NEW DRUG INFORMATION

- **Reblozyl™ (luspatercept-aamt):** The U.S. Food and Drug Administration (FDA) approved Celgene Corporation's Reblozyl for treating anemia in adults with beta thalassemia who require regular red blood cell (RBC) transfusions. Beta thalassemia is a rare inherited blood condition that reduces the body's production of the oxygen-carrying protein hemoglobin. Patients with severe forms of beta-thalassemia must receive regular blood transfusions for life. This burdensome treatment regimen comes with the risk of iron overload. BELIEVE, a Phase III, randomized, double-blinded, placebo-controlled, multicenter trial demonstrated Reblozyl decreased the number of transfusions in about a fifth of patients by 33% or greater, compared to 4.5% of those given placebo. Reblozyl is the first FDA-approved erythroid maturation agent.

The FDA is also reviewing Reblozyl for approval in anemia related to myelodysplastic syndromes, a group of cancer-like bone marrow disorders, and a decision is expected from the agency by April 2020.

Reblozyl will be available commercially in late November 2019. It utilizes weight-based dosing at one milligram per kilogram ($3,441 per 25 mg vial). Reblozyl is expected to have an average annual wholesale acquisition cost (WAC) of $170,000.

- **Ziextenzo™ (pegfilgrastim-bmez):** The FDA approved Sandoz's Ziextenzo to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Ziextenzo is a biosimilar to Amgen's Neulasta® (pegfilgrastim). Neulasta® accounted for $4.5 billion in total sales for Amgen in 2018. Sandoz plans to launch as soon as possible this year. Pricing has not been released.
NEW DRUG INFORMATION (continued)

- **Brukinsa™ (zanubrutinib):** BeiGene's Brukinsa has received accelerated approval from the FDA for treatment for mantle cell lymphoma (MCL) in adult patients who have received at least one prior therapy. Approval of Brukinsa is based on efficacy results from two single-arm clinical trials, with independent review committee (IRC)-assessed overall response rate (ORR) per 2014 Lugano Classification as the primary endpoint. Across both trials, Brukinsa achieved an ORR, which is the sum of complete responses and partial responses, of 84%. The recommended dose of Brukinsa is 160 mg by mouth twice daily or 320 mg by mouth once daily with or without food. Other selective inhibitors of Bruton's tyrosine kinase (BTK) similar to Brukinsa include Janssen’s Imbruvica® (ibrutinib), and AstraZeneca’s Calquence® (acalabrutinib). Brukinsa is expected to have a WAC of $155,220 with a release date by the end of the year.5

- **Adakveo™ (crizanlizumab-tmca):** Novartis’s Adakveo has been granted FDA approval to reduce the frequency of vaso-occlusive crises (VOCs) in adults and pediatric patients aged 16 years and older with sickle cell disease. It is the first targeted biologic that works by binding to P-selectin, a cell adhesion protein that plays a central role in the multicellular interactions that can lead to vaso-occlusion in sickle cell disease. Adakveo’s approval is based on results of the 52-week, randomized, placebo-controlled SUSTAIN trial, which showed that Adakveo significantly lowered the median annual rate of VOCs to 1.63 vs 2.98 compared to placebo (P = 0.01), which is equivalent to a 45% reduction. Reductions in the frequency of VOCs were observed among patients regardless of sickle cell disease genotype and/or hydroxyurea use.6 Adakveo is expected to have a WAC of $85,000 to $113,000 ($2,357 per vial) and will be available by December.7

- **Abrilada™ (adalimumab-afzb):** The FDA approved Pfizer’s Abrilada (adalimumab-afzb) for multiple inflammatory conditions including rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, adult Crohn’s disease, ulcerative colitis and plaque psoriasis.6 Abrilada is a biosimilar to AbbVie’s Humira® (adalimumab). Globally, Humira® accounted for $19.9 billion in sales for AbbVie.8 Pfizer plans to launch Abrilada in 2023 in accordance with recent legal settlements with AbbVie. Price pending.

NEW INDICATIONS

- **Dysport® (abobotulinumtoxinA):** The FDA broadened its approval of Ipsen’s Dysport to include the treatment of upper limb spasticity in pediatric patients 2 years of age and older, excluding spasticity caused by cerebral palsy.

- **Zejula® (niraparib):** The FDA expanded GSK’s label of Zejula to include advanced ovarian, fallopian tube, or primary peritoneal cancer patients who have undergone at least three prior chemotherapy regimens and whose disease has come back.
NOVEMBER NEWS

- “Close to 18 months after the gene therapy biotech was able to quickly shed an FDA hold on their lead Duchenne muscular dystrophy program for SGT-001, regulators have stepped back into force another halt after another patient was hit hard by a set of serious adverse events remarkably similar to the first.”

- “When RegenxBio disclosed that the FDA had placed a partial clinical hold on one of its lead gene therapies, execs outlined several customary next steps: continuing assessment and monitoring, delaying a related IND filing, and working with the FDA to address the matter. As it turned out, they were planning something much less mundane. Two days after announcing the hold in its Q3 update, RegenxBio filed a lawsuit seeking to set it aside, the FDA Law Blog noted. The lawsuit shed light on the interactions between the biotech and regulators, revealing that there was actually a full clinical hold on the diabetic retinopathy trial in addition to the partial hold on wet age-related macular degeneration and RegenxBio withdrew the IND.

  Since they didn’t get a chance to review or rebut the reasons for the hold, which harmed their reputation and property interest in RGX-314, RegenxBio believes the FDA violated the Fifth Amendment’s Due Process Clause. Furthermore, they charged a particular section of the Food, Drug, and Cosmetic Act represented an unconstitutional vesting of legislative power in the Secretary of Health and Human Services.”

- “After fumbling in its first late-stage lupus study, AstraZeneca disclosed that a second pivotal trial testing its experimental drug, anifrolumab, had met the main goal, in August. Recently, the British drugmaker broke out the numbers from its successful study.”

- “Reata Pharma on Monday unveiled pivotal results from a trial testing another drug, bardoxolone, in patients with a rare, genetic form of chronic kidney disease for which there exist no approved therapies. Bardoxolone, is a small molecule engineered to bind to a gene called Keap1 to enhance the activity of the protein Nrf2 in order to defuse inflammation.”

- “Roche said risdiplam hit the primary endpoint in the placebo-controlled pivotal SUNFISH trial, meeting the threshold for change from baseline in the Motor Function Measure 32 (MFM-32) scale after one year of treatment. The result, which is the second, confirmatory portion of a two-part study, involved 180 patients with type 2 or 3 spinal muscular atrophy between 2 and 25 years old. This could spell an even bigger threat to Biogen’s Spinraza franchise than Novartis’ gene therapy, said Credit Suisse analyst Evan Seigerman. Since gaining approval in May, Zolgensma has been plagued by reimbursement issues as payers push back against its $2.1 million price tag (although Novartis stresses that the payment is delivered in a 5-year installment plan for a supposed once-and-done cure). It’s also only approved for infants under the age of 2.”

- “The decision to file aducanumab a second time is based on a new analysis, conducted by Biogen in consultation with the FDA, of a larger dataset from the Phase 3 clinical studies that were discontinued in March 2019 following a futility analysis. This new analysis of a larger dataset that includes additional data that became available after the pre-specified futility analysis shows that aducanumab is pharmacologically and clinically active as determined by dose-dependent effects in reducing brain amyloid and in reducing clinical decline as assessed by the pre-specified primary endpoint Clinical Dementia Rating-Sum of Boxes (CDR-SB). In both studies, the safety and tolerability profile of aducanumab was consistent with prior studies of aducanumab.”
REFERENCES