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ChemoCentryx's CCX168, an orally administered small molecule in development for the treatment of patients with anti-neutrophil cytoplasmic antibody-associated vasculitis (AAV), has strong potential to address major unmet needs in the vasculitis space, according to an analyst with research and consulting firm GlobalData.

Ms Alexandra Annis, GlobalData's Analyst covering Immunology, states: "The majority of those currently diagnosed with AVV achieve remission, but a substantial risk of relapse means that they face a prolonged duration of maintenance therapy, resulting in long-term exposure to therapies with significant side effects. Long exposure to Rituxan or methotrexate, for example, is associated with significant side effects and must be administered in conjunction with glucocorticoids (GC)."

As explored in GlobalData's vasculitis report, there are a vast number of unmet needs in the treatment space, and new drugs are needed to reduce the overall treatment burden of current therapy options.

Ms Annis explains: "CCX168, which was recently awarded an Orphan Products Development grant by the FDA, could address this, and has demonstrated an impressive safety and efficacy profile in the Phase II European CLEAR study, designed to assess whether it could replace the use of high-dose, chronic GCs without compromising efficacy.

"In terms of the potential competition CCX168 may face in the AAV market, GlobalData expects that the drug will hold an advantage over several competitors due to attractive pricing.

"For example, Bristol-Myers Squibb's Orencia (abatacept) and GlaxoSmithKline's Benlysta (belimumab) may be able to completely replace GCs, and are expected to hit the market before CCX168, which is not expected to launch until after 2024. However, Orencia and Benlysta are expected to be priced at around $40,000 and $50,000 per patient per year, respectively, meaning CCX168 may hold the upper hand given its anticipated lower price point as a small molecule."