Iqirvo® (elafibranor) – New orphan drug approval

- On June 10, 2024, Ipsen announced the FDA approval of Iqirvo (elafibranor), for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.
    - This indication is approved under accelerated approval based on reduction of alkaline phosphatase (ALP). Improvement in survival or prevention of liver decompensation events have not been demonstrated. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).
    - Use of Iqirvo is not recommended in patients who have or develop decompensated cirrhosis (eg, ascites, variceal bleeding, hepatic encephalopathy).
- PBC is a rare, autoimmune, cholestatic liver disease where a build-up of bile and toxins and chronic inflammation causes irreversible scarring of the liver and destruction of the bile ducts.
    - PBC affects approximately 100,000 people in the U.S.
- Iqirvo is a peroxisome proliferator-activated receptor (PPAR). While the mechanism is not well understood, pharmacological activity that is potentially relevant to Iqirvo therapeutic effects includes inhibition of bile acid synthesis through activation of PPAR-alpha and PPAR-delta.
- The efficacy of Iqirvo was established in a randomized, double-blind, placebo-controlled study in 161 adults with PBC with an inadequate response or intolerance to UDCA. Patients were randomized to Iqirvo or placebo for at least 52 weeks. The primary endpoint was biochemical response at week 52, where biochemical response was defined as achieving ALP less than 1.67-times upper limit of normal (ULN), total bilirubin (TB) less than or equal to ULN, and ALP decrease greater than or equal to 15% from baseline.
    - Biochemical response was achieved in 51% of patients with Iqirvo vs. 4% with placebo (treatment difference of 47, 95% CI: 32, 57).
- Warnings and precautions for Iqirvo include myalgia, myopathy, and rhabdomyolysis; fractures; adverse effects on fetal and newborn development; drug-induced liver injury; hypersensitivity reactions; and biliary obstruction.
- The most common adverse reactions (≥ 5% and higher compared to placebo) with Iqirvo use were weight gain, diarrhea, abdominal pain, nausea, vomiting, arthralgia, constipation, muscle injury, fracture, gastroesophageal reflux disease, dry mouth, weight loss, and rash.
- The recommended dose of Iqirvo is 80 mg taken orally once daily with or without food.
    - Before initiating Iqirvo, patients should be evaluated for muscle pain or myopathy and females of reproductive potential should be verified that they are not pregnant prior to initiating treatment with Iqirvo.
- Ipsen plans to launch Iqirvo immediately. Iqirvo will be available as a 80 mg tablet.