Supplementary Figure e-1: IgG subtype serum levels after efgartigimod and placebo treatment over the 11-week study.

Values are mean ± standard error, and are expressed relative (%) to the respective IgG subtype concentrations immediately prior to first dose at Visit 1; Arrows on the X-axis indicate time points of treatment administration. LLOQ = lower limit of quantitation; T₀ = pre-first-dose time point; SE = standard error; Ab = antibody.
### SYNOPSIS

<table>
<thead>
<tr>
<th>Name of Sponsor:</th>
<th>argenx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Investigational Medicinal Product:</td>
<td>ARGX-113</td>
</tr>
<tr>
<td>Name of Active Ingredient:</td>
<td>A human anti-neonatal Fc receptor IgG1 Fc fragment</td>
</tr>
<tr>
<td>Title of Study:</td>
<td>A Randomized, Double-blind, Placebo-Controlled Phase II Study to Evaluate the Safety, Efficacy, and Pharmacokinetics of ARGX-113 in Patients with Myasthenia Gravis who have Generalized Muscle Weakness</td>
</tr>
<tr>
<td>Protocol No:</td>
<td>ARGX-113-1602</td>
</tr>
<tr>
<td>Study sites:</td>
<td>This study will be conducted in up to 25 sites.</td>
</tr>
</tbody>
</table>

**Study duration:** The study duration for each patient is 13 weeks. It consists of a Screening period of 15 days, a 3 week Treatment period, and an 8 week Follow-up (FU) period. **Phase:** II

### Objectives:

**Primary Objectives:**
- To evaluate the safety and tolerability of ARGX-113.

**Secondary Objectives:**
- To evaluate the clinical effect of ARGX-113 using:
  - Myasthenia Gravis-Activities of Daily Living (MG-ADL) score.
  - Quantitative-Myasthenia Gravis score (QMG).
  - Myasthenia Gravis Composite score (MGC).
- To evaluate the impact of ARGX-113 on quality of life using 15-item quality of life scale for Myasthenia Gravis (MGQoL15r [revised version]).
- To investigate the pharmacokinetics (PK) of ARGX-113.
- To assess the pharmacodynamic (PD) markers (e.g., total immunoglobulin G (IgG) and subtypes, anti-acetylcholine receptor [AChR] antibodies).
- To evaluate the immunogenicity of ARGX-113.

### Methodology:

This is a randomized, double-blind, placebo-controlled, multicenter Phase II study to evaluate the safety, efficacy, and pharmacokinetics of ARGX-113 for the treatment of autoimmune Myasthenia Gravis (MG) with generalized muscle weakness. Approximately 24 patients will be randomized.

The study will include a Screening period of maximum 15 days, a Treatment period of 3 weeks from Visit 1 to Visit 7 and a Follow-Up (FU) period of 8 weeks starting after completion of Visit 7 to Visit 16. Although the FU period is from Visit 8 to Visit 16, the FU in fact starts immediately after the last Investigational Medicinal Product (IMP) infusion at Visit 7.

During the Screening Period, patients’ eligibility will be evaluated for study participation. During the Treatment period, eligible patients will be randomized at a 1:1 ratio to receive ARGX-113 (10 mg/kg) or placebo in 4 infusions administered one week apart in addition to Standard of Care (SoC). The total dose per IMP infusion is capped at 1200 mg for patients with body weight ≥ 120 kg.

Patients will receive ARGX-113 or placebo according to the following regimen:
- Patients will receive ARGX-113 or matching placebo via intravenous (IV) infusion over a period of 2 hours on Days 1 (Visit 1), 8±1 (Visit 3), 15±1 (Visit 5), and 22±1 (Visit 7).
- The Treatment period consists of 7 visits (of which the 3 visits between the weekly dosing visits are optional).

At the end of the 3 weeks Treatment period, the patient will enter a FU period for 8 weeks. During the FU period, 9 visits (of which 1 visit is optional) will take place as detailed in Table 1. Study procedures including endpoint assessments will be performed according to the Schedule of Assessments as detailed in Table 1.
In this study, SoC for a patient is the stable dose and administration of their MG treatment prior to enrollment. Permitted SoC for MG treatment under this protocol include azathioprine (AZA), other non-steroidal immunosuppressant drugs (NSIDs: e.g., methotrexate, cyclosporine, tacrolimus, mycophenolate mofetil, and cyclophosphamide), steroids, as well as cholinesterase inhibitors. Patients should be on a stable dose and frequency of SoC prior to enrollment as detailed in of Section 5.3.1 (Criterion 5) that should be maintained throughout the study without any increase or decrease.

