

# Real-World Effectiveness of Voxelotor for Treating Sickle Cell Disease in the US

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# Disclosures

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- Consultancy: bluebird bio, Cycleron, Emmaus, Imara, Novartis

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- Research funding: Global Blood Therapeutics, Novartis
- Consultancy: Global Blood Therapeutics, bluebird bio, CSL Behring

# Voxelotor Is an Oral, Once-Daily HbS Polymerization Inhibitor



Until late 2019, few treatments had been approved by the FDA for treating SCD.



Voxelotor (Oxbryta<sup>®</sup>) was approved by the FDA in November 2019 for the treatment of SCD in patients  $\geq 12$  years of age under an accelerated approval based on results of the pivotal HOPE study.<sup>1</sup>



In the HOPE study,<sup>a</sup> **voxelotor was associated with an average Hb increase of 1.1 g/dL**, and 51% of patients receiving voxelotor 1500 mg achieved a  $>1$  g/dL Hb increase at week 24.<sup>2</sup>

**This study sought to assess the real-world effectiveness of voxelotor based on data during the first 7 months post FDA approval**

<sup>a</sup>Eligible patients had Hb levels between 5.5 and 10.5 g/dL, experienced 1 to 10 VOCs in the previous year, and were not transfusion dependent.

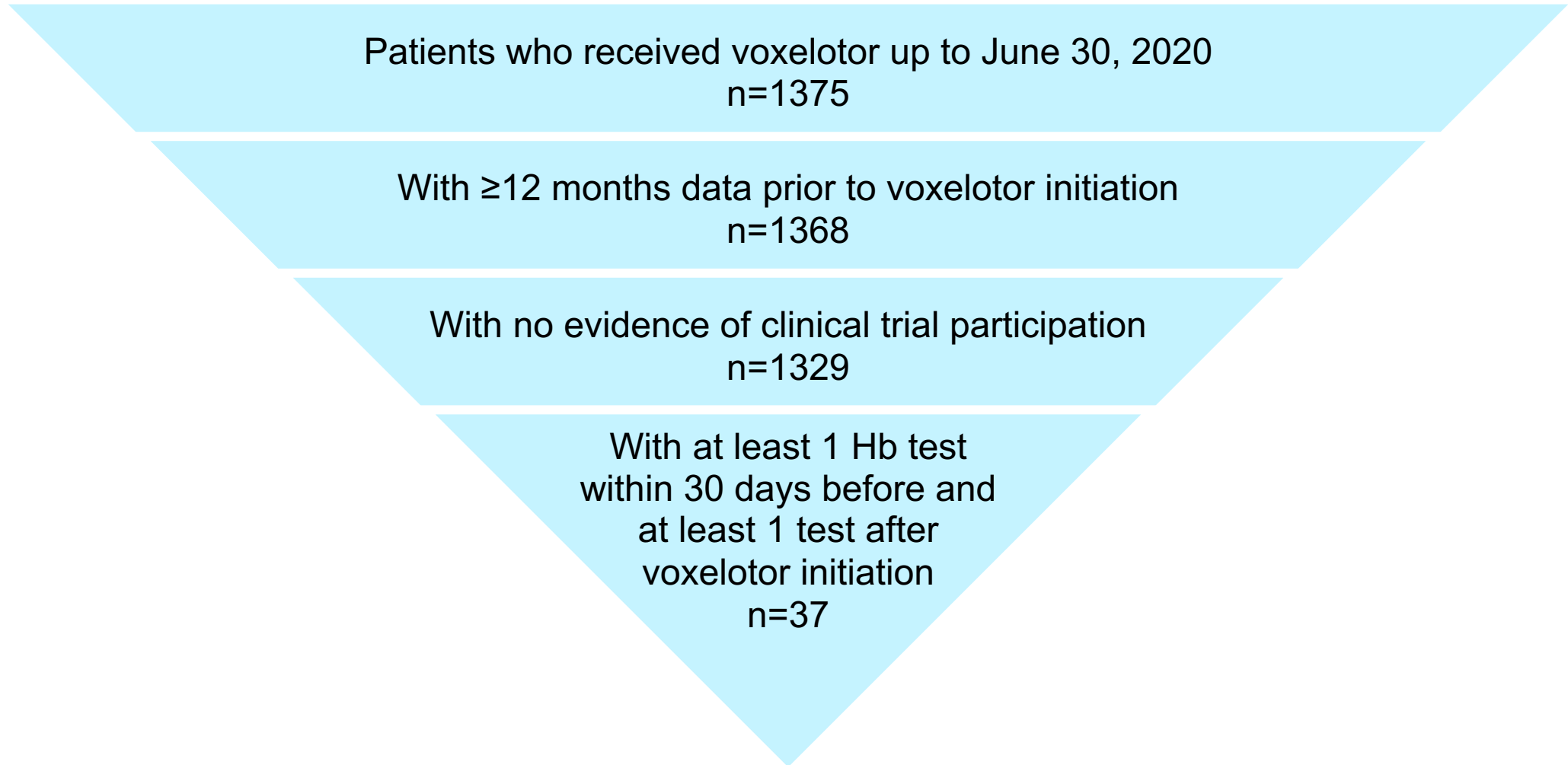
FDA, US Food and Drug Administration; Hb, hemoglobin; HbS, sickle hemoglobin; SCD, sickle cell disease; VOC, vaso-occlusive crisis.

