Pipeline Trends December 2016

Timothy Cummins

University of Massachusetts Medical School

Follow this and additional works at: https://escholarship.umassmed.edu/commed_pubs

Part of the Health Economics Commons, Health Law and Policy Commons, Health Policy Commons, Health Services Administration Commons, Health Services Research Commons, and the Pharmacy Administration, Policy and Regulation Commons

Repository Citation

https://escholarship.umassmed.edu/commed_pubs/152

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Promising New Agents

**Drug Name:** Abaloparatide  
**Manufacturer:** Radius Health  
**Indication:** Osteoporosis  
**Formulation:** Subcutaneous injection

Abaloparatide is an anabolic agent that selectively activates the parathyroid hormone type 1 receptor. Abaloparatide is currently being developed for the treatment of osteoporosis in postmenopausal women.

The randomized, controlled, double-blind, international Phase III ACTIVE trial (N=2,463) compared abaloparatide 80 mcg daily to placebo or open-label teriparatide 20 mcg daily. There was a 0.6 percent incidence of new vertebral fractures at 18 months among patients treated with abaloparatide compared to 4.2 percent incidence among patients in the placebo group (RR 0.14, 95 percent CI 0.05 to 0.39, P<0.001). There was a 2.7 percent incidence of nonvertebral fractures at 18 months among patients treated with abaloparatide compared to 4.7 percent incidence among patients in the placebo group (hazard ratio [HR] 0.57, 95 percent CI 0.32 to 1.00, P=0.049). In addition, treatment with abaloparatide resulted in significant increases in bone mineral density compared to placebo and teriparatide at 6, 12, and 18 months (P<0.001). The incidence of hypercalcemia was lower in patients treated with abaloparatide compared to teriparatide (3.4 versus 6.4 percent, respectively, P=0.006).

If approved, abaloparatide may provide an efficacious treatment option for osteoporosis in postmenopausal women. A New Drug Application (NDA) for abaloparatide has been accepted for review by the FDA and a decision is expected by March 30, 2017.

**Drug Name:** Cannabidiol  
**Manufacturer:** GW Pharmaceuticals  
**Indication:** Dravet syndrome, LGS  
**Formulation:** Oral liquid

Epidiolex® (cannabidiol) is a liquid formulation of pure plant-derived cannabidiol. Cannabidiol is currently being investigated for the treatment of multiple pediatric epilepsy disorders, including Dravet syndrome and Lennox-Gastaut syndrome (LGS).

In a randomized, placebo-controlled Phase III trial of patients with Dravet syndrome (N=120), cannabidiol was added to the current anti-epileptic drug (AED) regimen of patients who had previously tried an average of ≥4 AEDs. Treatment with cannabidiol resulted in a median reduction in monthly convulsive seizures of 39 percent compared to 13 percent with placebo after 14 weeks (P=0.01). In a randomized, placebo-controlled Phase III trial of patients with LGS who were uncontrolled on their current AED regimens (N=171), treatment with cannabidiol resulted in a median reduction in monthly drop seizures of 44 percent compared to 22 percent with placebo after 14 weeks (P=0.0135). Additional Phase III trials of cannabidiol for both Dravet syndrome and LGS are currently underway.

Currently, there are no FDA-approved treatments for Dravet syndrome. The FDA has granted the Orphan Drug designation to cannabidiol for the treatment of Dravet syndrome, LGS, Tuberous Sclerosis Complex, and infantile spasms. In addition, the FDA granted the Fast Track designation to cannabidiol for the treatment of Dravet syndrome in June 2014. An NDA submission for cannabidiol is anticipated in the first half of 2017.
## Promising New Agents

### Drug Name: Dupilumab
- **Manufacturer:** Regeneron, Sanofi
- **Indication:** Atopic dermatitis
- **Formulation:** Subcutaneous injection

Dupixent® (dupilumab) is a fully human monoclonal antibody that blocks the signaling of interleukin (IL)-4 and IL-13, two cytokines that are integral to the type 2 immune response. Dupilumab is currently being studied for the treatment of moderate-to-severe atopic dermatitis (AD).

Two identical Phase III studies, SOLO 1 (N=671) and SOLO 2 (N=708), compared dupilumab 300 mg weekly or every other week to placebo in patients with moderate-to-severe AD who were inadequate responders to or ineligible for topical treatment. Compared to placebo, treatment with either dupilumab regimen resulted in significant improvements in the primary endpoint, defined as a score of 0 or 1 (clear or almost clear) on the Investigator’s Global Assessment (IGA) and a reduction from baseline of ≥2 points in the IGA score from baseline to week 16 in both trials (P<0.001 for both comparisons). The most common adverse events were exacerbations of AD, injection-site reactions, and nasopharyngitis.

