Results of a Phase III, Multinational, Double Blind, Placebo-Controlled Study in Subjects with Relapsing Forms of Multiple Sclerosis to Assess the Efficacy, Safety and Tolerability of GA Depot, a Long-Acting IM Injection of Glatiramer Acetate, Administered Once Every Four Weeks

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Background

GA Depot (Glatiramer Acetate Depot) consists of extended-release microspheres administered intramuscularly once every 28 days.

Objective

To evaluate the efficacy, safety, and tolerability of GA Depot compared with placebo in patients with relapsing forms of multiple sclerosis (RMS).

Design/Methods

- GA Depot vs. Placebo, once every 4 weeks injections X52 weeks
- N=1016; 1:1 randomization
- Key Eligibility:
  - Relapsing MS; EDSS ≤5.5
  - Relapses: ≥1 in the previous year or ≥2 relapses in previous 2 years
- Primary endpoint: annualized relapse rate
- Key secondary endpoints: MRI
- Open label extension

Results

Efficacy

GA Depot reduced annualized relapse rate at 52 weeks by 30.1% (P=0.0066) (Figures 1 and 2)

Figure 1: Annualized Relapse Rate Analysis

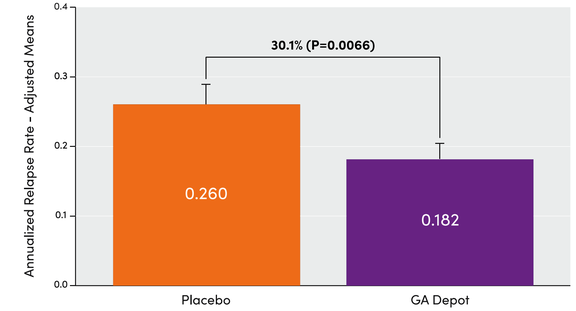


Figure 1: Primary Endpoint Analysis shows a statistically significant (P=0.0066) reduction of 30.1% in the risk for protocol defined relapse between GA Depot vs Placebo.

Figure 2: Unadjusted Annualized Relapse Rate Analysis

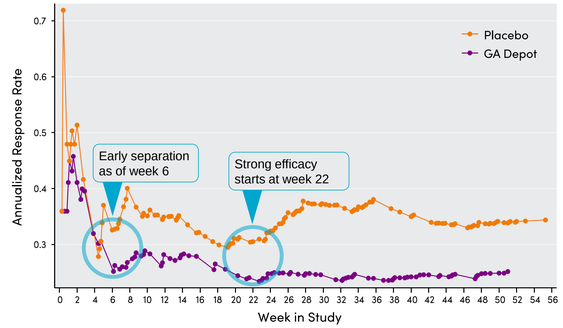


Figure 2: Primary Endpoint Analysis demonstrate that the risk reduction for relapses in the GA Depot treated group is evident from six weeks following the first GA Depot dose compared to Placebo. Note the enhanced efficacy starting from week 22.

GA Depot significantly reduced contrast enhanced lesions and new or enlarging T2 hyperintense lesions (Figures 3, 4). Mean change from baseline in EDSS was significantly lower at 52 weeks (P=0.0191)

Figure 3: Cumulative T1 New Gad Enhancing Lesions

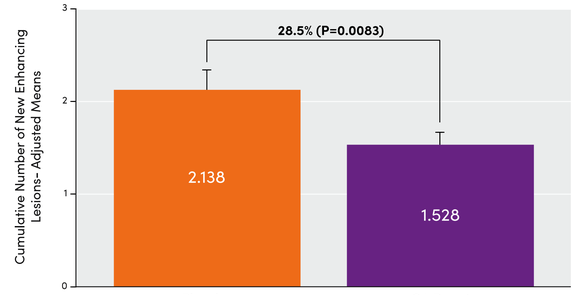


Figure 3: 1st Secondary endpoint analysis of cumulative T1 Gad Enhancing Lesions shows a statistically significant (P=0.0083) reduction of 28.5%in the average rate of cumulative T1 Gad Enhancing lesions between GA Depot vs. Placebo

Figure 4: New or Newly Enlarging Hyperintense T2 Lesions analysis

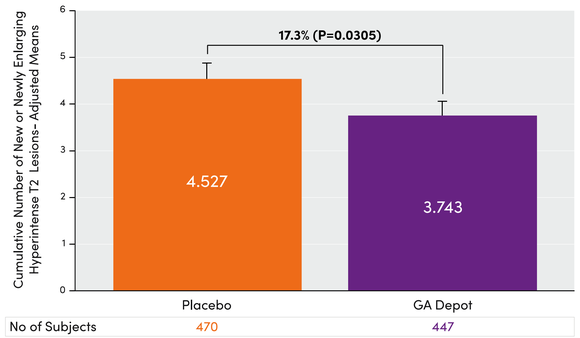


Figure 4: 2nd Secondary endpoint analysis of New or Newly Enlarging Hyperintense T2 Lesions shows a statistically significant (P=0.0305, post hoc analysis) reduction of 17.3% for GA Depot vs. Placebo

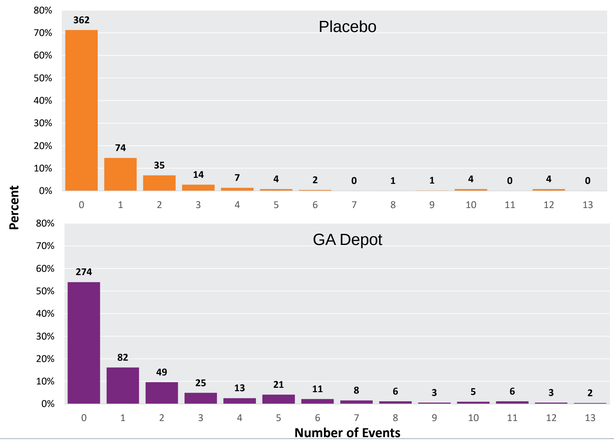
Post hoc responder analysis shows a statistically significant benefit for GA Depot, with 96.4% of subjects treated with GA Depot with no increase in EDSS score since Baseline at Week 52 vs 91.6% in the Placebo group p=0.0068.

93.4% of subjects completing 52-week randomized period of trial entered open label extension

Safety

Most subjects did not report injection site reactions 53.9% (Figure 5).

Figure 5: Number of ISR Reports Per Subject During PC Period



Conclusions

GA Depot offers a safe and effective treatment for RMS, with a preferable schedule and with expected fewer Injection Site Reactions (ISRs) than other GA products. As with other depot regimens, fewer injections and associated ISRs are expected to improve patient satisfaction, compliance, and overall patient experience.

Disclosures: Aaron Miller is the Coordinating PI of the study. Laura Popper, Nadav Bleich Kimelman, Shai Rubnov (co-inventor of GA Depot) and Uri Danon are employed by Mapi Pharma. Amit Bar-Or and Alexey Boyko are members of the steering committee for phase III, Robert Zivadinov is head of the central MRI reading center for phase III. Prasanna C Ganapathi is employed by Viatris. Hadar Kolb acts as the Coordinating PI for phase II with GA Depot. Ehud Marom is a co-inventor of GA Depot and founder and CEO of Mapi Pharma.

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