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## **Xolair® (omalizumab) receives CHMP positive opinion for the treatment of Chronic Spontaneous Urticaria (CSU)**

- Committee for Medicinal Products for Human Use (CHMP) granted a positive opinion for the use of Xolair® (omalizumab) as an add-on therapy for the treatment of chronic spontaneous urticaria (CSU) in adult and adolescent (12 years and above) patients with inadequate response to H1 antihistamine treatment
- Across three Phase III studies Xolair (300 mg) administered four weekly, showed significant superiority compared to placebo in reducing the symptoms of CSU, and in many cases completely cleared itch and hives (also known as wheals)<sup>1-3</sup>
- Up to 50% of patients do not respond to approved doses of H1 antihistamines<sup>4</sup>, which are currently the only licensed treatment for CSU
- CSU is a persistent, debilitating form of chronic itch, hives and angioedema which affects 0.5-1% of the world's population at any given time<sup>5</sup>

**Frimley, 24 January, 2014** – Novartis announced today that the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) has adopted a positive opinion for the use of Xolair® (omalizumab) as an add-on therapy for the treatment of chronic spontaneous urticaria (CSU) in adult and adolescent (12 years and above) patients with inadequate response to H1 antihistamine treatment. The recommended dose is 300 mg by subcutaneous injection every four weeks. Prescribers are advised to periodically reassess the need for continued therapy. Clinical trial experience of treatment beyond 6 months in this indication is limited.

At any given time, the prevalence of CSU is up to 1% of the population<sup>5</sup>. CSU is a severe and distressing skin condition characterised by red, swollen, itchy and sometimes painful hives (or wheals) on the skin that spontaneously present and re-occur for more than six weeks<sup>3,6,7</sup>. Up to 40% of CSU patients also experience angioedema, a swelling in the deep layers of the skin<sup>4</sup>. Negative effects of CSU on quality of life may include sleep deprivation and psychological comorbidities such as depression and anxiety<sup>5,8</sup>.

“Chronic spontaneous urticaria is a common illness that can be very disabling when patients are severely affected and do not respond to antihistamines,” said Dr Clive Grattan, Consultant Dermatologist, Norfolk and Norwich University Hospital and St John’s Institute of Dermatology, London. “Omalizumab is a new treatment that has been shown to work well for chronic spontaneous urticaria in

recently published studies. It will offer a further and welcome option for patients with chronic spontaneous urticaria who do not respond to existing treatments following its regulatory approval."

CHMP opinion for omalizumab will be sent to the European Commission for Marketing Authorisation, which generally issues its final decision within two months of the positive opinion.

The CHMP opinion was based on positive and consistent results from three pivotal placebo-controlled Phase III registration studies (ASTERIA I, ASTERIA II and GLACIAL) that involved nearly 1,000 patients with CSU not responding to H1 antihistamines. Omalizumab 300 mg met all primary and pre-specified secondary endpoints across these studies, which showed omalizumab significantly improved itch and hives, including rapid itch relief, and in many cases completely cleared symptoms<sup>1-3</sup>.

Quality of life was also significantly improved for patients treated with omalizumab 300 mg across the Phase III study programme<sup>1-3</sup>. In these studies, the incidence and severity of adverse events (AEs) was similar between omalizumab and placebo groups<sup>1-3</sup>.

Results from the three pivotal registration studies for omalizumab in CSU were announced in 2013.

- For omalizumab (300 mg) the primary efficacy endpoint, the change in weekly Itch Severity Score (ISS) from baseline to week 12, were met in both ASTERIA I and ASTERIA II<sup>1,3</sup>.
- In GLACIAL, primarily a safety study, omalizumab (300 mg) met all efficacy endpoints<sup>2</sup>.

Secondary endpoint highlights from these studies that were previously reported include:

- In the ASTERIA II study, 44% of patients receiving omalizumab 300 mg were itch- and hive-free after 12 weeks of treatment ( $p < 0.0001$ )<sup>3</sup>.
- In the ASTERIA I study, omalizumab 300 mg treated patients experienced a rapid reduction in itch and hives as early as Week 1, with the therapeutic benefit sustained over 24 weeks of active treatment ( $p < 0.0001$ )<sup>1</sup>.
- In the GLACIAL study, more than half of patients who had failed multiple therapies including H1 antihistamines (at up to four times the approved dose) and H2 antihistamines and/or leukotriene receptor antagonists (LTRAs) had their symptoms eliminated or suppressed with omalizumab 300 mg ( $p < 0.001$ )<sup>2</sup>.

