# MIRA

## WATCH

## Key

- Summary from Source
- ➢ *Gilead's analysis for internal use only*
- ❖ Reactive response to unsolicited inquiries, unless otherwise noted

## Rheum Resources

**External Materials – Now Available**

- ❖ Response to FDA CRL GRD (update)
- ❖ Status of PENGUIN, SEA LION, and Humboldt Clinical Trials GRD (update)
- ❖ Veklury and Use with Filgotinib GRD (new)
- ❖ Coadmin with Vaccines GRD* (update)
- ❖ Use for COVID-19 GRD (new)
- ❖ Safety in RA GRD* (update)
- ❖ Malignancy*, Infections*, and Deaths in RA GRDs (update)

(*localized version required before sending externally; please contact Medical Information)

## IBD Resources

**External Materials – Now Available**

- ❖ SELECTION GRD

**External Materials – Upcoming**

- ❖ SELECTION Core Slide Deck
- ❖ Unmet Needs in UC Slide Deck
- ❖ Symposia Toolbox
- ❖ Conferences Toolbox
- ❖ Ad Board Toolbox

**Internal Materials - Upcoming**

## In This Issue…

**General Inflammation**

- BARI + RDV for Hospitalized Adults with COVID-19 (ACTT-2 Trial) Published in NEJM (Eli Lilly)
- Humira biosimilar, CT-P17, is recommended for approval by Europe's CHMP (Celltrion)

**Rheumatology**

- Rinvoq (upadacitinib) is recommended for approval for treatment of PsA and AS by Europe's CHMP (AbbVie)

**IBD**

- Rinvoq 45 mg QD Met Primary and Ranked Secondary Endpoints in a Phase 3 Induction Study in Ulcerative Colitis (AbbVie)
- Target recruitment reached in etrasimod's phase 3 ELEVATE UC 52 trial (Arena)

## GENERAL INFLAMMATION

**BARI + RDV for Hospitalized Adults with COVID-19 (ACTT-2 Trial) Published in NEJM (Eli Lilly)**

- ACTT-2 was a double-blind, randomized, placebo-controlled trial evaluating BARI + RDV in hospitalized adults with Covid-19. All the patients randomized 1:1 to RDV and either BARI 4 mg or PBO. Primary outcome was the time to recovery.
- BARI + RDV was superior to RDV alone in reducing recovery time and accelerating improvement in clinical status among patients with COVID-19, notably among those receiving high-flow oxygen or noninvasive ventilation.
- BARI + RDV had a significantly lower incidence of AEs, AEs leading to discontinuation of the trial drug, SAEs, SAEs with a fatal outcome, and infection-related AEs than patients who received RDV alone.
- ➢ *BARI 4 mg was recently granted Emergency Use Authorization (EUA) by the FDA for use in combination with RDV for the treatment of COVID-19 (link)*
- ➢ *Additional information is available in the recent RA and IBD Pub Alert*

Source: Kalil et al., NEJM, December 2020

❖ IBD Lexicon

For questions or suggestions/comments on future MIIRA communications, please contact: miira@gilead.com

For past MIIRA issues, please visit FILGOOD

**Humira biosimilar, CT-P17, is recommended for approval by Europe's CHMP (Celltrion)**

- The Committee for Medicinal Products for Human Use (CHMP) has adopted a positive opinion of CT-P17 (adalimumab biosimilar) for the treatment of multiple chronic inflammatory diseases, including RA, AS, PsA, CD, and UC
- A decision regarding approval is expected in the first quarter of 2021.
- ➢ *If approved, CT-P17 would be the first biosimilar with high concentration (100mg/mL) and citrate-free formulation.*

Source: Celltrion press release, Dec 10, 2020

## RHEUMATOLOGY

**Rinvoq (upadacitinib) is recommended for approval for treatment of PsA and AS by Europe's CHMP (AbbVie)**

- Europe's CHMP adopted a positive opinion recommending a change to the terms of the marketing authorization Rinvoq 15mg to expand its use into PsA and AS, in addition to its current indication in RA.
- Decisions for both indications are anticipated in early 2021.
- ➢ *If approved, Rinvoq would be the first oral JAK inhibitor to be approved for three rheumatologic indications in Europe*