Patients receiving cholinesterase inhibitors will be required to be on a stable dose for >2 weeks prior to Screening. In addition, cholinesterase inhibitors must be held for at least 12 hours consistent with the revised manual for the QMG test as recommended by the Myasthenia Gravis Foundation of America Inc [MGFA]¹, prior to performing the MGQoL15r, MG-ADL, QMG, and MGC assessments at Screening. Visits 1, 3, 5, 7, 9, 10, 11, 12, 14, and 16.

During the study, no changes in the dose level and frequency of ARGX-113 or the SoC will be allowed. However, if necessary, patients may receive rescue therapy if their MG deteriorates as judged by the Investigator on the basis of parameters such as changes in MGQoL15r, MG-ADL, QMG, MGC on any study day.

Rescue therapy will be determined by the Investigator based on an overall clinical assessment. Rescue therapy may include intravenous immunoglobulin (IVIg), plasma exchange (PE), or any other treatment chosen by the Investigator. In case a patient needs rescue therapy according to the treating Investigator, the Medical Director at the Sponsor should be informed in addition to the Medical Monitor at the Sponsor’s designated contract research organization (CRO, Quintiles); where possible prior to actual implementation of the rescue therapy. In case rescue therapy is needed (due to deterioration of MG), patients will be discontinued from treatment with IMP, but will be followed up for safety. Any patient who discontinues study treatment due to safety concerns will be followed up for safety and wherever possible for efficacy.

For patients who discontinue the study early, all the procedures listed for Early Discontinuation (ED) visit (same procedures as for the End-of-Study [EoS] visit or Visit 16) in the Schedule of Assessments (Table 1) are to be performed (early discontinuation). This study is exploratory and not powered to address any predefined hypothesis. The safety and efficacy analysis will be performed on the safety analysis set, which includes all patients who received at least one infusion of ARGX-113 or placebo.

### Planned number of Patients:

Approximately 36 patients will be screened in order to randomize approximately 24 patients (12 patients per treatment arm) to get at least 20 patients who received at least 3 doses of IMP (either ARGX-113 or placebo) and who completed at least 2 weeks of follow-up post last dose (See Appendix 14.6). Patients may be replaced in certain circumstances (See Section 5.3.6 and Table 2). Final decision for replacement of patients will be done on a case-by-case basis in consultation with the Medical Monitor at the Sponsor’s designated contract research organization (CRO, Quintiles) and/or the Medical Director at the Sponsor’s end.

### Criteria for inclusion and exclusion:

#### Inclusion Criteria:

1. Have the ability to understand the requirements of the study, provide written informed consent (including consent for the use and disclosure of research-related health information), and comply with the study protocol procedures (including required study visits).
2. Male or female patients aged ≥18 years.
3. Diagnosis of autoimmune MG with generalized muscle weakness meeting the clinical criteria for diagnosis of MG as defined by the Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II, III, or IVa, and likely not in need of a respirator for the duration of the study as judged by the Investigator.

The confirmation of the diagnosis should be documented and supported by:

---

¹ MGFA: Myasthenia Gravis Foundation of America
• Positive serologic test for anti-AChR antibodies before Screening and
• at least 1 of the following 3 tests:
  (i) History of abnormal neuromuscular transmission test demonstrated by single-fiber electromyography or repetitive nerve stimulation or
  (ii) History of positive edrophonium chloride test, or
  (iii) Patient has demonstrated improvement in MG signs on oral cholinesterase inhibitors as assessed by the treating physician.

4. A total score of ≥ 5 on the MG-ADL at Screening and Baseline with more than 50% of this score attributed to non-ocular items.

5. Patients are required to be on a stable dose of their MG treatment prior to randomization. For patients receiving AZA, other NSIDs, steroids, and/or cholinesterase inhibitors as concomitant medications the following conditions will apply:
   • AZA: treatment initiated at least 12 months ago and no dose changes in the last 6 months before Screening.
   • Other NSIDs (e.g., methotrexate, cyclosporine, tacrolimus, mycophenolate mofetil, and cyclophosphamide) treatment initiated at least 6 months ago and no dose changes in the last 3 months before Screening.
   • Steroids treatment initiated at least 3 months prior to and no dose changes in the last month before Screening.
   • Cholinesterase inhibitors: to be on a stable dose for >2 weeks before Screening.
   Note: cholinesterase inhibitors must be held for at least 12 hours consistent with the revised manual for the QMG test as recommended by the Myasthenia Gravis Foundation of America Inc [MGFA], before the MGQoL15r, MG-ADL, QMG, and MGC assessments.

