



Albutrepenonacog alfa

[Targets \(1\)](#)[Enzymes \(1\)](#)[Biointeractions \(2\)](#)

IDENTIFICATION

Name

Albutrepenonacog alfa

Accession Number

DB13884

Type

Biotech

Groups

Approved

Biologic Classification

Protein Based Therapies

Blood factors / Fusion proteins

Description

Albutrepenonacog alfa (rIX-RFP) is a recombinant fusion protein that links a recombinant coagulation factor IX (rFIX) with a recombinant human albumin (rAlbumin).^[1] It was developed by CSL Behring Canada, Inc and approved by Health Canada on April 26, 2017. It was also approved by FDA and EMA in 2016. It is currently marketed in the forms of 250, 500, 1000 and 2000 IU/vial.^[5]

Protein structure





Protein chemical formula

C₅₀₇₇N₇₈₄₆O₁₅₈₈PS₆₇

Protein average weight

125000.0 Da

Sequences

```
>>Albutrepenonacog alfa<<<<
YNSGKLEEFVQGNLERECMEEKCSFEEAREVFENTERTTEFWKQYVDGDQCESNPCLNGG
SCKDDINSYECWCPFGFEGKNCELDVTCTNIKNGRCEQFCNSADNKVVCSTEGYRLAEN
QKSCEPAVPFPCGRVSVSQTSKLTRAETVFPDQVDYVNSTEAETILDNITQSTQSFNDFTR
VVGGEDAKPGQFPWQVVLNGKVDACGGGIVNEKWIVTAAHCVETGVKITVVAGEHNIEE
TEHTEQKRNVIRIIPHNYNAAINKYNHDIALLELDEPLVLNSYVTPICIIDKEYTNIIFL
KFGSGYVSGWGRVFKGRSALVLQYLRVPLVDRATCLRSTKFTIYNNMFCAGFHEGGRDS
CQGDSGGPHVTEVEGTSFLTGIISWGEECAMKGYGIYTKVSRVNWIKETKLTTPVSQT
SKLTRAETVFPDVAHKSEVAHRFKDLGEENFKALVLI AFAQYLQQCFEDHVKLVNEVT
EFAKTCVADESAENCDKSLHTLFGDKLCTVATLRETYGEMADCCAKQEPERNECFLQHKD
DNPNLPRLVPEVDVMCTAFHDNEETFLKKYLYEIARRHPYFYAPELLFFAKRYKAAFTE
CCQAADKAAACLPLKDELDRDEGKASSAKQRLKASLQKFGERAFKAWAVARLSQRFPAE
FAEVSKLVTDLTKVHTECCHGDLLECADRADLAKYICENQDSISSKLEKCEKPLLEKS
HCIAEVENDEMPADLPSLAADFVESKDVCKNYAEAKDVF LGMFLYEYARRHPDYSVLL
RLAKTYETTLEKCCAAADPHECYAKVFDEFKPLVEEPQNLIKQNCLEFQLGEYKFNAL
LVRYTKKVPQVSTPTLVEVSRNLGKVGSKCCKHPEAKRMPCAEDYLSVVLNQLCVLHEKT
PVSDRVTKCTESLVNRRPCFSALEVDETYVPKEFNAETFTFHADICTLSEKERQIKKQT
ALVELVKHKPKATKEQLKAVMDDFAAFVEKCKADDKETCFAEEGKLLVAASQAALGL
```

[Download FASTA Format](#)

Synonyms

Coagulation factor IX (recombinant), albumin fusion protein

Prescription Products

Search

| NAME | DOSAGE | STRENGTH | ROUTE | LABELLER | MARKETING START | MARKETING END |
|------|--------|----------|-------|----------|-----------------|---------------|
| ↕ | ↕ | ↕ | ↕ | ↕ | ↕ | ↕ |



| | | | | | | | |
|-----------------|---------------------------------|-----------------|-------------|-------------------------------------|----------------|----------------|--|
| Idelvion | Injection, powder, for solution | 240 IU | Intravenous | Csl Behring | 2016-05-11 | Not applicable | |
| Idelvion | Kit | 2000 [iU]/5mL | | Csl Behring Recombinant Facility Ag | 2016-03-04 | Not applicable | |
| Idelvion | Kit | 250 [iU]/2.5mL | | Csl Behring Recombinant Facility Ag | 2016-03-04 | Not applicable | |
| Idelvion | Injection, powder, for solution | 1000 IU | Intravenous | Csl Behring | 2016-05-11 | Not applicable | |
| Idelvion | Kit | 1000 [iU]/2.5mL | | Csl Behring Recombinant Facility Ag | 2016-03-04 | Not applicable | |
| Idelvion | Kit; Powder, for solution | 250 unit | Intravenous | Csl Behring | Not applicable | Not applicable | |
| Idelvion | Injection, powder, for solution | 500 IU | Intravenous | Csl Behring | 2016-05-11 | Not applicable | |
| Idelvion | Kit | 3500 [iU]/5mL | | Csl Behring Recombinant Facility Ag | 2018-05-30 | Not applicable | |
| Idelvion | Kit | 500 [iU]/2.5mL | | Csl Behring Recombinant Facility Ag | 2016-03-04 | Not applicable | |

