Tibsovo® (ivosidenib) – Expanded indication

- On May 25, 2022, Servier Pharmaceuticals announced the FDA approval of Tibsovo (ivosidenib), *in combination with azacitidine* or as monotherapy for the treatment of newly diagnosed acute myeloid leukemia (AML) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy.
    - Tibsovo was previously only approved for this indication as monotherapy.
- Tibsovo is also approved for the treatment of adult patients with relapsed or refractory AML with a susceptible IDH1 mutation as detected by an FDA-approved test and for the treatment of adult patients with previously treated, locally advanced or metastatic cholangiocarcinoma with an IDH1 mutation as detected by an FDA-approved test.
- The approval of Tibsovo for the expanded indication was based on a double-blind, placebo-controlled study in 146 adult patients with newly diagnosed AML with an IDH1 mutation. Patients were randomized to receive either Tibsovo or placebo in combination with azacitidine. Patients were treated for a minimum of 6 cycles unless they experienced disease progression, unacceptable toxicity or undergoing hematopoietic stem cell transplantation. Efficacy was established on the basis of event-free survival (EFS), overall survival (OS), and rate and duration of complete remission (CR).
    - Tibsovo plus azacitidine provided a statistically significant improvement in EFS. Events occurred in 65% and 84% of patients treated with Tibsovo plus azacitidine vs. placebo plus azacitidine, respectively (hazard ratio [HR] 0.35, 95% CI: 0.17, 0.72; p = 0.0038).
    - Median OS was 24.0 months and 7.9 months with Tibsovo plus azacitidine vs. placebo plus azacitidine, respectively (HR 0.44, 95% CI: 0.27, 0.73; p = 0.0010).
    - CR was achieved in 47% and 15% with Tibsovo plus azacitidine vs. placebo plus azacitidine, respectively (risk difference 31, 95% CI: 17, 46; p < 0.0001). Median duration of CR was not estimable (95% CI: 13.0, not estimable) and 11.2 months (95% CI: 3.2, not estimable), respectively.
- Tibsovo carries a boxed warning for differentiation syndrome in AML.
- When used in combination with azacitidine, the recommended dosage of Tibsovo is 500 mg taken orally once daily until disease progression or unacceptable toxicity. Tibsovo administration should be started on cycle 1 day 1 in combination with azacitidine 75 mg/m^2 subcutaneously or intravenously once daily on days 1 to 7 (or days 1 to 5 and 8 to 9) of each 28-day cycle.
    - Refer to the drug label for azacitidine for additional dosing information.
    - Refer to the Tibsovo drug label for dosing for its other uses and indications.