Loqtorzi™ (toripalimab-tpzi) – New orphan drug approval

- On October 27, 2023, Coherus and Junshi Biosciences announced the FDA approval of Loqtorzi (toripalimab-tpzi):
    - In combination with cisplatin and gemcitabine, for the first-line treatment of adults with metastatic or with recurrent, locally advanced nasopharyngeal carcinoma (NPC)
    - As a single agent, for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.
- NPC is a type of cancer that starts in the nasopharynx, the upper part of the throat behind the nose and near the base of the skull.
    - NPC is rare, with an annual incidence of fewer than 1 per 100,000 in the U.S.
- Loqtorzi is a programmed death receptor-1 (PD-1)-blocking antibody.
- The efficacy of Loqtorzi was established in JUPITER-02, a randomized, double-blind, placebo-controlled study in 289 patients with metastatic or recurrent, locally advanced NPC who had not received previous systemic chemotherapy for recurrent or metastatic disease. Patients were randomized to Loqtorzi in combination with cisplatin and gemcitabine or placebo in combination with cisplatin and gemcitabine. The main outcome measure was progression-free survival (PFS). Additional outcome measures include overall response rate (ORR) and overall survival (OS).
    - Median PFS was 11.7 months in the Loqtorzi arm vs. 8.0 months in the placebo arm (hazard ratio [HR] 0.52, 95% CI: 0.36, 0.74; p = 0.0003).
    - The ORR was 77% (95% CI: 70, 84) in the Loqtorzi arm vs. 66% (95% CI: 58, 74) in the placebo arm (p = 0.0353).
    - Median OS was not reached in the Loqtorzi arm vs. 33.7 months in the placebo arm (HR 0.63, 95% CI: 0.45, 0.89; p = 0.0083).
- The efficacy of Loqtorzi was also established in POLARIS-02, an open-label, multicohort study in 172 patients with unresectable or metastatic NPC who had received prior platinum-based chemotherapy for treatment of recurrent or metastatic NPC or had disease progression within 6 months of completion of platinum-based chemotherapy administered as neoadjuvant, adjuvant, or definitive chemoradiation treatment for locally advanced disease. All patients received Loqtorzi. The major outcome measures were ORR and duration of response (DOR).
    - The ORR was 21% (95% CI: 15, 28).
    - The median DOR was 14.9 months (95% CI: 10.3, not estimable).
- Warnings and precautions for Loqtorzi include severe and fatal immune-mediated adverse reactions; infusion-related reactions; complications of allogeneic hematopoietic stem cell transplantation; and embryo-fetal toxicity.
- The most common adverse reactions (≥ 20%) with Loqtorzi use in combination with cisplatin and gemcitabine were nausea, vomiting, decreased appetite, constipation, hypothyroidism, rash, pyrexia, diarrhea, peripheral neuropathy, cough, musculoskeletal pain, upper respiratory infection, insomnia, dizziness, and malaise.

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- The most common adverse reactions (≥ 20%) with Loqtorzi use as a single-agent were fatigue, hypothyroidism and musculoskeletal pain.
- For first-line NPC, the recommended dose of Loqtorzi is 240 mg intravenously (IV) every three weeks until disease progression, unacceptable toxicity, or up to 24 months.
- For recurrent NPC, the recommended dose of Loqtorzi is 3 mg/kg IV every two weeks until disease progression or unacceptable toxicity.
- Coherus plans to launch Loqtorzi in the first quarter of 2024. Loqtorzi will be available as a 240 mg/6 mL (40 mg/mL) solution in a single-dose vial.

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