6. Females of childbearing potential must have a negative serum pregnancy test at Screening and a negative urine pregnancy test at Visit 1 prior to administration of IMP. Female of childbearing potential are defined as all female participants unless they are postmenopausal (defined by continuous amenorrhea) for at least 2 years with a Follicle-stimulating hormone (FSH) > 40 IU/L or are surgically sterile (i.e., who had a hysterectomy, bilateral oophorectomy, or have current documented tubal ligation or any other permanent female sterilization procedure). Determination of FSH levels can be used to confirm postmenopausal status in amenorrheic patients not on hormonal replacement therapy if the test result is within the postmenopausal range per the central laboratory.

7. Female participants of childbearing potential must agree to use a highly effective method of contraception (i.e., pregnancy rate of less than 1% per year) during the study and for 90 days after the discontinuation of the IMP. Adequate contraceptive methods include combined hormonal contraception associated with inhibition of ovulation (oral, intravaginal, transdermal), progestogen-only hormonal contraception associated with inhibition of ovulation (oral, injectable, implantable),
intrauterine devices (IUDs), intrauterine hormone-releasing system (IUS), true sexual abstinence (when this is in line with the preferred and usual lifestyle of the participant), bilateral tubal occlusion, or a female participant who is not of childbearing potential. Female participants and female partners of male study participants using a hormonal contraceptive must also use a barrier method (i.e., condom or occlusive cap [diaphragm or cervical/vault caps]) and should have been stable on their hormonal contraceptive treatment for at least 4 weeks before Screening.

8. Sterilized male patients who have had vasectomy with documented aspermia post procedure can be included. In addition, male patients must be advised not to donate sperm during this period from signing of Informed Consent Form (ICF), throughout the duration of the study, and for 90 days after the last administration of IMP. Non-sterilized male patients who are sexually active with a female partner of childbearing potential must use effective method of double barrier contraception (e.g., condom with spermicidal cream or jelly, 1 hormonal plus 1 barrier method or 2 simultaneous barrier methods). Male patients practicing true sexual abstinence (when this is in line with the preferred and usual lifestyle of the participant) can be included.

Exclusion Criteria:
1. Females who are pregnant or lactating.
2. MGFA Class I, IVb, and V.
3. Have an active infection, a recent serious infection (i.e., requiring injectable antimicrobial therapy or hospitalization) within the 8 weeks prior to Screening; or history of or known infection with human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), or Mycobacterium tuberculosis. Patients must have negative test results for HBV surface antigen, HBV core antibody, HCV antibody, HIV 1 and 2 antibodies, and a negative QuantiFERON®-TB Gold test at Screening. Patients with an indeterminate QuantiFERON®-TB Gold test result will be allowed one retest; if not negative on retesting, the patient will be excluded.
4. At Screening, have clinically significant laboratory abnormalities or as below:
   - Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) > 2 × upper limit of normal (ULN).
   - Total serum bilirubin of > 1.5 × ULN (except for Grade 1 hyperbilirubinemia solely due to a medical diagnosis of Gilbert’s syndrome).
   - Serum creatinine > 1.5 mg/dL and creatinine clearance < 50 ml/min (using the Chronic Kidney Disease Epidemiology [CKD-EPI]-Creatinine formula).
   - Clinically Significant proteinuria (i.e., > 3 × ULN).
   - Hemoglobin ≤ 9 g/L.
   - Thyroid stimulating hormone or thyroglobulin outside of the central laboratory normal range.
   - International normalized ratio (INR) or activated partial thromboplastin time (aPTT) > 1.2 × ULN.
   - Total immunoglobulin G level < 6 g/L.
5. Body Mass Index (BMI) at Screening ≥ 35 kg/m².
6. Use of rituximab, belimumab, eculizumab or any monoclonal antibody for immunomodulation within 6 months prior to first dosing. Patients with prior exposure to rituximab must have CD19 counts within the normal range per the central laboratory at Screening.
7. Use of any biological therapy or investigational drug within 3 months or 5 half-lives of the drug (whichever is longer) before Screening.
8. Immunoglobulins given by IV (IVIg), or intramuscular route, or plasmapheresis/plasma exchange (PE) within 4 weeks before Screening.
9. Have known autoimmune disease other than MG that would interfere with the course and conduct of the study (such as uncontrolled thyroid disease or severe RA).
10. Have received vaccinations within 4 weeks before Screening or have any vaccinations planned during the study.
11. Have a history of malignancy, including malignant thymoma, or myeloproliferative or lymphoproliferative disorders at any time, unless deemed cured by adequate treatment with no evidence of recurrence for ≥5 years before Screening. Patients with completely excised non-melanoma skin cancers (such as basal cell carcinoma or squamous cell carcinoma) or cervical carcinoma in situ would be permitted at any time.
12. Have a history of cerebrovascular accident or myocardial infarction within the last 12 months before Screening, or current severe/unstable angina, arrhythmia, symptomatic congestive heart failure New York Heart Association (NYHA) class III or IV, or uncontrolled hypertension.
13. Have clinical evidence of significant unstable or uncontrolled acute or chronic diseases (i.e., cardiovascular, pulmonary, hematologic, gastrointestinal, endocrinologic, hepatic, renal, neurologic, malignancy, or infectious diseases) which, in the opinion of the Investigator, could confound the results of the study or put the patient at undue risk.
14. Major past surgery (e.g., heart valve replacement, hip replacement) that, in the opinion of the Investigator, poses a risk to patient’s safety or interferes with the study evaluation, procedures or completion.
15. Thymectomy when performed < 3 months prior to Screening.
16. History or presence of alcoholism or drug/chemical/substance abuse within 2 years before Screening per Investigator’s opinion.

