

New Drug Approvals

Generic Name (Trade Name) Company

September 26, 2018

Duvelisib

Uses/Notes

FDA granted regular [approval](#) to duvelisib for adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies.

In addition, duvelisib received accelerated approval for adult patients with relapsed or refractory follicular lymphoma (FL) after at least two prior systemic therapies.

The CLL and SLL indication is based on a randomized, multicenter, open-label trial comparing duvelisib with ofatumumab in patients with relapsed or refractory CLL or SLL. The trial randomized patients (1:1) to either duvelisib 25 mg orally twice daily or ofatumumab.

Ofatumumab was administered intravenously at an initial dose of 300 mg, followed 1 week later by 2,000 mg once weekly for seven doses, then 2,000 mg once every 4 weeks for four additional doses.

Among 196 patients receiving at least two prior therapies (95 randomized to duvelisib, 101 to ofatumumab), the estimated median progression-free survival, as assessed by an independent review committee, was 16.4 months in the duvelisib arm and 9.1 months in the ofatumumab arm (hazard ratio of 0.40; standard error 0.2). The overall response rate (ORR) was 78% and 39% for the duvelisib and ofatumumab arms, respectively (39% difference, standard error 6.5%).

The FL indication is based on a single-arm multicenter trial of duvelisib enrolling 83 patients with FL who were refractory to rituximab and to either chemotherapy or radioimmunotherapy. The ORR was 42% (95% CI 31–54), with 41% of patients experiencing partial responses and one patient having a complete response.

Of the 35 responding patients, 15 (43%) maintained responses for at least 6 months, and 6 (17%) maintained responses for at least 12 months. Continued approval for the FL indication may be contingent on verification of

(Copiktra—Verastem)

New drug targets relapsed or refractory forms of leukemia and lymphoma in adults

clinical benefit demonstrated in a planned randomized trial.

The prescribing information contains boxed warnings for fatal and/or serious infections, diarrhea or colitis, cutaneous reactions, and pneumonitis, and warnings for neutropenia and hepatotoxicity.

Of 442 patients with hematologic malignancies treated with duvelisib at the approved dose, 65% had serious adverse reactions, with the most frequent being infection, diarrhea or colitis, and pneumonia.

The most common adverse reactions (?20%) were diarrhea or colitis, neutropenia, rash, fatigue, pyrexia, cough, nausea, upper respiratory infection, pneumonia, musculoskeletal pain, and anemia. Adverse reactions resulted in permanent discontinuation of duvelisib in 35% of patients. Dose reduction occurred in 24%.

The recommended duvelisib dose is 25 mg orally twice daily, taken continuously in 28-day treatment cycles.

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