Long-Term Safety and Tolerability of Once-Daily Valbenazine in Patients with Tardive Dyskinesia

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INTRODUCTION

Tardive dyskinesia (TD) is a persistent movement disorder associated with a prolonged exposure to dopamine receptor-blocking agents, such as antipsychotics. Valbenazine (VGBZ) is a serotonergic, highly-selective vesicular monoamine transporter 2 (VMAT2) inhibitor that is approved for the treatment of TD in adults.

The long-term safety of valbenazine was demonstrated in two phase 3 studies: KINECT 3 (NCT02274558) and KINECT 4 (NCT03281229) and comparisons from these studies were utilized in a rollover study (NCT02736955) for further treatment.

METHODS

STUDY DESIGN AND POOLING

Three studies were included in this analysis (Figure 1) of 357 participants with a diagnosis of TD (KINECT 3 and KINECT 4) or TD with movement disorder more prominent than TD (rollover study).

• KINECT 3 and KINECT 4: 80 mg: included the 80-mg group from KINECT 3 and participants from KINECT 4 who were escalated to 80 mg at Week 4.

• Rollover: included participants who had a dose reduction to 40 mg due to tolerability issues.

In the pooled long-term population, mean changes from baseline to Week 48 (end of treatment) and Week 52 (end of washout) were calculated for selected psychiatric scales.

• Safety assessments included: Treatment-emergent adverse events (TEAEs), laboratory parameters, vital signs, and ECG parameters.

In the rollover population, 9.4% of participants had ≥1 TEAE through Week 4; after Week 4, 49.0% of participants had ≥1 TEAE, and 4.5% discontinued due to an AE (Table 2).

No new safety signals were found in adults with TD who received long-term treatment with valbenazine. The incidence of suicidal ideation in the long-term pooled population was similar to the incidence in patients with schizophrenia/schizoaffective disorder (KINECT 3 and KINECT 4 only).

CONCLUSIONS

In the follow-up population, 9.6% of participants had ≥1 TEAE through Week 4; after Week 4, 48.0% of participants had ≥1 TEAE, and 4.5% discontinued due to an AE (Table 2).

No TEAE was reported in ≥5% of all participants.

Active, clinically significant, and unstable medical condition within 1 month prior to screening.

Among participants who had some suicidal ideation at baseline (score=1 to 3: pooled long-term population, n=7; Marder SR, Kane JM, Factor SA, et al. Columbia-Suicide Severity Rating Scale (C-SSRS) and Calgary Depression Scale for Schizophrenia (CDSS) and Positive and Negative Syndrome Scale (PANSS) in KINECT 3: up to 48 weeks of blinded treatment, followed by 4 weeks of drug-free washout.

• Comorbid movement disorder more prominent than TD.

80 mg: included the 80-mg group from KINECT 3 and participants from KINECT 4 who were escalated to 80 mg at Week 4.

All data were analyzed descriptively, with no statistical testing between valbenazine dose groups.

Participants with schizophrenia/schizoaffective disorder (KINECT 3 and KINECT 4 only).

REFERENCES


