiate appropriate therapy.[1]

CIDP=chronic inflammatory demyelinating polyneuropathy; IV=intravenous.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYVGART HYTRULO is contraindicated in patients with serious hypersensitivity to efgartigimod alfa products, to hyaluronidase, or to any of the excipients of VYVGART HYTRULO. Reactions have included anaphylaxis and hypotension leading to syncope.



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Not actual size.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Infections

VYVGART HYTRULO may increase the risk of infection. The most common infections observed in Study 1 in patients with gMG were urinary tract infection (10% of efgartigimod alfa-fcab-treated patients vs 5% of placebo-treated patients) and respiratory tract infections (33% of efgartigimod alfa-fcab-treated patients vs 29% of placebo-treated patients). Patients on efgartigimod alfa-fcab vs placebo had below normal levels for white blood cell counts (12% vs 5%, respectively), lymphocyte counts (28% vs 19%, respectively), and neutrophil counts (13% vs 6%, respectively). The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay VYVGART HYTRULO administration in patients with an active infection until the infection has resolved; monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART HYTRULO until the infection has resolved.

Please see additional Important Safety Information throughout and full Prescribing Information.

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYVGART HYTRULO is contraindicated in patients with serious hypersensitivity to efgartigimod alfa products, to hyaluronidase, or to any of the excipients of VYVGART HYTRULO. Reactions have included anaphylaxis and hypotension leading to syncope.

WARNINGS AND PRECAUTIONS

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Immunization

Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART HYTRULO. The safety of immunization with live vaccines and the immune response to vaccination during treatment with VYVGART HYTRULO are unknown. Because VYVGART HYTRULO causes a reduction in immunoglobulin G (IgG) levels, vaccination with live vaccines is not recommended during treatment with VYVGART HYTRULO.

Hypersensitivity Reactions

In clinical trials, hypersensitivity reactions, including rash, angioedema, and dyspnea were observed in patients treated with VYVGART HYTRULO or intravenous efgartigimod alfa-fcab. Urticaria was also observed in patients treated with VYVGART HYTRULO. Hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 weeks of administration. Anaphylaxis and hypotension leading to syncope have been reported in postmarketing experience with intravenous efgartigimod alfa-fcab. Anaphylaxis and hypotension occurred during or within an hour of administration and led to infusion discontinuation and in some cases to permanent treatment discontinuation. Monitor for clinical signs and symptoms of hypersensitivity reactions for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention.

Infusion/Injection-Related Reactions

Infusion-related reactions have been reported with intravenous efgartigimod alfa-fcab in postmarketing experience. The most frequent symptoms and signs were hypertension, chills, shivering, and thoracic, abdominal, and back pain. Infusion-related reactions occurred during or within an hour of administration and led to infusion discontinuation. If a severe infusion/injection-related reaction occurs, initiate appropriate therapy. Consider the risks and benefits of readministering VYVGART HYTRULO following a severe infusion/injection-related reaction. If a mild to moderate infusion/injection-related reaction occurs, patients may be rechallenged with close clinical observation, slower infusion/injection rates, and pre-medications.

ADVERSE REACTIONS

Patients with gMG: In Study 1, the most common (≥10%) adverse reactions in efgartigimod alfa-fcab-treated patients were respiratory tract infection, headache, and urinary tract infection. In Study 2, the most common (≥10%) adverse reactions in VYVGART HYTRULO-treated patients were injection site reactions and headache. Injection site reactions occurred in 38% of VYVGART HYTRULO-treated patients, including injection site rash, erythema, pruritus, bruising, pain, and urticaria. In Study 2 and its open-label extension in patients with gMG, all injection site reactions were mild to moderate in severity and did not lead to treatment discontinuation. The majority occurred within 24 hours after administration and resolved spontaneously. Most injection site reactions occurred during the first treatment cycle, and the incidence decreased with each subsequent cycle.

Patients with CIDP: In Study 3 stage B, the overall safety profile observed in patients with CIDP treated with VYVGART HYTRULO was consistent with the known safety profile of VYVGART HYTRULO and of efgartigimod alfa-fcab administered intravenously. In Study 3, injection site reactions occurred in 15% of patients treated with VYVGART HYTRULO compared to 6% of patients who received placebo. The most common of these injection site reactions were injection site bruising and injection site erythema. All injection site reactions were mild to moderate in severity. Most injection site reactions occurred during the first 3 months of treatment.

USE IN SPECIFIC POPULATIONS

Pregnancy

As VYVGART HYTRULO 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 vaccines to infants exposed to VYVGART HYTRULO in utero.

Lactation

There is no information regarding the presence of efgartigimod alfa or hyaluronidase, from administration of VYVGART HYTRULO, 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 HYTRULO and any potential adverse effects on the breastfed infant from VYVGART HYTRULO or from the underlying maternal condition.

Please see the full Prescribing Information.

You may report side effects to the US Food and Drug Administration by visiting http://www.fda.gov/medwatch or calling 1-800-FDA-1088. You may also report side effects to argenx US, Inc, at 1-833-argx411 (1-833-274-9411).

Dosage Forms and Strengths: VYVGART Hytrulo is available as a single-dose subcutaneous injection containing: 200 mg/mL of efgartigimod alfa and 2,000 U/mL of hyaluronidase per prefilled syringe, or 180 mg/mL of efgartigimod alfa and 2,000 U/mL of hyaluronidase per vial.

VYVGART Hytrulo®
(efgartigimod alfa and hyaluronidase-qvfc)

For more information on dosing and administration for **VYVGART Hytrulo**, visit VYVGARTHCP.com/hytrulo-CIDP/dosing

INDICATION

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.

VYVGART HYTRULO® (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYVGART HYTRULO is contraindicated in patients with serious hypersensitivity to efgartigimod alfa products, to hyaluronidase, or to any of the excipients of VYVGART HYTRULO. Reactions have included anaphylaxis and hypotension leading to syncope.

Please see additional Important Safety Information throughout and full Prescribing Information.

References: 1. VYVGART Hytrulo. Prescribing information. argenx US Inc; 2025. **2.** VYVGART Hytrulo. Instructions for use. argenx US Inc; 2025.

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