1. Oxbryta. Prescribing information. Global Blood Therapeutics, Inc; 2019. 2. Vichinsky E, et al. *N Engl J Med.* 2019;381(6):509-519.

# Methods

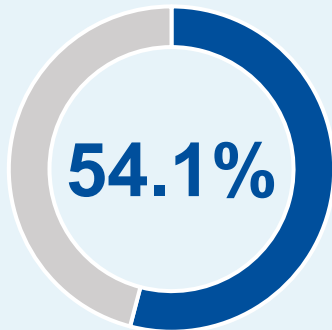
- Data on medical and pharmacy claims for patients who were aged  $\geq 12$  years and receiving voxelotor from December 2019 to June 2020 were obtained from the Symphony Health claims data set.
  - + Patients with at least 1 year of data prior to their first voxelotor claim date were included.
- Rates of transfusions and VOCs per patient per year (PPPY) were compared for the 3-months before voxelotor initiation versus the period after voxelotor initiation (mean follow-up, 2.9 months).
- Change in Hb level and the percentage of patients achieving a  $>1$  g/dL increase in Hb were assessed in the subset of patients with Hb laboratory data available.
  - + Evaluated patients had at least 1 Hb measurement within 30 days before voxelotor initiation and at least 1 Hb measurement after voxelotor initiation.
- Confidence intervals and  $P$  values for changes in outcomes were based on bootstrapping.

# Patient Flow

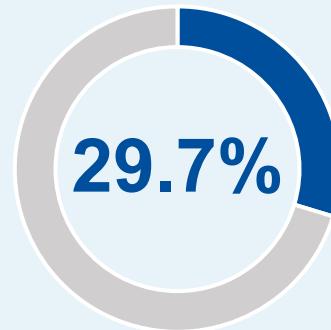


# Voxelotor Resulted in Significant Improvements in Hb

	Before	After		
		Average Hb n=37	Maximum Hb n=37	Last Hb n=37
Hb, g/dL, mean (CI 95%)	7.8 (7.3, 8.3)	8.7 (8.0, 9.5)	9.3 (8.5, 10.1)	8.7 (7.9, 9.5)
Change, mean (CI 95%)	–	0.9 (0.4, 1.4)	1.5 (0.9, 2.0)	0.8 (0.2, 1.5)
<i>P</i> value	–	<0.001	<0.001	0.008



of patients achieved a  
>1 g/dL Hb increase  
at some time point



of patients achieved a  
>2 g/dL Hb increase  
at some time point

# Voxelotor Was Associated With Significant Reductions in Rates of Transfusions and VOCs

Rate	Number of patients, n	Pre-index value, mean (95% CI)	Post-index value, mean (95% CI)	Change, mean (95% CI)	Percent reduction	P value
Transfusions among all patients	1329	0.12 (0.09, 0.15)	0.08 (0.06, 0.11)	-0.04 (-0.07, -0.01)	33%	0.018
≥1 transfusion in prior year	187	0.9 (0.7, 1.0)	0.5 (0.3, 0.6)	-0.4 (-0.6, -0.2)	44%	<0.001
≥8 transfusions in prior year	22	3.0 (2.4, 3.7)	1.7 (0.8, 2.7)	-1.4 (-2.4, -0.2)	47%	0.018
VOCs among all patients	1329	1.0 (0.9, 1.2)	0.7 (0.6, 0.8)	-0.3 (-0.4, -0.3)	30%	<0.001
≥1 VOC in prior year	475	2.9 (2.7, 3.1)	1.7 (1.5, 1.9)	-1.3 (-1.5, -1.1)	45%	<0.001

<sup>7</sup> VOC, vaso-occlusive crisis.

# Conclusions

Based on the first 7 months' data after the approval of voxelotor in the US, in real-world practice, voxelotor increases mean Hb by approximately 1 g/dL, consistent with the results of the HOPE trial.

Rates of transfusion and VOC were decreased after voxelotor initiation.

This real-world evidence provides additional support for the use of this novel therapy in the treatment of hemolytic anemia and its associated complications in the SCD population.

Further evaluation with a larger sample size and longer follow-up will help to confirm these findings.



# Acknowledgments

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