If approved, dupilumab may offer an alternative for patients with AD who are uncontrolled on topical treatment, and would be the first targeted therapy available for the treatment of AD. Dupilumab is also being studied for the treatment of asthma, nasal polyposis, and eosinophilic esophagitis. Dupilumab was granted the Breakthrough Therapy designation and Priority Review status by the FDA, with a decision expected by March 29, 2017.

### Drug Name: Elagolix
- **Manufacturer:** AbbVie, Neurocrine
- **Indication:** Endometriosis
- **Formulation:** Oral tablet

Elagolix is an orally-administered gonadotropin-releasing hormone (GnRH) antagonist that blocks GnRH signaling by binding to GnRH receptors in the pituitary gland. It is currently being investigated for the treatment of endometriosis and uterine fibroids.

The safety and efficacy of elagolix were evaluated in two randomized, double-blind Phase III trials which compared elagolix 150 mg once daily or 200 mg twice daily to placebo in premenopausal women with moderate-to-severe endometriosis-associated pain. The co-primary endpoints of dysmenorrhea and non-menstrual pelvic pain (NMPP), as measured by the Daily Assessment of Endometriosis Pain scale, were evaluated in both trials at months three and six. In the Violet PETAL study (N=872), 46 and 76 percent of patients treated with elagolix 150 mg and 200 mg, respectively, were classified as dysmenorrhea responders at three months compared to 20 percent of patients receiving placebo. In addition, 50 and 55 percent of patients treated with elagolix 150 mg and 200 mg, respectively, were classified as NMPP responders at three months, compared to 36 percent of patients receiving placebo. The results of the Solstice study (N=815) were similar, with both elagolix groups achieving the co-primary endpoints at six months.

If approved, elagolix would be the first GnRH antagonist approved for the treatment of endometriosis. An NDA submission is planned for 2017.

### Drug Name: Guselkumab
- **Manufacturer:** Janssen
- **Indication:** Plaque psoriasis
- **Formulation:** Subcutaneous injection

Guselkumab is a fully humanized anti-IL-23 monoclonal antibody with anti-inflammatory properties. This agent is currently in development for the treatment of moderate-to-severe plaque psoriasis.

The Phase II X-PLORE trial (N=293) compared guselkumab to placebo and adalimumab in adults with moderate-to-severe plaque psoriasis. A greater proportion of patients treated with guselkumab achieved a Physician’s Global Assessment score of 0 or 1 at 16 weeks compared to adalimumab (79, 86, and 83 percent for guselkumab 50 mg, 100 mg, and 200 mg, respectively, compared to 58 percent for adalimumab, P<0.05 for all comparisons).

The Phase III VOYAGE 1 trial (N=837) compared guselkumab to placebo and adalimumab in adults with moderate-to-severe plaque psoriasis. Treatment with guselkumab resulted in significant improvements in the proportion of patients achieving IGA scores of 0 or 1 compared to adalimumab (85.1 versus 65.9 percent, respectively) and in the proportion of patients with at least a 90 percent improvement in the Psoriasis Area and Severity Index (PASI 90) at 16 weeks (73.3 versus 49.7 percent, respectively, P<0.001 for both). The difference between groups in the proportion of patients achieving PASI 90 was similar at 24 weeks (80.2 versus 53.0 percent, respectively, P<0.001).

If approved, guselkumab would be the first anti-IL-23 monoclonal antibody indicated for the treatment of moderate-to-severe plaque psoriasis. A Biologics License Application (BLA) was submitted to the FDA in November 2016.
# Promising New Agents

## Drug Name: Midostaurin
**Manufacturer:** Novartis  
**Indication:** AML, SM  
**Formulation:** Oral capsule

Midostaurin is a multi-targeted kinase inhibitor that targets both wild-type KIT and D816V-mutated KIT. Midostaurin is currently being studied for the treatment of patients with acute myeloid leukemia (AML) with an FMS-like tyrosine kinase-3 (FLT3) mutation, as well as patients with advanced systemic mastocytosis (SM).

