Report Vabysmo® - faricimab

Product & Mechanism of action

Substance: faricimab

Brand Name: Vabysmo®

Originator/licensee:
Roche Registration GmbH

Classification: NCE

ATC code: S01LA09

Orphan Status:
Eu: No
Us: No

Mechanism of action:
faricimab is a bispecific antibody that neutralizes both angiopoietin-2 and VEGF-A. By dual inhibition of Ang-2 and VEGF-A, faricimab reduces vascular permeability and inflammation, inhibits pathological angiogenesis and restores vascular stability which are associated with the increased retinal thickness observed in nAMD [1].

References:
[1].https://www.ema.europa.eu/en/medicines/human/summaries-opinion/vabysmo
[2].https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0140673622000101?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0140673622000101%3Fshowall%3Dtrue&referrer=https:%2F%2Fpubmed.ncbi.nlm.nih.gov%2F
[3].https://www.io.nihr.ac.uk/wp-content/uploads/2022/01/26674-Faricimab-for-Age-related-Macular-Degeneration-V1.0-NOV2020-non-CONF.pdf
[4].https://www.salute.gov.it/imgs/C_17_opuscoliPoster_217_allegato.pdf
[5].https://adisinsight.springer.com/drugs/800038843
[6]. https://adisinsight.springer.com/search

Authorized indications Licensing status

Authorized Indication:
EMA: Vabysmo is indicated for the treatment of adult patients with wet nAMD [1].

Route of administration:
Eye Injection

Licensing status
EU CHMP P.O. date: 21/07/2022
FDA M.A. date: 28/01/2022

EU Speed Approval Pathway: No
FDA Speed Approval Pathway: No

ABBREVIATIONS:
AE: Adverse Event
Ang-2: Angiopoietin-2
BCVA: Best-Corrected Visual Acuity
CHMP: The Committee for Medicinal Products for Human Use
CI: Confidence Interval
IOI: intraocular inflammation
M.A.: Marketing Authorization
nAMD: neovascular age-related macular degeneration
P.O.: Positive Opinion
pts: patients
SAE: Serious Adverse Event
VEGF-A: Vascular endothelial growth factor A
yrs: years

Essential therapeutic features

Summary of clinical EFFICACY:
TENAYA (NCT03823287) and LUCERNE (NCT03823300) were multicenter, randomized, double masked, active comparator-controlled, non-inferiority trials. Pts were 50 yrs and older with nAMD. The primary end-point was mean change in BCVA from baseline averaged over weeks 40, 44 and 48 (prespecified non-inferiority margin of four letters).*
Across the two trials, 1,329 pts were randomly assigned (1:1) to intravitreal faricimab 6 mg (TENAYA N=334; LUCERNE N=331) up to every 16 weeks, at week 20 and 24, or aflibercept 2mg (TENAYA N=337; LUCERNE N=327) every 8 weeks.
TENAYA and LUCERNE met their primary end-points of non-inferiority in mean change from baseline in BCVA; lower bounds of the two-sided 95% CIs for difference in adjusted means of the two treatments were well within the non-inferiority margin of four letters, establishing non-inferiority of faricimab to aflibercept [2-3].
*mean baseline BCVA was slightly greater in TENAYA (61.3 – 61.5 ETDRS letters than in LUCERNE (58.7–58.9 letters), and 24.9-26% of pts in TENAYA had baseline BCVA of 54 or fewer letters (Snellen 20/80 or worse) compred with 31.7-32.1% in LUCERNE

	TENAYA		LUCERNE	
Adjusted mean change	faricimab	aflibercept	faricimab	aflibercept
	5.8 letters [95%CI 4.6 to 7.1]	5.1 letters [3.9 to 6.4]	6.6 letters [5.3 to 7.8]	6.6 letters [5.3 to 7.8]
Treatment difference	0.7 letters [-1.1 to 2.5]		0.0 letters [-1.7 to 1.8]	

Summary of clinical SAFETY:
Overall, 669 (99.7%) pts in TENAYA trial and 657 (99.8%) in LUCERNE trial received at least one injection of active study treatment and were included in safety analyses. Common ocular and non-ocular AEs and SAEs were generally similar, with no safety concerns, and occurred at similar rates in both treatment groups across TENAYA and LUCERNE studies. Rates of intraocular inflammation (iritis, uveitis, keratic precipitates, vitritis, iridocyclitis) were low across both trials; numerically higher intraocular inflammation events were reported in the faricimab groups compared with aflibercept [2-3].

	TENAYA		LUCERNE	
	Faricimab up to every 16 weeks (n=333)	Aflibercept every 8 weeks (n=333)	Faricimab up to every 16 weeks (n=331)	Aflibacept 8 weeks (n=326)
Total number of AE	858	812	812	846
Total number of AEs	47	67	68	122
Pts with ≥1 ocular AE	121 (36%)	128 (38%)	133 (40%)	118 (36%)
Pts with ≥1 ocular SAE	4 (1%)	6 (2%)	7 (2%)	7 (2%)
Pts with ≥1 non-ocular AE	174 (52%)	174 (52%)	172 (52%)	189 (58%)
Pts with ≥1 non-ocular SAE	30 (9%)	34 (10%)	38 (11%)	48 (15%)
Pts with ≥1 ocular AE of special interest	3 (1%)	6 (2%)	5 (2%)	6 (2%)
Pts with ≥1 AE of IOI	5 (2%)	2 (1%)	8 (2%)	6 (2%)

Ongoing studies:
- ***For the same indication:*** Yes
- ***For other indications:*** Yes

Discontinued studies (for the same indication): No

NHS impact

Cost of therapy:
Price is not available yet

Epidemiology:
nAMD affects approximately one million people in Italy. The wet form affects 10-15% of pts [4].

POSSIBLE PLACE IN THERAPY
Others treatment option for pts with neovascular nAMD are: aflibercet, ranibizumab [3].

OTHER INDICATIONS IN DEVELOPMENT: Diabetic macular oedema, Retinal vein occlusion, Retinal oedema, Central retinal vein occlusion, Branch retinal vein occlusion [5].

SAME INDICATION IN EARLIER LINE(S) OF TREATMENT: No

OTHER DRUGS IN DEVELOPMENT for the SAME INDICATION: Ranibizumab biosimilar, Tarcocimab tedromer, RGX 314 [6].

*Service reorganization: Yes
*Possible off label use: No

Issued on: