Ultomiris® (ravulizumab-cwvz) – New orphan indication

- On October 18, 2019, Alexion Pharmaceuticals announced the FDA approval of Ultomiris (ravulizumab-cwvz), for the treatment of adults and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA).
    - Ultomiris is not indicated for the treatment of patients with Shiga toxin *Escherichia coli* related hemolytic uremic syndrome.
- Ultomiris is also approved for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).
- aHUS is an ultra-rare disease that affects both children and adults and can lead to potentially irreversible damage to kidneys and other vital organs, sudden or progressive kidney failure (requiring dialysis or transplant) and premature death. The disease is characterized by inflammation and the formation of blood clots in small blood vessels throughout the body mediated by chronic, uncontrolled activation of the complement system.
- The approval of Ultomiris for the new indication was based on two open-label, single-arm studies. A total of 56 adult patients were evaluated for efficacy in study 1 and 14 pediatric patients in study 2. The efficacy evaluation was based on complete TMA response during the 26-week initial evaluation period, as evidenced by normalization of hematological parameters (platelet count and lactate dehydrogenase) and ≥ 25% improvement in serum creatinine from baseline.
    - In study 1, complete TMA response was observed in 30 of the 56 patients (54%). Complete TMA response was achieved at a median time of 86 days (range: 7 to 169 days).
    - In study 2, complete TMA response was observed in 10 of the 14 patients (71%). Complete TMA response was achieved at a median time of 30 days (range: 15 to 88 days).
- Ultomiris carries a boxed warning for serious meningococcal infections.
- The most common adverse reactions (≥ 20%) with Ultomiris use for treatment of aHUS were upper respiratory tract infection, diarrhea, nausea, vomiting, headache, hypertension and pyrexia.
- The recommended dosing regimen of Ultomiris for the treatment of aHUS consists of a loading dose followed by maintenance dosing, administered by intravenous infusion. The doses should be administered based on the patient's body weight. Starting 2 weeks after the loading dose, maintenance doses should be administered once every 8 weeks or every 4 weeks (depending on body weight).
    - Refer to the Ultomiris drug label for complete dosing details for aHUS and for dosing recommendations for PNH.