Tremfya (guselkumab)



NEW PRODUCT SLIDESHOW



Introduction

- Brand name: Tremfya
- Generic name: Guselkumab
- Pharmacological class: Interleukin-23 antagonist
- Strength and Formulation: 100mg/mL; soln for SC inj; preservative-free
- Manufacturer: Janssen Biotech
- How supplied: Single-dose prefilled syringes—1
- Legal Classification: Rx

TREMFYA



Indications

 Moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy

Dosage & Administration

- Do not inject in areas where skin is tender, bruised, red, hard, thick, scaly, or affected by psoriasis
- ≥18yrs: 100mg by SC inj at Weeks 0 and 4, then every 8 weeks thereafter

Considerations for Special Populations

- Pregnancy: No available data to inform drug-associated risk
- Nursing mothers: Consider benefits and adverse effects
- Pediatric: <18yrs: not established</p>
- Elderly: No overall differences in safety or efficacy observed

Warnings/Precautions

- Use under physician supervision
- Increased risk of infections
- Chronic or history of recurrent infection: consider risks/benefits
- If a serious infection develops, monitor closely and discontinue until resolves

Warnings/Precautions

- Evaluate for tuberculosis (TB) infection and treat latent TB prior to initiating
- Monitor for signs/symptoms of active TB during and after therapy
- Patients with active TB infection: do not initiate
- History of latent or active TB (without confirmed adequate treatment); consider anti-TB therapy prior to initiation

Warnings/Precautions

 Consider completion of all age appropriate immunizations according to current guidelines before starting therapy

Interactions

- Concomitant live vaccines: not recommended
- Concomitant CYP450 substrates with narrow therapeutic index: monitor and adjust dose as needed

Adverse Reactions

- Upper respiratory infections
- Headache
- Inj site reactions
- Arthralgia

- Diarrhea
- Gastroenteritis
- Tinea infections
- Herpes simplex infections

Mechanism of Action

 Guselkumab is an interleukin-23 (IL-23) antagonist that inhibits the release of proinflammatory cytokines and chemokines by selectively binding to the p19 subunit of IL-23

- Tremfya was studied in 3 randomized, doubleblind, multicenter studies (VOYAGE 1, VOYAGE 2, and NAVIGATE)
- Enrolled patients (ages ≥18) had moderate-tosevere plaque psoriasis and were eligible for systemic therapy
 - Patients had IGA ≥3, PASI ≥12, and minimum affected BSA of 10%

VOYAGE 1 and VOYAGE 2 randomized 1,443 patients to either Tremfya 100mg (at Weeks 0, 4, and every 8 weeks thereafter), adalimumab 80mg (at Week 0, and 40mg at Week 1, then 40mg every other week thereafter), or placebo

- The two co-primary endpoints at Week 16 were:
 - Proportion of subjects with IGA score 0 or 1
 - Proportion of patients who achieved a ≥90% reduction from baseline in PASI 90 score
- The secondary endpoints were additional comparisons between Tremfya and adalimumab

 In VOYAGE 1, the Tremfya arm was superior in achieving both IGA and PASI 90 response at Week 16 (85% and 73%) vs. placebo (7% and 3%)

 In VOYAGE 2, the Tremfya arm was superior in achieving both IGA and PASI 90 response at Week 16 (84% and 70%) vs. placebo (8% and 2%)

 The Tremfya group reported greater improvements in symptoms of psoriasis at Week 16 vs. placebo in both trials, according to the Psoriasis Symptoms and Signs Diary (PSSD)

• In NAVIGATE, 268 patients with inadequate response (IGA ≥2) at Week 16 after initial ustekinumab treatment were randomized either to continue ustekinumab every 12 weeks or switch to Tremfya 100mg

- A greater proportion treated with Tremfya achieved IGA 0/1 with a ≥2 grade improvement at Week 28 vs. patients treated with ustekinumab (31% vs. 14%, respectively)
- For more clinical trial data, see full labeling

New Product Monograph

For more information view the product monograph available at:

http://www.empr.com/tremfya/drug/34711/