

	 UPLIZNA[®] inebilizumab-cdon	 imaavy[®] nivalimab	 ZILBRYSQ[®] (zilucoplan) Injection 16.6 mg/0.416 mL • 23 mg/0.574 mL • 32.4 mg/0.81 mL	 RYSTIGGO[®] (rozanolixizumab-noli) Injection For Subcutaneous Use	 VVGART[®] Hytrulo[®] (efgartigimod alfa and hyaluronidase-cyfd) Subcutaneous Injection 100 mg/mL and 2000 U/mL vial	 ULTOMIRIS[®] (ravulizumab-cwvz)	 VVGART[®] (efgartigimod alfa-fcab) Injection for Intravenous Use 400 mg/20 mL vial	 SOLIRIS[®] (eculizumab) Injection for Intravenous Use 300 mg/30 mL vial
Antibody Criteria	anti-AChR antibody positive (or Ab+) or anti-MuSK antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+) or anti-MuSK antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+) or anti-MuSK antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+)	anti-AChR antibody positive (or Ab+)
Available for Pediatric Patients	No	12 years and older	No	No	No	No	No	6 years and older
Pharmacology	Anti-CD19 B cell depleting monoclonal antibody	FcRn blocker (monoclonal antibody)	Complement C5 inhibitor (macrocylic peptide)	FcRn blocker (monoclonal antibody)	FcRn blocker (Human IgG1 Fc fragment)	Complement C5 inhibitor (long-acting monoclonal antibody)	FcRn blocker (Human IgG1 Fc fragment)	Complement C5 inhibitor (monoclonal antibody)
Frequency	Every 6 months, after 2 initial doses 2 weeks apart	Every 2 weeks (continuous), after initial loading dose	One daily (continuous)	Cycles of once weekly x 6 weeks; subsequent cycles based on clinical evaluation (≥ 63 days between cycle starts)	Cycles of 4 once-weekly administrations; initiation of subsequent cycles based on clinical evaluation (≥ 7 days from the end of the preceding cycle)	Every 8 weeks, starting 2 weeks after loading dose	Cycles of 4 once-weekly administrations; initiation of subsequent cycles based on clinical evaluation (≥ 7 days from the end of the preceding cycle)	Every 2 weeks, after 4 weekly induction doses + 5th dose at week 5
Dosage	300 mg IV per infusion	Loading: 30 mg/kg once; Maintenance: 15 mg/kg every 2 weeks	Weight-based: 56 kg: 16.6 mg; 56-77 kg: 23 mg; >77 kg: 32.4 mg daily	Weight-based: 50 kg: 420 mg; 50-100 kg: 560 mg; ≥ 100 kg: 840 mg	1008 mg per prefilled syringe	Loading: 2400-3000 mg (weight-based); Maintenance: 3000-3600 mg every 8 weeks	10 mg/kg IV (max 1200 mg) per infusion	Induction: 900 mg weekly x 4 weeks; maintenance: 1200 mg every 2 weeks
Drug Delivery Method	IV infusion (90 min)	IV infusion (initial ≥ 30 min; maintenance ≥ 15 min)	Subcutaneous self-injection (prefilled syringe)	Subcutaneous infusion (administered by HCP)	Subcutaneous injection (20-30 second injection via prefilled syringe; self-administered or by caregiver)	IV infusion (≥ 30 min, weight based)	IV infusion (~1 hr)	IV infusion (35 min)
Administration Setting	Infusion center / outpatient clinic	Infusion center / outpatient clinic	Self-administered	Infusion center / outpatient clinic	Self-administered / caregiver-administered	Infusion center / outpatient clinic	Infusion center / outpatient clinic	Infusion center / outpatient clinic
Home Infusion	No Infusion	Home infusion offered by trained HCP	Infusion center only	Home infusion offered by trained HCP	No infusion	HCP-administered subcutaneous infusion	No infusion	Infusion center only
Common Side Effects	Headache and infusion-related reaction	Infections, headache, peripheral edema, muscle spasms	Injection site reactions, upper respiratory, infection, diarrhea	Headache, diarrhea, pyrexia	Headache, respiratory tract infections	Headache, upper respiratory infection, diarrhea	Headache, respiratory tract infections, urinary tract infection	Headache, upper respiratory infection, nasopharyngitis
Potential Serious Side Effects	Infusion reactions, infections and low blood cell counts	Infections, headache, peripheral edema, muscle spasms	Menigococcal infections; pancreatitis (monitor ipase/ amylase)	Infections; reduced IgG levels; headache (severe)	Infections	Meningococcal infections; infusion reactions	Infections	Meningococcal infections; infusion reactions
Manufacturer	 AMGEN Rare Disease	 Johnson & Johnson	 ucb	 ucb	 argenx	 ALEXION[®] AstraZeneca Rare Disease	 argenx	 ALEXION[®] AstraZeneca Rare Disease
Assistance Programs	Amgen By Your Side	J&J withMe	UCB	UCB	Argenx	Alexion OneSourceTM	Argenx	Alexion OneSourceTM
Year of FDA Approval	December 2025	April 2025	October 2023	June 2023	June 2023	April 2022	December 2021	October 2017

DISCLAIMER: This chart is not intended to make direct comparisons between therapies. Data are extracted from separate clinical studies that differ in patient populations and study design. Cross-trial comparisons should be interpreted with caution in the absence of head-to-head studies.