Hizentra® (immune globulin subcutaneous [human], 20%) – New orphan indication

- On March 15, 2018, the FDA approved CSL Behring's Hizentra (immune globulin [human] 20%) for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP) as maintenance therapy to prevent relapse of neuromuscular disability and impairment.
    - Hizentra maintenance therapy in CIDP has been systematically studied for 6 months and for a further 12 months in a follow-up study. Maintenance therapy beyond these periods should be individualized based upon the patient's response and need for continued therapy.
- Hizentra is also approved for primary immunodeficiency (PI) in adults and pediatric patients 2 years of age and older.
- According to the National Institutes of Health, CIDP is a neurological disorder characterized by progressive weakness and impaired sensory function in the legs and arms. While the exact underlying cause of CIDP is unknown, it is thought to be caused by the immune system mistakenly attacking and damaging the myelin sheath of the peripheral nerves. This leads to symptoms such as tingling, numbness, weakness, loss of tendon reflexes, and fatigue. Approximately 30% of patients will progress to wheelchair dependence if CIDP is left untreated.
- CIDP is a rare disease process affecting up to two people per 100,000 each year. It is estimated that there are 40,000 patients in the U.S. affected with CIDP at any one time.
- Hizentra is the first subcutaneous (SC) immunoglobulin to be approved by the FDA for the treatment of CIDP.
- The approval of Hizentra for CIDP was based on the PATH (Polyneuropathy and Treatment in Hizentra) study. This was a multicenter, double-blind, randomized phase 3 study evaluating the safety, efficacy, and tolerability of 2 different weekly doses of Hizentra (0.4 g/kg body weight and 0.2 g/kg body weight) vs. placebo in 172 adult patients with CIDP and previously treated with intravenous immunoglobulin (IVIG).
    - The primary endpoint was defined as the percentage of patients who had a CIDP relapse or were withdrawn for any other reason during the treatment period. CIDP relapse was defined as deterioration ($\geq$ 1 point increase) in adjusted Inflammatory Neuropathy Cause and Treatment [INCAT] score compared with baseline.
    - Both doses of Hizentra demonstrated superiority over placebo for the primary endpoint; 32.8% of patients in the 0.4 g/kg group and 38.6% of patients in the 0.2 g/kg group vs. 63.2% of patients in the placebo group ($p < 0.001$ or $p = 0.007$, respectively). There was no statistical significance between the doses.
    - CIDP relapse occurred in 19% of patients on the 0.4 g/kg dose and 33.3% of patients on the 0.2 g/kg dose compared with 56.1% of patients on placebo ($p < 0.001$ or $p = 0.012$, respectively). There was no statistical significance between the doses.
    - Eighty-one percent of patients in the 0.4 g/kg group and 67% of patients in the 0.2 g/kg group remained relapse-free; 44% of patients in the placebo group remained relapse-free for up to 24 weeks.
- Hizentra carries a boxed warning for thrombosis.
- The recommended dose of Hizentra for adult patients with CIDP is 0.2 g/kg (1 mL/kg) body weight administered weekly as a SC infusion. Hizentra should be initiated 1 week after the last IVIG infusion.

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    - A dose of 0.4 g/kg (2 mL/kg) body weight per week was also shown to be safe and effective to prevent CIDP relapse in the clinical trial.

- Refer to the current prescribing information for full details on PI dosing.