Drugs

PEER-REVIEWED FEATURE

Pegcetacoplan: Adis Evaluation

Clinical Considerations

- First complement component 3 (C3) inhibitor approved for adults with PNH
- Improves clinical and haematological parameters of haemolysis in treatment-naïve patients and in patients previously treated with eculizumab
- Improves quality of life (QOL) and fatigue symptoms to a clinically meaningful extent
- Generally well tolerated

Plain Language Summary

Background and rationale

- Paroxysmal nocturnal haemoglobinuria (PNH) is a rare haematological disorder that is characterized by complement-mediated haemolysis, fatigue and thrombotic events.
- Complement component 5 (C5) inhibitors eculizumab and ravulizumab have demonstrated substantial efficacy in reducing intravascular haemolysis and improving QOL in patients with PNH; however, many patients continue to exhibit anaemia and require transfusions because of uncontrolled extravascular haemolysis.
- Subcutaneous pegcetacoplan (EMPAVELI® in the USA and ASPAVELI® in the EU) is the first C3 inhibitor approved in the USA and EU for the treatment of PNH. Pegcetacoplan targets C3 in the complement cascade, upstream of C5, thereby providing control over both intravascular and extravascular haemolysis.

Clinical findings

- Pegcetacoplan was superior to supportive care in improving clinical and haematological outcomes in patients with PNH who were naïve to a complement inhibitor therapy.
- Similarly, pegcetacoplan was superior to eculizumab in improving clinical and haematological outcomes in patients with uncontrolled PNH despite eculizumab therapy.
- Pegcetacoplan also improved QOL and fatigue symptoms.
- Pegcetacoplan was generally well tolerated, with most adverse events being mild to moderate in severity.

Conclusion

Pegcetacoplan is a valuable treatment option for adults with PNH.