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Categories[Hemostatics](#)**UNII**[A57KX1VL5P](#)**CAS number**

12E7448 E4 4



Indication

Under the EMA and FDA, rIX-RFP is indicated in the treatment of hemophilia B.^[6] For Health Canada, rIX-FRP is also indicated to prevent or reduce bleeding episodes.^[5]

Hemophilia B is the second most common type of hemophilia. It is a rare inherited bleeding disorder caused by reduced or absent levels of factor IX (FIX). The FIX is a vitamin K-dependent plasma protease that when activated is involved in the blood coagulation cascade.^[2] The hemophilia B is caused by mutations in the *FIX* gene which can cause different phenotypes. The severe form is characterized by the presence of spontaneous and recurring bleeds into the joints and muscles and excessive bleeding after trauma or surgery.^[3]

Associated Conditions

[Postoperative Hemorrhages](#)

[Bleeding episodes](#)

Pharmacodynamics

Clinical trials with rIX-RFP in patients with moderately to severe hemophilia B demonstrated a lower annualized spontaneous, total and joint bleeding rates. It was also efficient against bleeding episodes and maintenance of hemostasis in the perioperative setting when compared with on-demand treatment. The administration of rIX-RFP presented no reports of inhibitor development.^[1]

Mechanism of action

The current therapies against hemophilia B are hampered by the short half-life of the replacement FIX therapy.^[1] Thus, to solve this problem, in rIX-RFP there is the fusion of rFIX with rAlbumin which presents a much longer half-life and it does not present interactions with the immune system.^[1]

The administration of rIX-RFP increases the plasma concentration of FIX, thus addressing the coagulation deficiency of the patient. rIX-RFP is able to circulate in the plasma as an intact zymogen thanks to the pH-dependent binding to FcRn which is a normal protection pathway from lysosomal degradation of albumin. When the FIX is needed, rAlbumin is cleaved by the same proteases that activate the FIX.^[1]



Absorption

rIX-RFP absorption is very rapid as it is directly administered intravenously. In clinical trials, the maximum plasma concentration, area under the curve and mean residence time are reported to be approximately 55 IU/dL, 5500 IU.h/dL and 125 hours respectively.^[1]

Volume of distribution

The reported volume of distribution for rIX-RFP according to phase I/II and III clinical trials is 95 ml/kg.^[4]

Protein binding

This pharmacokinetic value is not relevant as this drug is part of the plasma proteins.

Metabolism

The metabolism of rIX-RFP is not relevant as it is a recombinant protein and it is thought to be metabolized to peptides and amino acids.^[7]

Route of elimination

rIX-RFP is mainly eliminated in the urine. In preclinical studies, the distribution of urine and feces 240 hours post administration corresponded to 72.9% and 4.3% of the administered dose respectively. The elimination on the first 24 hours in urine and feces only corresponded to the 39.9% and 0.92% of the dose.^[7]

Half life

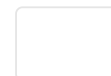
The fusion of the rFIX with rAlbumin prolongs the elimination half-life of rIX-RFP in the circulation. The reported half-life in clinical trials is 92 hours.^[1]

Clearance

In clinical trials, the weight-adjusted clearance in children and adults is reported to be 1.1 and 0.9 ml/h/kg.^[1]

Toxicity

rIX-RFP is very well tolerated.^[1] Mutagenicity trials were performed and they confirmed an absent mutagenic potential.^[5] Fertility studies have not been performed. Developmental studies are not of major importance as there is a very low rate of incidence of hemophilia B in females.



Pathways

Not Available

Pharmacogenomic Effects/ADRs ⓘ

Not Available

INTERACTIONS

Drug Interactions ⓘ

ALL DRUGS

APPROVED

VET APPROVED

NUTRACEUTICAL

ILLICIT

WITHDRAWN



INVESTIGATIONAL

EXPERIMENTAL

Search

| DRUG ↕ | INTERACTION ↕ |
|--------------------------------------|---|
| Acetaminophen | Acetaminophen may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Acetylsalicylic acid | Acetylsalicylic acid may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Acyclovir | Acyclovir may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Adefovir Dipivoxil | Adefovir Dipivoxil may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Almotriptan | Almotriptan may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Alprazolam | Alprazolam may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Amantadine | Amantadine may decrease the excretion rate of Albutrepenonacog alfa which could result in a higher serum level. |
| Amiloride | Amiloride may increase the excretion rate of Albutrepenonacog alfa which could result in a lower serum level and potentially a reduction in efficacy. |



in a higher serum level.

