

# Complement C5 inhibitor (Anti-C5) and Neonatal Fc receptor antagonist (Anti-FcRn) in Myasthenia gravis at University Public Hospitals of Paris - France (AP-HP):

## What Is the Market Share of These New Treatments?



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### CONTEXT AND OBJECTIVES

A range of anti-C5 and anti-FcRn drugs have been launched to treat myasthenia gravis. Some are indicated for several pathologies, while others are specific to this disease. They aren't included in good practice guidelines, and there are no comparative clinical data between them. This situation has led to heterogeneity in the use of these treatments by clinicians, who tend to use anti-C5s for background treatment and anti-FcRns for crisis management.

This study analyzes prescribing data for these drugs to assess their use and market share in the AP-HP.

### METHODS

Prescription data by indication for drugs were extracted from the AP-HP database for the period 2020-2024. They were analyzed according to cost (€) and quantity expressed in defined daily doses (DDD). For drugs without DDDs, such as efgartigimod and zilucoplan, an estimate was made based on the average number of cycles administered during clinical trials (Table 1).

Table 1 : anti-C5 and Anti-FcRn in myasthenia gravis.

Classe	Product	Indication	Administration route	Availability date in France	Dose (mg)	DDD (mg)
Anti-C5	Eculizumab	Treatment of refractory generalized myasthenia gravis in patients aged 6 years and above who are antiacetylcholine receptor (AChR) antibody-positive	Intravenous	14/08/2017	300	64
	Ravulizumab	An add-on to standard therapy for the treatment of adult patients with who are anti-acetylcholine receptor (AChR) antibody-positive	Intravenous	19/05/2022	1100 300	58,9
	Zilucoplan	An add-on to standard therapy for the treatment of generalised myasthenia gravis in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.	Subcutaneous	09/03/2023	16,6 23	23
Anti-FcRn	Efgartigimod	An add-on to standard therapy for the treatment of adult patients with generalised Myasthenia Gravis who are anti-acetylcholine receptor (AChR) antibody positive.	Intravenous and subcutaneous	21/07/2022	400	13

### RESULTS

Myasthenia prescriptions of eculizumab (reference drug) increase from 853 DDD in 2020 to 6066 DDD in 2022. They go to 352 DDD in 2023 with the arrival of ravulizumab, then to 1861 DDD in 2024 despite the eculizumab biosimilar. Ravulizumab prescriptions rise from 214 DDD in 2022 to 12095 DDD in 2024. Efgartigimod-IV increases from 5077 DDD in 2023 to 25108 DDD in 2024, while zilucoplan has a more modest prescription of 158 DDD (Figure 1).

