Rezlidhia™ (olutasidenib) – New orphan drug approval

- On December 1, 2022, Rigel Pharmaceuticals announced the FDA approval of Rezlidhia (olutasidenib), for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test.

- AML is a rapidly progressing cancer of the blood and bone marrow that affects myeloid cells. AML occurs primarily in adults and accounts for about 1% of all adult cancers. The American Cancer Society estimates that in the U.S., there will be about 20,050 new cases in 2022.

- Rezlidhia is an inhibitor of mutated IDH1.

- The efficacy of Rezlidhia was established in an open-label, single-arm study in 147 adult patients with relapsed or refractory AML with an IDH1 mutation. Patients received Rezlidhia until disease progression, development of unacceptable toxicity, or hematopoietic stem cell transplantation. Efficacy was established on the basis of the rate of complete remission (CR) plus complete remission with partial hematologic recovery (CRh), the duration of CR+CRh, and the rate of conversion from transfusion dependence to transfusion independence.

    - The CR+CRh rate was 35% (95% CI: 27, 43) with a median duration of response of 25.9 months (95% CI: 13.5, not reached).
    - Overall, among the 86 patients who were dependent on red blood cell (RBC) and/or platelet transfusions at baseline, 34% became independent of RBC and platelet transfusions during any 56-day post-baseline period. Of the 61 patients who were independent of both RBC and platelet transfusions at baseline, 64% remained transfusion independent during any 56-day post-baseline period.

- Rezlidhia carries a boxed warning for differentiation syndrome.

- An additional warning and precaution for Rezlidhia is hepatotoxicity.

- The most common adverse reactions (≥ 20%), including laboratory abnormalities, with Rezlidhia use, were increased aspartate aminotransferase, increased alanine aminotransferase, decreased potassium, decreased sodium, increased alkaline phosphatase, nausea, increased creatinine, fatigue/malaise, arthralgia, constipation, increased lymphocytes, increased bilirubin, leukocytosis, increased uric acid, dyspnea, pyrexia, rash, increased lipase, mucositis, diarrhea and transaminitis.

- The recommended dosage of Rezlidhia is 150 mg taken orally twice daily until disease progression or unacceptable toxicity. For patients without disease progression or unacceptable toxicity, treat for a minimum of 6 months to allow time for clinical response.

    - Patients should be selected for treatment based on the presence of IDH1 mutations in blood or bone marrow. Information on FDA-approved tests for the detection of IDH1 mutations in AML is available at http://www.fda.gov/CompanionDiagnostics.

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- Rigel Pharmaceuticals' launch plans for Rezlidhia are pending. Rezlidhia will be available as a 150 mg capsule.