

Specialty Pipeline MONTHLY UPDATE

Critical updates in an ever-changing environment

January 2021

NEW DRUG INFORMATION

- **Orgovyx™ (relugolix):** The United States Food and Drug Administration (FDA) has approved Myovant's Orgovyx for the treatment of men with advanced prostate cancer. Orgovyx is an oral once daily, GnRH receptor antagonist which blocks the GnRH receptor and reduces production of testicular testosterone, a hormone known to stimulate the growth of prostate cancer. Orgovyx achieves both LH and FSH suppression, which does not result in a testosterone surge. Orgovyx's approval was based on the Phase 3 HERO study that demonstrated a 96.7% response rate in testosterone suppression to castrate levels (< 50 ng/dL) through 48 weeks. Orgovyx was statistically superior to leuprolide with a difference of 7.9%.¹ Orgovyx will be available in January 2021 with a limited distribution and a wholesale acquisition cost (WAC) \$2,313 per 30 tablets.
- **Ebanga™ (ansuvimab-zykl):** The FDA approved Ridgeback Biotherapeutics' Ebanga, a human monoclonal antibody, for the treatment for Zaire ebolavirus (Ebolavirus) infection in adults and children. Ebanga is administered as a single 50mg/kg intravenous (IV) infusion. Approval of Ebanga is based on the PALM study that demonstrated that 35.1% of patients treated with Ebanga died after 28 days, compared with 49.4% of the patients who received a control therapy.² According to the FDA, patients who receive Ebanga should avoid the concurrent administration of a live virus vaccine against Ebola virus, as there is a potential for the drug to inhibit replication of a live vaccine virus and possibly reduce the efficacy of the vaccine. Ridgeback will continue to make Ebanga available to patients who need it.
- **Margenza™ (margetuximab-cmkb):** Margenza has been approved by the FDA for the treatment of adult patients with pre-treated metastatic HER2-positive breast cancer, who have received two or more prior anti-HER2 regimens, at least one of which was for metastatic disease, in combination with chemotherapy. Margenza is an investigational, Fc-engineered, monoclonal antibody that targets HER2. Margenza was approved based on Phase 3 SOPHIA trial which demonstrated Margenza plus chemotherapy had a statistically significant 24% reduction in the risk of disease progression or death when compared to trastuzumab plus chemotherapy. Margenza had a median progression-free survival of 5.8 months compared to 4.9 months with trastuzumab plus chemotherapy. The objective response rate for Margenza plus chemotherapy was 22% and for trastuzumab plus chemotherapy was 16%.³ Margenza is scheduled to launch March 2021 with pricing to follow.

NEW INDICATIONS

- **Iclusig® (ponatinib):** The FDA granted approval of Takeda's Iclusig, an optimized, response-based dosing regimen for the BCR-ABL2 tyrosine kinase inhibitor for treatment of adult patients with chronic-phase (CP) chronic myeloid leukemia (CML) with resistance or intolerance to at least two prior kinase inhibitors.
- **Kineret® (anakinra):** Sobi's Kineret has been granted a new indication by the FDA as an interleukin-1 receptor antagonist (IL-1Ra) for treatment of patients with deficiency of IL-1 receptor antagonist (DIRA).
- **Nubeqa® (darolutamide):** The FDA expanded the labeling for Bayer and Orion's Nubeqa for the androgen receptor inhibitor to add final overall survival analysis data from the Phase III ARAMIS trial to labeling for treatment of non-metastatic castration-dependent prostate cancer.
- **Xalkori® (crizotinib):** The FDA approved Pfizer's Xalkori for treatment of pediatric patients with relapsed or refractory systemic anaplastic large cell lymphoma that is anaplastic lymphoma kinase (ALK)-positive.

JANUARY NEWS

- "Voyager Therapeutics announced that the FDA has forced the company to halt studies on their lead program, a gene therapy for Parkinson's disease, after "MRI abnormalities" appeared in some patients in a Phase II trial. The hold comes after Voyager disclosed that a data safety monitoring board had recommended a pause after "review[ing] certain patient imaging data." The biotech cautioned that they are still investigating what the abnormalities mean for patients and that, because of Covid-19, the study wasn't actively recruiting new volunteers anyhow. Nevertheless, it is a distinct setback for a once well-partnered company that sought to extend gene therapy out of the rare disease space and into more common neurological ailments."⁴
- "BioMarin now has the Phase III data it needs to refile valrox, its gene therapy for hemophilia A, at the EMA — and possibly convince the FDA to reconsider its requirement. Pulling from a total of 134 patients who had been followed up for a mean of 71.6 weeks, the biotech zeroed in on a subgroup that was rolled over from a non-interventional study. Among those 112 patients, the annualized bleeding rate was reduced by 84% compared to prophylactic Factor VIII replacement. The one-time injection of valrox also cut mean annualized Factor VIII infusion by 99% (p <0.0001)."⁵
- "The initiation of our pivotal trial, which is the first Phase 3 DMD gene therapy program to begin enrolling eligible participants, is an important milestone for the community because there are currently no approved disease-modifying treatment options available for all genetic forms of DMD," said Brenda Cooperstone, MD, Chief Development Officer, Rare Disease, Pfizer Global Product Development. "We believe our gene therapy candidate, if successful in Phase 3 and approved, has the potential to significantly improve the trajectory of DMD disease progression, and we are working with worldwide regulatory authorities to initiate this program as quickly as possible in other countries."⁶
- "Entering 2021, the gene therapy field faces major questions after a series of regulatory and clinical setbacks have shaded optimism. "The ups and downs of adolescence are on full display" analysts at Piper Sandler wrote in September, summing up the state of gene therapy research. Here are five questions facing scientists, drug makers and investors this year. How they're answered will matter greatly to the patients and families holding out hope for one-time disease treatments."⁷
- "Sarepta Therapeutics announced mixed results from the first randomized clinical trial of its gene therapy for Duchenne muscular dystrophy, raising questions about the path forward for the one-time, potentially curative treatment. A single infusion of the treatment, called SRP-9001, produced large increases in a crucial muscle protein typically missing in children born with Duchenne. But the increases failed to coincide with statistically significant improvements in muscle function for all patients after one year."⁸

REFERENCES

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