Test product, dose and mode of administration:
In this study, the Investigational Medicinal Product is ARGX-113 which is a human anti-neonatal Fc receptor IgG1 Fc fragment with immune modulating properties. A dose of 10 mg/kg of body weight of ARGX-113 will be administered as an intravenous (IV) infusion over a period of 2 hours at Visits 1, 3, 5, and 7. The total dose per IMP infusion is capped at 1200 mg for patients with body weight ≥ 120 kg.

Placebo, dose, and mode of administration:
Matching placebo with same buffer components but without the active ingredient will be administered intravenously over a period of 2 hours at Visits 1, 3, 5, and 7.

Criteria for evaluation:
Primary Endpoint:
• Evaluate the incidence and severity of adverse events (AEs) and serious AEs (SAEs).
Evaluate vital signs, electrocardiogram (ECG), and laboratory assessments.

Secondary Endpoints:

- Score change from Baseline (defined as the score immediately prior to first dose at Visit 1) at Visits 3, 5, 7, 9, 10, 11, 12, 14, and 16 for the following:
  - MG-ADL
  - QMG
  - MGC
  - MGQoL15r
- Maximum reduction from Baseline across visit days for MG-ADL, QMG, MGC, and MGQoL15r score.
- Pharmacokinetic parameters of ARGX-113 including maximum observed concentration ($C_{\text{max}}$), time of maximum concentration ($t_{\text{max}}$), concentration prior to dosing ($C_{\text{trough}}$), half-life, ($t_{1/2,\beta}$), and accumulation ratio ($R_{\text{ac}}$).
- Evaluation of PD markers: total IgG (and subtypes) and anti-AChR antibodies.
- Evaluate the incidence of anti-drug antibodies (ADA) to ARGX-113.
- Exploratory pharmacogenetic assessments in patients who sign a separate pharmacogenetic ICF to examine FcRn polymorphisms.

