Arzerra® (ofatumumab) – Expanded Indication

- On August 31, 2016, Genmab announced the FDA approval of Arzerra (ofatumumab) in combination with fludarabine and cyclophosphamide (FC) for the treatment of patients with relapsed chronic lymphocytic leukemia (CLL).

- Arzerra is also indicated for the following indications:

  - In combination with chlorambucil, for the treatment of previously untreated patients with CLL for whom fludarabine-based therapy is considered inappropriate
  - Extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL
  - Treatment of patients with CLL refractory to fludarabine and alemtuzumab

- The expanded indication for Arzerra was approved based on an open-label, two-arm study involving 365 patients with relapsed CLL. Patients were randomized to receive Arzerra in combination with FC or FC alone.

  - The median progression-free survival in the Arzerra arm was 28.9 months vs. 18.8 months with FC alone (HR = 0.67, p = 0.0032).

- Arzerra carries a boxed warning regarding hepatitis B reactivation and progressive multifocal leukoencephalopathy.

- In patients with relapsed CLL, common adverse reactions (≥ 10%) with Arzerra use were infusion reactions, neutropenia, leukopenia, and febrile neutropenia.

- The recommended intravenous dosages and schedules for Arzerra are as follows:

  - In patients with relapsed CLL in combination with FC: 300 mg on day 1 followed 1 week later by 1,000 mg on day 8 (cycle 1), followed by 1,000 mg on day 1 of subsequent 28-day cycles for a maximum of 6 cycles.
  - In previously untreated CLL in combination with chlorambucil: 300 mg on day 1, followed 1 week later by 1,000 mg on day 8 (cycle 1), followed by 1,000 mg on day 1 of subsequent 28-day cycles for a minimum of 3 cycles until best response or a maximum of 12 cycles.
  - For single-agent extended treatment in CLL: 300 mg on day 1, followed by 1,000 mg 1 week later on day 8, followed by 1,000 mg 7 weeks later and every 8 weeks thereafter for up to a maximum of 2 years.
  - For refractory CLL: 300 mg initial dose on day 1, followed 1 week later by 2,000 mg weekly for 7 doses (infusions 2 through 8), followed 4 weeks later by 2,000 mg every 4 weeks for 4 doses (infusions 9 through 12).
  - In addition, patients should be premedicated with acetaminophen, an antihistamine, and a corticosteroid.