PRIME THERAPEUTICS®

Specialty Pipeline **MONTHLY UPDATE**

Critical updates in an ever changing environment

November 2021

NEW DRUG INFORMATION

- **Susvimo™ (ranibizumab injection via ocular implant):** The U.S. Food and Drug Administration (FDA) has granted approval of Genentech's Susvimo for people with wet age-related macular degeneration (AMD) who have previously responded to at least two anti-vascular endothelial growth factor (VEGF) intravitreal injections. Susvimo is for intravitreal use via a refillable ocular implant that is surgically inserted into the eye through a one-time, outpatient procedure and may help people with wet AMD maintain their vision with as few as two treatments per year. Susvimo was approved based on a Phase 3 clinical trial, ARCHWAY, which demonstrated wet AMD patients treated with Susvimo achieved and maintained visual gains equivalent to monthly ranibizumab injections +0.2 and +0.5 eye chart letters from baseline, respectively, at weeks 36 and 40 of treatment.[1] Susvimo was non-inferior to monthly 0.5-mg ranibizumab injections for changes in the best-corrected visual acuity compared with baseline at the average of weeks 36 and 40 and remained non-inferior through two refill-exchange intervals at the average of weeks 44 and 48. Susvimo has launched with the implant and medicine having a wholesale acquisition cost (WAC) of $17,250 for the first year; each refill is priced at $8,000 per vial.

- **Xipere™ (triamcinolone acetonide injectable suspension):** The FDA approved Clearside Biomedical and Bausch + Lomb's Xipere for the treatment of macular edema associated with uveitis, a form of eye inflammation. Xipere is a suprachoroidal injection. Xipere was approved based on three Phase 3 trials, PEACHTREE, MAGNOLIA and AZALEA, which demonstrated clinical efficacy with a BCVA (Best Corrected Visual Acuity) as its primary endpoint. Results from PEACHTREE were statistically significant, showing that a greater proportion of patients treated with Xipere (47%) achieved at least a 15-letter improvement in BCVA than patients in the control arm (16%) at Week 24.[2] Xipere is expected to launch in the first quarter of 2022 with pricing to follow.

- **Scemblix® (asciminib):** The FDA approved Novartis' Scemblix for the treatment of chronic myeloid leukemia (CML) in two distinct indications: accelerated approval for adult patients with Philadelphia chromosome-positive CML in chronic phase (Ph+ CML-CP) previously treated with two or more tyrosine kinase inhibitors (TKIs), based on major molecular response (MMR) rate at 24 weeks; and full approval for adult patients with Ph+ CML-CP with the T315I mutation. In the Phase 3 ASCEMBL trial, Scemblix demonstrated significant and clinically meaningful superiority in the major molecular response (MMR) rate compared to Pfizer's Bosulif® (bosutinib) 25% vs. 13% respectively at 24 weeks.[3] Additionally, Scemblix had a more than three times lower discontinuation rate due to side effects (7% vs. 25%).[3] Scemblix has launched with a WAC $17,900-$84,499 per 30 days.

- **Yutrepia™ (treprostinil) inhalation powder:** The FDA granted tentative approval for Liquidia's Yutrepia inhalation powder for the treatment of pulmonary arterial hypertension (PAH) to improve exercise ability in adult patients with New York Heart Association (NYHA) Functional Class II-III symptoms. Tentative approval indicates that Yutrepia has met all regulatory standards for quality, safety and efficacy required for approval in the United States. Yutrepia was designed to improve the limitations of current nebulized therapies by allowing the administration of an expanded dose range of inhaled treprostinil using a palm-sized device. Yutrepia's approval was via the 505(b)(2) pathway using United Therapeutics' Tyvaso® (treprostinil) inhaled solution as its reference drug. In a clinical trial, INSPIRE, Yutrepia met its primary endpoint of safety and being well-tolerated.[4] Final FDA approval is expected to occur in October 2022 or earlier upon resolution of on-going litigation with pricing to follow.
- **Besremi™ (ropeginterferon alfa-2b-njft):** The FDA has approved PharmaEssentia's Besremi for the treatment of adults with polycythemia vera (PV). PV is a rare, chronic and life-threatening blood cancer caused by a mutation in stem cells in the bone marrow, resulting in the overproduction of blood cells. When this occurs, it puts a person at risk for serious health problems, including blood clots, stroke and heart attack. Most cases are caused by a JAK2V617F mutation; without proper management, this debilitating cancer can progress into myelofibrosis and malignancies, including acute myeloid leukemia. Besremi was approved based on safety from the PEGINVERA and PROUD/CONTINUATION-PV studies and efficacy data from the PEGINVERA clinical study program. These studies demonstrated that after 7.5 years of treatment with Besremi, 61% of patients with PV experienced a complete hematological response which was defined as hematocrit <45% without phlebotomy for at least two months since last phlebotomy, platelets ≤400 x 109/L, leukocytes ≤10 x 109/L, normal spleen size (longitudinal diameter ≤12 cm for females and ≤13 cm for males).[5] Additionally, 80% of patients achieved a hematological response. Besremi launch and pricing are pending.