Statistical methods: For the primary objective of safety and tolerability, AEs, SAEs, vital signs, ECGs and clinical laboratory assessments at specific time points will be evaluated. All safety data will be summarized descriptively. Baseline will be the last assessment before the first dose of the IMP. Number and percentage of AEs will be presented for each treatment by Preferred Term (PT) and System Organ Class (SOC) of the current Medical Dictionary for Regulatory Authorities (MedDRA) dictionary. Individual listings of all serious AEs and discontinuation from IMP will be summarized using the current MedDRA dictionary. For the secondary objective of clinical effect, the change from Baseline will be evaluated. Actual and change in data from Baseline will be summarized descriptively for each treatment by visits. For change from Baseline, analysis of covariance (ANCOVA) will be used for continuous variables; (unless otherwise specified) with the terms of treatment as fixed effects and Baseline value as covariate in the model. All tests of treatment effects will be conducted at a two-sided alpha level of 0.05 or with 2-sided 95% confidence intervals (CI). No inferential hypothesis are tested in these secondary variables and summary statistics and CIs for these are not adjusted for multiplicity. The p-value if presented will not be considered for any inference. Analysis of Baseline characteristics will be summarized appropriately via descriptive statistics or visual presentation. For analysis of categorical data, Fisher’s exact test, Chi-squared test, or Cochran-Mantel-Haenszel (CMH) test will be performed. For the secondary objectives for PK, the PK of ARGX-113 will be evaluated by assessment of drug concentrations in plasma. These drug concentrations will be listed and summarized for each sampling time point using arithmetic mean, standard deviation (SD), minimum, median, maximum, number of observations and number of observations ≥ lower limit of quantification (LLOQ). The PK parameters except for $t_{\text{max}}$ will be summarized using geometric mean (Gmean), geometric coefficient of variation (GCV), arithmetic mean, SD, minimum, median, and maximum number of observations. In addition, $t_{\text{max}}$ will be summarized using median, minimum, maximum, and number of observations. Observed and change from Baseline in PD, ADA biomarkers will be listed, summarized, and presented graphically as appropriate.
## Table 1 Schedule of Assessments

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Screening‡</th>
<th>Visit V1</th>
<th>Visit V2**</th>
<th>Visit V3</th>
<th>Visit V4**</th>
<th>Visit V5</th>
<th>Visit V6**</th>
<th>Visit V7</th>
<th>Visit V8</th>
<th>Visit V9</th>
<th>Visit V10</th>
<th>Visit V11</th>
<th>Visit V12</th>
<th>Visit V13</th>
<th>Visit V14</th>
<th>Visit V15</th>
<th>Visit V16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Day*</td>
<td>1</td>
<td>5±1</td>
<td>8±1</td>
<td>12±1</td>
<td>15±1</td>
<td>19±1</td>
<td>22±1</td>
<td>26±1</td>
<td>29±1</td>
<td>36±1</td>
<td>43±1</td>
<td>50±1</td>
<td>57±1</td>
<td>64±1</td>
<td>71±1</td>
<td>78±1</td>
<td></td>
</tr>
<tr>
<td>Safety Visit</td>
<td></td>
<td>EoT</td>
<td>EoS/ED</td>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed consent‡</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inclusion and exclusion criteria</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/surgical history</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randomization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic Characteristics</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination including Height and Weight</td>
<td>X c, d</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X c</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X c</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vital Signs (Blood Pressure, Heart rate, Oral body temperature)</td>
<td>X</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MGQoL15r</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MG-ADLe</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>QMGc</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MGCc</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical laboratory test§</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pharmacodynamics: anti-AChR antibodies and Immunoglobulin G and its sub-types§</td>
<td>X</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
</tr>
<tr>
<td>ECG‡</td>
<td>X</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>X</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pharmacokinetics: Blood</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
</tr>
<tr>
<td>Anti-drug antibodies</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
<td>X a</td>
</tr>
<tr>
<td>Serum Pregnancy test§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Pregnancy test§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral and bacterial tests§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacogenetics§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration of ARGX-113 or placebo§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidality assessment§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concomitant therapies§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse events§</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations:** BMI = Body Mass Index; ECG = Electrocardiogram; ED = Early Discontinuation; EoS = End-of-Study; EoT = End-of-Treatment; FU = Follow-Up; MG-ADL = Myasthenia Gravis-Activities of Daily Living; QMG = Quantitative Myasthenia Gravis score; MGC = Myasthenia Gravis Composite score; MGQoL15r = 15-item quality of life scale for Myasthenia Gravis [Revised version]; US = Unscheduled; V = Visit.
The allowed window period between visits in Treatment period and Follow-up period is ±1 day provided that 2 consecutive visits are 3 days apart at a minimum. Every effort should be made to schedule every visit on the exact day (which is relative to the Baseline visit or [Visit 1]) as described in above Schedule of Assessments (Table 1) without the window.