Source: AbbVie press release, Dec 11, 2020

Source: EMA CHMP PsA and AS recommendation, Dec 10, 2020

## INFLAMMATORY BOWEL DISEASE

**Rinvoq (upadacitinib [UPA]) 45 mg QD Met Primary and Ranked Secondary Endpoints in a Phase 3 Induction Study in Ulcerative Colitis (AbbVie)**

- On December 9, AbbVie announced that UPA 45 mg QD met the primary endpoint of clinical remission, and all ranked secondary endpoints, at Week 8 in the Phase 3 study of U-ACHIEVE, an ongoing Phase 2b/3 multicenter, randomized, double-blind, placebo-controlled study in adult patients with moderate to severe UC
- 26% on UPA vs 5% on PBO achieved clinical remission (p<0.001)
- Clinical response, endoscopic improvement, and histologic-endoscopic mucosal improvement results are below (all p<0.001)

| U-ACHIEVE Efficacy Results at Week 8 | | |
|---|---|---|
| | **UPA 45 mg** (n=319) | **Placel** (n=15 |
| **Clinical remission (Adapted Mayo Score)[a]** | 26% | 5% |
| **Clinical response (Adapted Mayo Score)[b]** | 73% | 27% |
| **Endoscopic improvement[c]** | 36% | 7% |
| **Histologic-endoscopic mucosal improvement[d]** | 30% | 7% |

[a]Clinical remission per Adapted Mayo Score is defined as stool frequency subscore (SFS) ≤1 and not greater than baseline, rectal bleeding subscore (RBS) of 0 and endoscopic subscore ≤1.

[b] Clinical response per Adapted Mayo Score is defined as a decrease from baseline in the Adapted Mayo score ≥2 points and ≥30 percent from baseline, plus a decrease in RBS ≥1 or an absolute RBS ≤1.

[c]Endoscopic improvement is defined as endoscopic subscore ≤1.

[d]Histologic-endoscopic mucosal improvement is defined as endoscopic subscore of 0 or 1 and Geboes score ≤3.1

- Safety was consistent with safety findings in previous studies across indications, with no new safety risks observed
- Most common AEs: acne, blood creatine phosphokinase increase (no cases of rhabdomyolysis), and nasopharyngitis.
- SAEs: UPA (2.5%) vs PBO (5.8%); Serious infections: UPA (1.6%) vs PBO (1.3%)
- No deaths, GI perforation, malignancy, MACE or VTE were reported.

- *Overall, these data are positive for the JAKi class, adding to the growing evidence of the efficacy and safety of JAKis in patients with UC*
- *The data were expected and consistent with UPA 45 mg results from the Phase 2b part of U-ACHIEVE (announced in October 2018)*
- *In the induction phase, UPA 45 mg QD efficacy data are strong and appear to show better induction efficacy than currently marketed products. However, durability of maintenance therapy will also be important, especially when UPA is dose decrease in the maintenance phase to 15 mg and 30 mg.*
- *Long-term safety is still outstanding. Currently, UPA 15 mg is the only approved dose. In RA, there was a noticeable dose-response in infections, SI, and HZ with UPA 15 mg vs UPA 30mg.*
- *U-ACHIEVE is the first of two Phase 3 induction studies. U-ACCOMPLISH induction data are expected in 1H21. Maintenance data from U-ACHIEVE are expected mid-2021*

Source: AbbVie press release, December 9, 2020

**Target recruitment reached in phase 3 ELEVATE UC 52 trial of etrasimod (Arena)**

- Arena has achieved its target accrual goal of 372 patients in the phase 3 ELEVATE UC 52 trial evaluating the safety and efficacy of once-daily etrasimod 2mg in moderately-to-severely active UC
- ELEVATE UC 52 is the first of two phase 3 trials of etrasimod in UC. The induction plus maintenance study is evaluating clinical remission (Mayo component subscores) at Weeks 12 and 52, respectively, as the primary endpoints.
- *Etrasimod is expected to be the 2nd S1P inhibitor to market, following ozanimod*
- *ELEVATE UC 12 is the 2nd Phase 3 pivotal trial assessing etrasimod 2 mg for induction therapy in UC. Both studies are expected to run through November 2021 (primary and study completion dates).*

Source: Arena Pharmaceuticals press release, Dec 8, 2020