Omalizumab has already been approved for the treatment of CSU in four countries around the world. Regulatory reviews are currently ongoing in more than 20 countries, including the US, Canada, Australia and Switzerland.

Omalizumab is being jointly developed for CSU by Novartis and Genentech, Inc.

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## **Notes to Editors**

### **About the Pivotal Phase III Xolair CSU Studies**

Three pivotal Phase III studies, ASTERIA I, ASTERIA II and GLACIAL, evaluated the efficacy and safety of Xolair in nearly 1,000 CSU patients not responding to H1 antihistamines<sup>1-3</sup>.

ASTERIA I and ASTERIA II were global, multi-centre, randomised double-blind studies that evaluated the efficacy and safety of omalizumab compared to placebo. The studies enrolled 323 patients and 318 patients respectively, aged between 12 and 75 with moderate to severe CSU<sup>1,3</sup>. Patients were randomised to omalizumab 75 mg, 150 mg or 300 mg or placebo, given subcutaneously every four weeks<sup>1,3</sup>. ASTERIA I had a 24-week treatment period, with a 16-week follow-up and ASTERIA II had a 12-week treatment period, with a 16-week follow-up period<sup>1,3</sup>.

GLACIAL was a 40-week, global, multi-centre, randomised double-blind study that evaluated the safety and efficacy of omalizumab compared to placebo. It involved 335 patients aged between 12 and 75 with moderate to severe CSU despite receiving standard-of-care therapy, consisting of concomitant H1 antihistamine therapy (up to four times the approved dose) and other background medications including H2 antihistamines and/or leukotriene receptor antagonists (LTRAs)<sup>2</sup>. Patients were randomised to omalizumab 300 mg or placebo (3:1), given subcutaneously every four weeks for a 24-week treatment period, with a 16-week follow-up<sup>2</sup>.

### **About Xolair® (omalizumab)**

Omalizumab is a targeted therapy, which binds to immunoglobulin E (IgE). It is currently not approved for the treatment of CSU. Omalizumab suppresses histamine-induced skin reactions, probably through its reduction of IgE and consequent downstream effects on histamine-release activation mechanisms<sup>9</sup>.

Research is ongoing to fully understand the mechanism of action of omalizumab in CSU, which could lead to deeper understanding of how the disease develops.

Omalizumab is approved for the treatment of moderate to severe persistent allergic asthma under the brand-name Xolair® in more than 90 countries, including the US since 2003 and the UK since 2005. In the UK it is approved for the treatment of severe persistent allergic asthma in children (aged six and above), adolescents, and adults.

### **About Novartis in Specialty Dermatology**

Novartis is committed to developing innovative, specialty dermatology therapies, redefining treatment paradigms and transforming patient care in severe skin diseases where there are remaining high unmet medical needs. The Novartis specialty dermatology portfolio includes two unique, targeted products with Phase III registration studies completed including omalizumab for CSU and an IL-17A antibody for moderate-to-severe plaque psoriasis. There are also more than 10 compounds in early stage development for a wide range of severe skin diseases in the Novartis specialty dermatology portfolio.

### **Disclaimer**

The foregoing release contains forward-looking statements that can be identified by terminology such as "on track," "encouraging," "committed," "working to develop," "ongoing," "investigational," "potential," "will," or similar expressions, or

by express or implied discussions regarding omalizumab. You should not place undue reliance on these statements. Such forward-looking statements reflect the current views of management regarding future events, and involve known and unknown risks, uncertainties and other factors that may cause actual results to be materially different from any future results, performance or achievements expressed or implied by such statements. There can be no guarantee that omalizumab or any other dermatology products will be submitted or approved for sale in any market, or at any particular time. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

## About Novartis Pharmaceuticals UK Limited

Novartis Pharmaceuticals UK Limited is a pharmaceutical company which discovers and develops innovative treatments to cure and prevent disease. Novartis conducts research into many different disease areas, including dermatology. Building on its heritage as an innovator in healthcare solutions, Novartis Specialty Dermatology is developing science-driven therapies to redefine treatment paradigms and transform patient care.

## References

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