**The Visits 2, 4, 6, and 8 are optional.**

**The allowed window period before every visit is ±1 day provided that 2 consecutive visits are 3 days apart at a minimum. Every effort should be made to schedule every visit on the exact day (which is relative to the Baseline visit or [Visit 1]) as described in above Schedule of Assessments (Table 1) without the window.

a. To take place within 15 days prior to first administration of the Investigational Medicinal Product (IMP) at Visit 1.

b. No study-related assessment is to be carried out before the patient has signed informed consent.

c. A complete physical examination will be performed at Screening, Visit 7, and at Visit 16/EoS/ED. An abbreviated examination will be done at all other visits. On dosing days, physical examination including weight measurement should be performed pre-dose.

d. Height should only be measured at Screening (and Body Mass Index [BMI] to be calculated accordingly at Screening only).

e. Randomization to be performed only after confirmation of eligibility of the patient including the MG-ADL score assessed at Visit 1 and prior to dosing at Visit 1. The assessments for vital signs, urinalysis, and anti-drug antibodies, must be performed pre-dose at visits when the Investigational Medicinal Product (IMP) is administered (Visits 1, 3, 5, and 7). Efficacy assessments scheduled on designated Days should be completed pre-dose on each dosing day and should be performed prior to any other study specific assessment except for obtaining informed consent at Screening. Efficacy assessments should be performed in the following sequence (at each study visit including these assessments): MGQoL15r, MG ADL, QMG, and MGC. Cholinesterase inhibitors must be held for at least 12 hours before the MGQoL15r, MG-ADL, QMG, and MGC assessments (consistent with the revised manual for the QMG test as recommended by the Myasthenia Gravis Foundation of America Inc [MGFA])

A total score ≥5 on the MG-ADL with more than 50% of this score attributed to non-ocular items should be met at both Screening and Baseline (Visit 1) to confirm eligibility.

f. Sampling for clinical laboratory tests is to be performed pre-dose on dosing days and tests will include hematology (hemoglobin, platelet count, white blood cell count with differential); blood chemistry (including creatinine, creatinine clearance, blood urea nitrogen [BUN], glucose, alanine aminotransferase [ALT], aspartate aminotransferase [AST], total bilirubin, gamma-glutamyl transferase [GGT], C-reactive protein [CRP], alkaline phosphatase [AP], lactate dehydrogenase [LDH], uric acid, albumin, potassium, calcium, sodium, thyroglobulin, International normalized ratio or activated partial thromboplastin time [APTT], CD19 counts). Patients need to be fasting for at least 8 hours prior to this sampling.

g. Sampling for pharmacodynamic biomarkers is to be performed pre-dose on dosing days and include anti-AChR antibodies and immunoglobulin G and its sub-types. Analysis of anti-AChR antibodies will include anti-AChR binding antibodies and anti-AChR blocking antibodies. IgG measurements include total IgG, IgG subtypes (IgG 1, IgG 2, IgG 3, and IgG 4). In addition, IgA, IgD, IgE, and IgM will also be assessed.

h. ECG (heart rate, PR, QT, and QRS interval) will be read locally and should be performed pre-dose on dosing days.

i. Pharmacokinetic (PK) assessments should be done both pre- and post-dose (within 30 minutes prior to start of infusion for pre-dose sample and within 30 minutes after end of infusion for post-dose sample) on all IMP infusion days.

j. Serum pregnancy test must be performed in women of childbearing potential at Screening from the blood sample collected for clinical laboratory tests at the central laboratory.

k. Urine pregnancy test will be performed locally pre-dose at Visits 1, 3, 5, 7, 11, and 16/EoS/ED.

l. Tests to assess HbsAg, anti-HCV antibodies, Follicle stimulating hormone (FSH), HIV antibodies and tuberculosis serology (QuantIFERON®-TB Gold) test will be performed at the central laboratory.

m. A blood sample for the optional pharmacogenetic testing is to be collected before the first dose of the Investigational Medicinal Product is administered at Visit 1 (Baseline) after a separate pharmacogenetic ICF has been signed, and will be stored for pharmacogenetic analysis. Only if the blood sample at Visit 1 is missed, the sample should be drawn at Visit 3 before the administration of the Investigational Medicinal Product.

n. The Investigational Medicinal Product or placebo will be administered as an IV infusion over a period of 2 hours at Visits 1, 3, 5, and 7. Patients should remain at the site for at least 2 hours following the end of the infusion for safety monitoring based on the patient’s clinical status.

o. Suicidal ideation and behavior will be assessed via a targeted question based on the Patient Health Questionnaire item 9 (PHQ-9) at each scheduled visit except the optional visit.

p. Adverse events and intake of concomitant medication(s) will be monitored continuously from signing of informed consent until the last study-related activity at Visit 16. In case of early discontinuation, any AEs/SAEs should be assessed for 30 days following the early discontinuation visit and until satisfactory resolution or stabilization.