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Food Interactions

Not Available

REFERENCES

General References

1. Lyseng-Williamson KA: Coagulation Factor IX (Recombinant), Albumin Fusion Protein (Albutrepenonacog Alfa; Idelvion((R))): A Review of Its Use in Haemophilia B. *Drugs*. 2017 Jan;77(1):97-106. doi: 10.1007/s40265-016-0679-8. [[PubMed:27988873](#)]
2. Nazeef M, Sheehan JP: New developments in the management of moderate-to-severe hemophilia B. *J Blood Med*. 2016 Apr 1;7:27-38. doi: 10.2147/JBM.S81520. eCollection 2016. [[PubMed:27099538](#)]
3. Goodeve AC: Hemophilia B: molecular pathogenesis and mutation analysis. *J Thromb Haemost*. 2015 Jul;13(7):1184-95. doi: 10.1111/jth.12958. Epub 2015 May 18. [[PubMed:25851415](#)]
4. Morfini M: Pharmacokinetic drug evaluation of albutrepenonacog alfa (CSL654) for the treatment of hemophilia. *Expert Opin Drug Metab Toxicol*. 2016 Oct 2:1-7. doi: 10.1080/17425255.2016.1240168. [[PubMed:27677190](#)]
5. Health Canada monograph [[Link](#)]
6. EMA Product report [[Link](#)]
7. PMDA report on the deliberation [[Link](#)]

External Links

PubChem Substance

[347911453](#)

AHFS Codes

20:28.16 — Hemostatics

FDA label

[Download](#) (253 KB)

CLINICAL TRIALS



| PHASE | STATUS | PURPOSE | CONDITIONS | COUNT |
|---------------|------------|---------------|------------|-------|
| Not Available | Recruiting | Not Available | Hemophilia | 1 |

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PHARMACOECONOMICS

Manufacturers

Not Available

Packagers

Not Available

Dosage forms

Search

| FORM | ROUTE | STRENGTH |
|---------------------------------|-------------|-----------------|
| Injection, powder, for solution | Intravenous | 1000 IU |
| Injection, powder, for solution | Intravenous | 2000 IU |
| Injection, powder, for solution | Intravenous | 240 IU |
| Injection, powder, for solution | Intravenous | 500 IU |
| Kit | | 1000 [iU]/2.5mL |
| Kit | | 2000 [iU]/5mL |
| Kit | | 250 [iU]/2.5mL |
| Kit | | 3500 [iU]/5mL |
| Kit | | 500 [iU]/2.5mL |
| Kit; powder, for solution | Intravenous | 250 unit |

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Prices



Not Available

PROPERTIES

State

Solid

Experimental Properties

Not Available

TAXONOMY

Description

Not Available

Kingdom

Organic Compounds

Super Class

Organic Acids

Class

Carboxylic Acids and Derivatives

Sub Class

Amino Acids, Peptides, and Analogues

Direct Parent

Peptides

Alternative Parents

Not Available

Substituents



External Descriptors

Not Available

TARGETS

1. Coagulation factor X

Kind

Protein

Organism

Human

Pharmacological action

Yes

Actions

Activator

General Function

Serine-type endopeptidase activity

Specific Function

Factor Xa is a vitamin K-dependent glycoprotein that converts prothrombin to thrombin in the presence of factor Va, calcium and phospholipid during blood clotting.

Gene Name

F10

Uniprot ID

[P00742](#)

Uniprot Name

Coagulation factor X

Molecular Weight



(Albutrepenonacog Alfa; Idelvion((R))): A Review of Its Use in Haemophilia B. *Drugs*. 2017 Jan;77(1):97-106. doi: 10.1007/s40265-016-0679-8. [[PubMed:27988873](#)]

ENZYMES

1. Coagulation factor VIII**Kind**

Protein

Organism

Human

Pharmacological action

No

Actions

Substrate

General Function

Oxidoreductase activity

Specific Function

Factor VIII, along with calcium and phospholipid, acts as a cofactor for factor IXa when it converts factor X to the activated form, factor Xa.

Gene Name

F8

Uniprot ID[P00451](#)**Uniprot Name**

Coagulation factor VIII



1. Lyseng-Williamson KA: Coagulation Factor IX (Recombinant), Albumin Fusion Protein (Albutrepenonacog Alfa; Idelvion((R))): A Review of Its Use in Haemophilia B. *Drugs*. 2017 Jan;77(1):97-106. doi: 10.1007/s40265-016-0679-8. [[PubMed:27988873](#)]

Drug created on September 07, 2017 13:20 / Updated on October 11, 2018 19:31

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