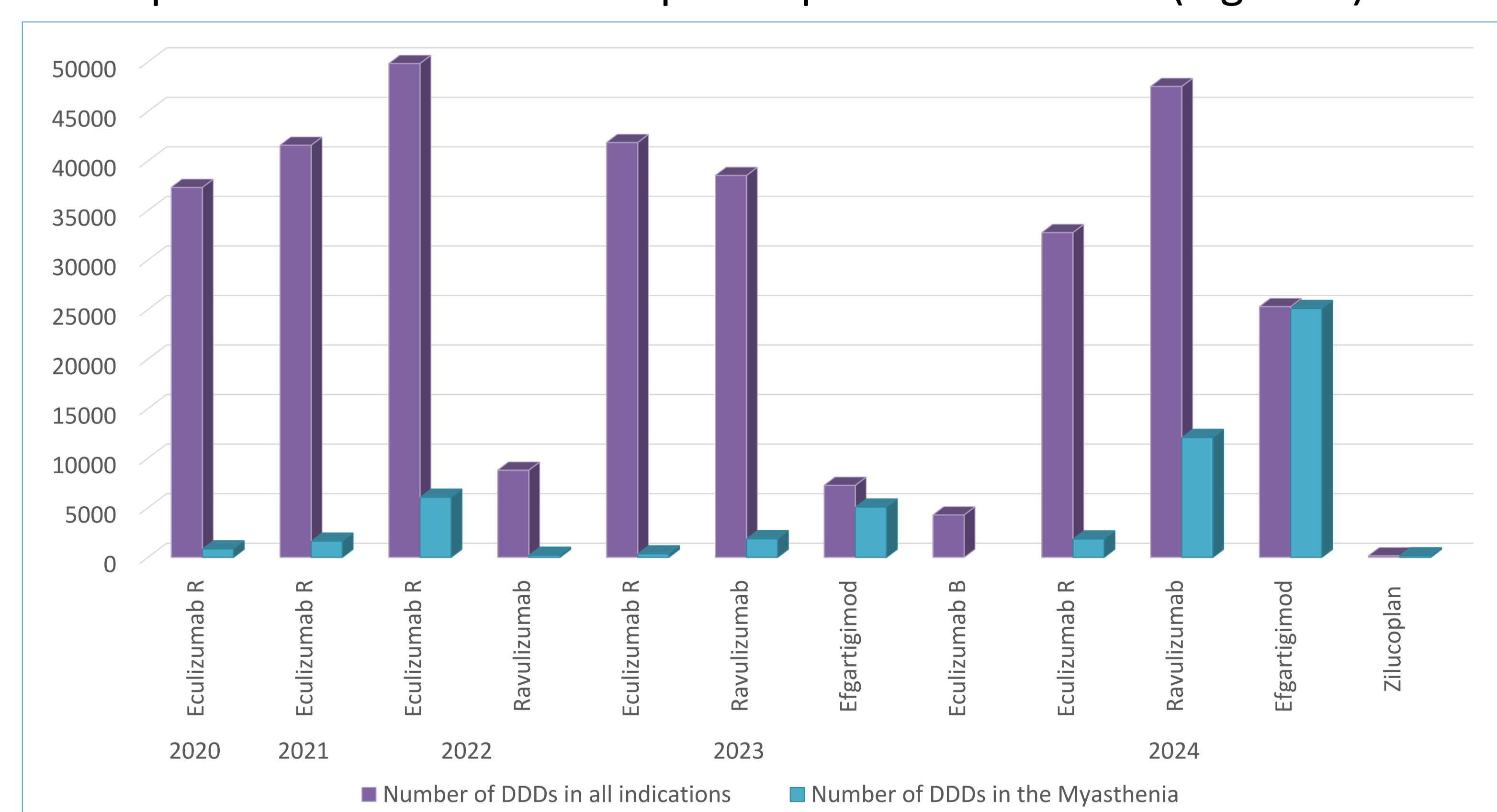


Figure 1 : prescription quantity comparison of anti-C5 and anti-FcRn (DDD). R Reference drug, B Biosimilar.

In 2024, ravulizumab accounted for 57% of myasthenia-related costs (€9,900,993), followed by efgartigimod-IV at 37% (€6,386,818), eculizumab at 5% (€906,179) and zilucoplan at 1% (€89,809) (Figure 2).

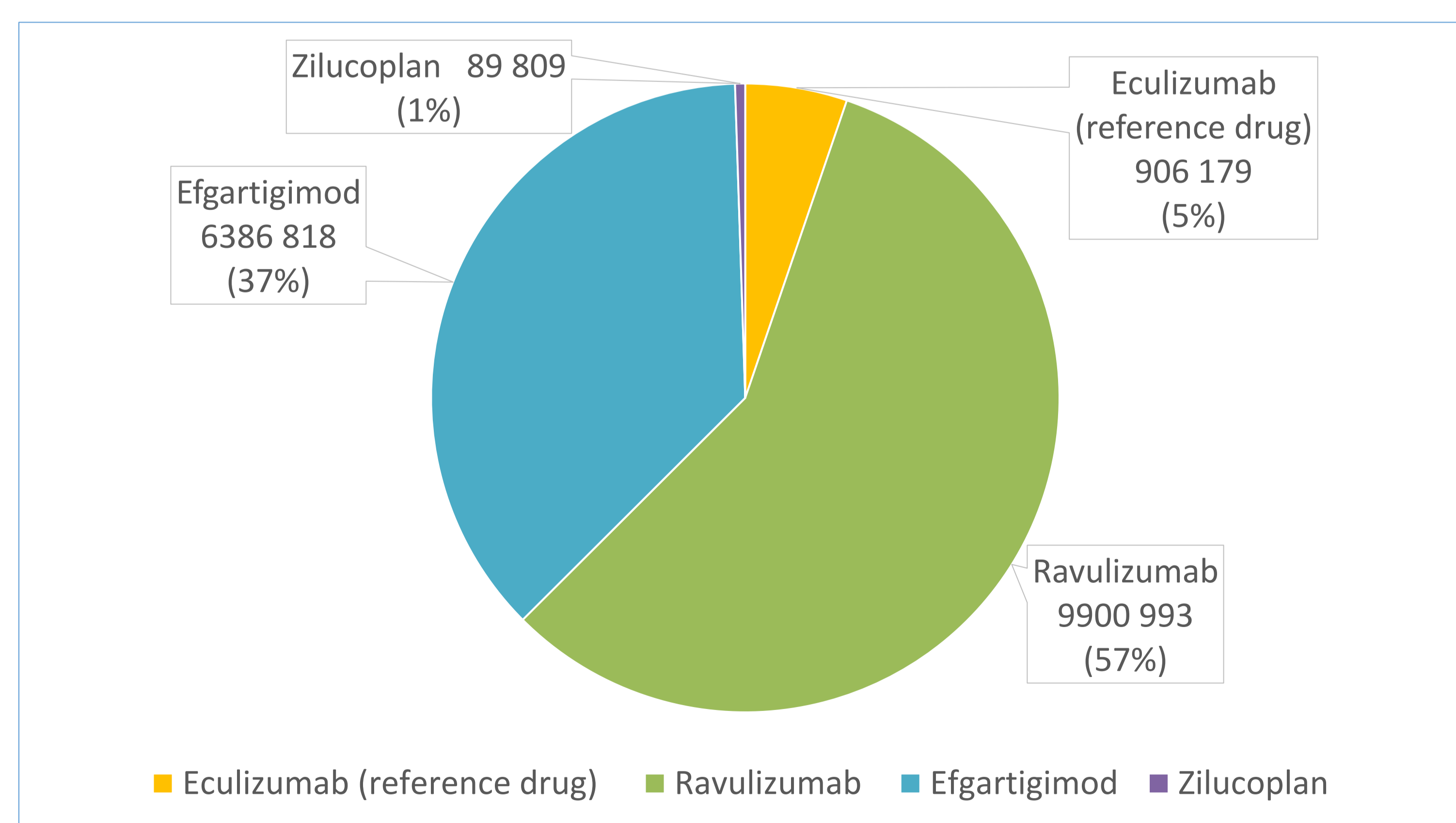


Figure 2 : cost comparison of anti-C5 and anti-FcRn in myasthenia gravis for 2024 (€).

### CONCLUSION

Prescriptions are tending towards efgartigimod-IV, though ravulizumab continues to hold an important place, particularly for the prolonged treatment of patients with limited autonomy, where it replaces eculizumab and generates the highest costs. However, this trend could change with the arrival of subcutaneous forms available in community pharmacies (zilucoplan, efgartigimod-SC and rozanolixizumab), potentially modifying therapeutic practices and hospital costs.