In the randomized, placebo-controlled Phase III RATIFY trial (N=717), treatment with midostaurin, in combination with standard induction and consolidation chemotherapy, was compared to chemotherapy alone for the treatment of newly-diagnosed FLT3-mutated AML in patients ages 18 to 59. Treatment with midostaurin resulted in a 23 percent improvement in overall survival (OS) compared to chemotherapy alone (HR 0.77, P=0.0074). The median OS with midostaurin was 74.7 months compared to 25.6 months with chemotherapy alone (95 percent CI 31.7 to not attained and 95 percent CI 18.6 to 42.9, respectively). In an open-label Phase II study of patients with SM (N=89), patients treated with midostaurin had an overall response rate of 60 percent (95 percent CI 49 to 70, P<0.001), a median OS of 28.7 months, and a median progression-free survival (PFS) of 14.1 months.

If approved, midostaurin would be the first targeted therapy for AML, with significant improvements in OS compared to chemotherapy alone. The FDA granted the Breakthrough Therapy designation to midostaurin on Feb. 19, 2016. Following a priority review, an FDA decision is expected in the first half of 2017.

## Drug Name: Sirukumab
**Manufacturer:** GSK, Janssen  
**Indication:** Rheumatoid arthritis  
**Formulation:** Subcutaneous injection

Sirukumab is a human anti-IL-6 monoclonal antibody being studied for the treatment of moderate-to-severely active rheumatoid arthritis (RA) in adults. By binding to IL-6, sirukumab inhibits inflammation in RA.

The Phase III SIRROUND-H study (N=559) compared treatment with sirukumab 50 mg every four weeks or 100 mg every two weeks to adalimumab 40 mg every two weeks for 52 weeks, all given as monotherapy in patients who were ineligible for methotrexate due to a history of an adverse reaction, inadequate response, or contraindication. Co-primary endpoints included change from baseline in Disease Activity Index Score 28 using erythrocyte sedimentation rate [DAS28 (ESR)] and American College of Rheumatology 50 (ACR50) response, both assessed at 24 weeks. Improvements in DAS28 (ESR) were greater in the sirukumab 100 mg and 50 mg groups compared to the adalimumab group (-2.96, -2.58 versus -2.19, respectively, P<0.001 and P=0.013, respectively). The ACR50 response was similar between the sirukumab and adalimumab groups.

The SIRROUND clinical program includes five studies evaluating sirukumab in more than 3,000 patients as monotherapy or combined with conventional disease-modifying antirheumatic drugs (DMARDs). If approved, sirukumab may offer an efficacious alternative for patients with RA who are ineligible for or who have failed DMARDs. A BLA was submitted for FDA review in September 2016.

## Drug Name: Solithromycin
**Manufacturer:** Cempra  
**Indication:** CABP  
**Formulation:** IV/oral

Solithromycin (solithromycin) is a novel fourth-generation macrolide and the first fluoroketolide. This agent is currently being studied for the treatment of community-acquired bacterial pneumonia (CABP).

In the SOLITaire-ORAL trial (N=860), adults with confirmed pneumonia were randomized to receive oral solithromycin 800 mg on day one, followed by 400 mg on days two through five and placebo on days six through seven, or oral moxifloxacin 400 mg on days one through seven. The primary endpoint of early clinical response (ECR) was defined as an improvement in ≥2 of 4 symptoms (cough, chest pain, sputum production, dyspnea) and no worsening in any symptom at 72 hours after the first dose. Treatment with solithromycin was non-inferior to moxifloxacin, with 78.2 and 77.9 percent of patients, respectively, achieving an ECR (treatment difference 0.29, 95 percent CI -5.5 to 6.1). In the SOLITaire-IV trial (N=863), adults with CABP were randomized to receive intravenous (IV)-to-oral solithromycin or moxifloxacin for seven once-daily doses. The primary endpoint of ECR was achieved by 79.3 and 79.7 percent of patients treated with solithromycin and moxifloxacin, respectively (treatment difference -0.46, 95 percent CI -6.1 to 5.2).

