Fabhalta® (iptacopan) – New indication

- On August 7, 2024, Novartis announced the FDA approval of Fabhalta (iptacopan), to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g.
    - This indication is approved under accelerated approval based on reduction of proteinuria. It has not been established whether Fabhalta slows kidney function decline in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.
- Fabhalta is also approved for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH).
- IgAN is a progressive, rare disease in which the immune system attacks the kidneys, often causing glomerular inflammation and proteinuria.
- The approval of Fabhalta for the new indication was based on a randomized, double-blind study in 250 adults with IgAN, eGFR ≥ 20 mL/min/1.73 m^2, and UPCR ≥1 g/g on a stable dose of maximally-tolerated renin-angiotensin system (RAS) inhibitor therapy with or without a stable dose of a sodium/glucose cotransporter 2 (SGLT2) inhibitor. Patients were randomized to Fabhalta or placebo. The primary endpoint was the percent reduction in UPCR (sampled from a 24-hr urine collection) at month 9 relative to baseline.
    - The percent reduction in UPCR at month 9 was 44% with Fabhalta vs. 9% with placebo (difference 38, 95% CI: 26, 49; $p < 0.0001$).
- Fabhalta carries a boxed warning for serious infections caused by encapsulated bacteria.
    - Fabhalta is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Fabhalta REMS.
- The most common adverse reactions (≥ 5%) with Fabhalta use for IgAN were upper respiratory tract infection, lipid disorder, and abdominal pain.
- The recommended dose of Fabhalta is 200 mg orally twice daily.