CNS Drugs

PEER-REVIEWED FEATURE

Satralizumab: Adis Evaluation

Clinical Considerations

- First approved IL-6 receptor blocker for NMOSD; administered by subcutaneous injection every 4 weeks
- Approved in the EU for NMOSD patients aged ≥12 years who are AQP4-IgG seropositive
- Reduces the risk of relapse both as an add-on to immunosuppressive therapy and as a monotherapy
- Generally well tolerated, with infections being the most common adverse event

Plain Language Summary

Background and rationale

- Neuromyelitis optica spectrum disorder (NMOSD) is an autoimmune disorder in which recurrent attacks by the body's own immune system can cause severe morbidity and disability
- Immunoglobulin G antibodies targeting the aquaporin-4 (AQP4-IgG) water channel in cells of the central nervous system can be detected in the majority of patients with NMOSD

Clinical findings

- Satralizumab (Enspryng®), which is designed to suppress autoantibody production by blocking the interleukin-6 (IL-6) receptor, was found to significantly reduce the rate of immune attack recurrence compared with placebo when used as an add-on to standard immunosuppressive therapy (SAkuraSky trial) or when used alone (SAkuraStar trial)
- Satralizumab was well tolerated in the SAkuraSky and SAkuraStar trials, with infections (e.g. nasopharyngitis, upper respiratory tract infections) being the most common associated adverse event

Conclusion

In the EU, satralizumab is the first IL-6 receptor blocker approved for AQP4-IgG-seropositive patients with NMOSD and is the only subcutaneously administered targeted drug approved for NMOSD. Therefore, satralizumab represents a valuable treatment option for NMOSD