NEW INDICATIONS

- **Dupixent® (dupilumab):** The FDA has approved Sanofi and Regeneron's Dupixent as an add-on treatment of pediatric patients aged 6 to 11 years of age with uncontrolled moderate-to-severe asthma.
- **Tecentriq® (atezolizumab):** Roche (Genentech)'s Tecentriq had an expanded indication approved by the FDA for adjuvant treatment for patients with Sage II-IIIA non-small cell lung cancer (NSCLC) with PD-L1 scores greater than or equal to 1.

NOVEMBER NEWS

- "NASH, the notorious liver disease afflicting an increasing number of Americans, has always been the focus at Metacrine ever since serial entrepreneur Rich Heyman unveiled the first round of financing all the way back in 2015. Not anymore. The San Diego-based biotech is halting its NASH program and choosing instead to prioritize its effort in pushing the same FXR agonist, MET642, into a Phase II trial for inflammatory bowel disease. Metacrine joins a long line of biotechs taking a step back from NASH. Just this year, NGM and Enanta have shifted focus in the wake of trial flops; and that's following setbacks at Genfit, Intercept, CymaBay and Albireo. According to Metacrine, preliminary results from a nine-month animal toxicology study have flagged the need for a review — which will determine whether it needs another long-term animal toxicology study before starting Phase III in IBD."[6]

- "There is no substantial evidence supporting the efficacy of LV-101 (intranasal carbetocin), a nasal spray designed to reduce the insatiable hunger, called hyperphagia, that's a hallmark of Prader-Willi syndrome (PWS), according to a 12-1 vote by a FDA advisory committee. The overwhelmingly negative vote followed a six-hour virtual public meeting, held Nov. 4, in which the FDA committee reviewed clinical trial data and then heard the opinions and experiences of patients and their family members regarding the use of LV-101."[7]

- "Pfizer PFE announced that it has filed an application to the FDA seeking Emergency Use Authorization (EUA) for its promising oral antiviral candidate for COVID-19, Paxlovid for the treatment of mild-to-moderate COVID-19 in patients at increased risk of hospitalizations or death. Pfizer's regulatory application was based on clinical data from an interim analysis of a Phase II/III study, EPIC-HR study. Data from the study showed that Paxlovid (administered in combination with low dose ritonavir) reduced the risk of hospitalization or death by 89% in non-hospitalized adult patients with COVID-19 at high risk of progressing to severe illness compared to placebo within three days of symptom onset. Similar benefits were observed in patients treated within five days of symptom onset. At the recommendation of an independent Data Monitoring Committee, Pfizer stopped the study early due to the high efficacy observed in the interim analysis. Another large drugmaker, Merck MRK, is also making an oral antiviral pill, molnupiravir, for treating non-hospitalized COVID-19 patients. Merck along with partner Ridgeback Biotherapeutics has already filed an application seeking EUA for molnupiravir. The application was based on positive data from the interim analysis of the phase III MOVe-OUT study, which showed that the medicine reduced the risk of hospitalization or death by approximately 50% in non-hospitalized adult patients with mild or moderate COVID-19."[8]

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