Solithromycin has activity against most macrolide-resistant strains of bacteria and may provide a potent macrolide monotherapy option for CABP. On Nov. 4, 2016, an FDA advisory committee voted 7 to 6 that the efficacy of solithromycin outweighs the risks. FDA decisions for the oral and IV formulations are expected by Dec. 27 and 28, 2016, respectively.
Due to the frequent emergence of new information related to topics presented, this informational resource includes data publicly available to the production staff prior to the publication date. This publication is intended for informational use only and should not be used for making patient care decisions. References furnished upon request.
Additional Promising New Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Manufacturer</th>
<th>Indication</th>
<th>Product Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocrevus® (ocrelizumab)* (IV)</td>
<td>Genentech</td>
<td>Relapsing-rmitting, primary progressive MS</td>
<td>PDUFA date 12/28/2016</td>
</tr>
<tr>
<td>Crisaborole (topical)</td>
<td>Anacor Pharmaceuticals</td>
<td>Atopic dermatitis</td>
<td>PDUFA date 01/07/2017</td>
</tr>
<tr>
<td>Rolapitant (IV)</td>
<td>Tesaro</td>
<td>CINV prophylaxis</td>
<td>PDUFA date 01/11/2017</td>
</tr>
<tr>
<td>Plecanatide</td>
<td>Synergy Pharmaceuticals</td>
<td>IBS-C, CIC</td>
<td>PDUFA date 01/29/2017</td>
</tr>
<tr>
<td>Siliq (brodalumab)* (SC)</td>
<td>Valeant Pharmaceuticals</td>
<td>Plaque psoriasis</td>
<td>PDUFA date 02/16/2017</td>
</tr>
<tr>
<td>Rucaparib*</td>
<td>Clovis Oncology</td>
<td>Advanced BRCA-mutated ovarian cancer</td>
<td>PDUFA date 02/23/2017</td>
</tr>
<tr>
<td>Telotristat etiprate*</td>
<td>Lexicon Pharmaceuticals</td>
<td>Carcinoid syndrome</td>
<td>PDUFA date 02/28/2017</td>
</tr>
<tr>
<td>Deflazacort</td>
<td>Marathon Pharmaceuticals</td>
<td>Duchenne muscular dystrophy</td>
<td>PDUFA date 02/2017</td>
</tr>
<tr>
<td>Naldemedine</td>
<td>Shionogi</td>
<td>Opioid-induced constipation in CNCP</td>
<td>PDUFA date 03/23/2017</td>
</tr>
<tr>
<td>INGREZZA™ (valbenazine)</td>
<td>Neurocrine Biosciences</td>
<td>Tardive dyskinesia</td>
<td>PDUFA date 04/11/2017</td>
</tr>
<tr>
<td>Brineura™ (cerliponase alfa)* (ICV)</td>
<td>BioMarin Pharmaceutical</td>
<td>CLN2 disease</td>
<td>PDUFA date 04/27/2017</td>
</tr>
<tr>
<td>Brigatinib*</td>
<td>Ariaid Pharmaceuticals</td>
<td>Metastatic ALK+ NSCLC</td>
<td>PDUFA date 04/29/2017</td>
</tr>
<tr>
<td>CHS-1701 (pegfilgrastim biosimilar)* (SC)</td>
<td>Coherus Biosciences</td>
<td>Prevention of chemotherapy-induced febrile neutropenia</td>
<td>PDUFA date 06/09/2017</td>
</tr>
<tr>
<td>Radicava™ (edaravone)* (IV)</td>
<td>Mitsubishi Tanabe Pharma Corporation</td>
<td>ALS</td>
<td>PDUFA date 06/16/2017</td>
</tr>
<tr>
<td>Ozenoxacin (topical)</td>
<td>Medimetriks Pharmaceuticals</td>
<td>Impetigo</td>
<td>PDUFA date 06/22/2017</td>
</tr>
<tr>
<td>Ribociclib*</td>
<td>Novartis</td>
<td>HR+/HER2- advanced breast cancer</td>
<td>NDA accepted 11/2016</td>
</tr>
</tbody>
</table>

Table Abbreviations: ALK=anaplastic lymphoma kinase, ALS=amyotrophic lateral sclerosis, CL=chronic idiopathic constipation, CINV=chemotherapy-induced nausea and vomiting, CNCP=chronic non-cancer pain, HR=hormone receptor, HER2=human epidermal growth factor receptor 2, IBS-C=irritable bowel syndrome with constipation, ICV=intracerebroventricular, MS=multiple sclerosis, NSCLC=non-small cell lung cancer, PDUFA=Prescription Drug User Fee Act, SC=subcutaneous

Note: All agents are administered orally unless otherwise indicated.
*Designates specialty drug.
Who We Are and What We Do

The University of Massachusetts Medical School’s Clinical Pharmacy Services is a national leader in clinical pharmacy support. Established in 1999 to provide drug utilization review services for the Massachusetts Medicaid program, Clinical Pharmacy Services now provides clinical and operational support, consulting and service delivery in a broad range of areas such as evidence-based pharmaceutical care management, medication therapy management, patient-centered medical homes, pharmacy analytics, pharmacoeconomic analysis, and patient/prescriber outreach. We have assembled a team with exceptional depth and experience in multiple fields. Our clients include state Medicaid agencies, pharmacy benefit managers and managed care plans. PIPELINE TRxENDS is produced annually to provide our clients with critical information about drugs in development.