Fabhalta® (iptacopan) – New indication

- On March 21, 2025, Novartis announced the FDA approval of a new indication for Fabhalta (iptacopan), for the treatment of **adults with complement 3 glomerulopathy (C3G), to reduce proteinuria**.
- Fabhalta is also approved for the treatment of adults with paroxysmal nocturnal hemoglobinuria and the reduction of proteinuria in adults with primary immunoglobulin A nephropathy at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g.
- Fabhalta is the first FDA approved drug for C3G and the only oral inhibitor of the alternative complement pathway to selectively target what is thought to be the underlying cause of the disease.
- C3G is a progressive and **ultra-rare kidney disease** affecting approximately 1-2 people per million. Approximately half of people living with C3G progress to kidney failure within 10 years of diagnosis, requiring lifelong dialysis and/or kidney transplantation.
- The approval of Fabhalta for the new indication was based on a randomized, placebo-controlled, double-blind study (APPEAR-C3G) in 74 patients with biopsy confirmed native kidney C3G. Patients were randomized to Fabhalta or placebo for 6 months. The primary efficacy endpoint was the log-transformed ratio to baseline in UPCR (sampled from a 24-hour urine collection) at 6 months.
    - At 6 months, the geometric mean UPCR ratio relative to baseline was 0.70 (95% CI: 0.57, 0.85) and 1.08 (95% CI: 0.88, 1.31) in the Fabhalta and placebo groups, respectively, resulting in a **35% reduction in 24-hour UPCR from baseline in the Fabhalta group vs. placebo (p = 0.0028)**.
- Fabhalta carries a boxed warning for serious infections caused by encapsulated bacteria.
- The most common adverse reactions (≥ 10%) with Fabhalta use in C3G were nasopharyngitis and viral infections.
- The recommended dose of Fabhalta for the treatment of all indications is **200 mg orally twice daily** without regard to food.