

Drugs



Cemiplimab

Targets (1)



IDENTIFICATION

Name Cemiplimab**Accession Number** DB14707**Type** Biotech**Groups** Approved, Investigational**Biologic Classification** Protein Based Therapies
Monoclonal antibody (mAb)**Description** The U.S. Food and Drug Administration (FDA) approved Cemiplimab (*Libtayo*), manufactured by Regeneron Pharmaceuticals, on September 28, 2018. This is the first FDA approval of a drug specifically for the treatment of advanced cutaneous squamous cell carcinoma (CSCC) ¹⁴.**Protein chemical formula** Not Available**Protein average weight** 146000.0 Da**Sequences** Not Available**Synonyms** Cemiplimab-rwlc**External IDs** REGN-2810 / REGN2810**Prescription Products**Show entries

NAME	DOSAGE	STRENGTH	ROUTE	LABELLER	MARKETING START	MARKETING END	
Libtayo	Injection	50 mg/1mL	Intravenous	Regeneron Pharmaceuticals, Inc.	2018-09-28	Not applicable	
Libtayo	Solution	350 mg	Intravenous	Sanofi Aventis	Not applicable	Not applicable	
Libtayo	Solution	250 mg	Intravenous	Sanofi Aventis	Not applicable	Not applicable	

Showing 1 to 3 of 3 entries

1

Categories[Amino Acids, Peptides, and Proteins](#)[Antibodies](#)[Antineoplastic Agents](#)[Antineoplastic Agents, Immunological](#)[Blood Proteins](#)[Globulins](#)[Immunoglobulins](#)[Immunoproteins](#)[Proteins](#)[Serum Globulins](#)**UNII** [6QVL057INT](#)**CAS number** 1801342-60-8

PHARMACOLOGY

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of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation [Label](#),¹.

**Associated Conditions**

[Metastatic cutaneous squamous cell carcinoma](#)

[Locally advanced cutaneous squamous cell carcinoma, and not a candidate for curative surgery or curative radiation](#)

Pharmacodynamics

Cemiplimab inhibits tumor growth by an immune-mediated mechanism, specifically by the inhibition of the programmed death receptor 1 (PD-1), treating cutaneous squamous cell carcinoma [Label](#), ^{1, 3}.

Mechanism of action

Binding of the programmed death receptor (PD) ligands PD-L1 and PD-L2, to the PD-1 receptor, which is found on T cells, inhibits T-cell proliferation and cytokine production. The upregulation of PD-1 ligands occurs in some tumors and signaling through this pathway may contribute to the inhibition of active T-cell immune surveillance of tumors. Cemiplimab is a recombinant human immunoglobulin G4 (IgG4) monoclonal antibody that binds to the PD-1 receptor and blocks its interaction with PD-L1 and PD-L2 ligands, causing PD-1 pathway-mediated inhibition of the immune response, including the anti-tumor immune response. In mouse tumor models, blocking PD-1 activity resulted in decreased rates of tumor growth [Label](#).

TARGET

(A) [Programmed cell death protein 1](#)

ACTIONS

inhibitor

ORGANISM

Humans

ADDITIONAL DATA AVAILABLE**Adverse Effects**

Comprehensive structured data on known drug adverse effects with statistical prevalence. MedDRA and ICD10 ids are provided for adverse effect conditions and symptoms.

[LEARN MORE](#)

ADDITIONAL DATA AVAILABLE**Contraindications**

Structured data covering drug contraindications. Each contraindication describes a scenario in which the drug is not to be used. Includes restrictions on co-administration, contraindicated populations, and more.

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ADDITIONAL DATA AVAILABLE**Blackbox Warnings**

Structured data representing warnings from the black box section of drug labels. These warnings cover important and dangerous risks, contraindications, or adverse effects.

[LEARN MORE](#)

Absorption

After a dose of 350 mg cemiplimab administered intravenously every 3 weeks, median steady-state concentrations (CV%) of cemiplimab ranged between a maximum concentration (C_{max,ss}) of 166 mcg/mL (28%) and a minimum concentration (C_{min,ss}) of 59 mcg/mL (48%). Steady-state exposure was achieved after approximately 4 months [Label](#).

Volume of distribution

The volume of distribution of cemiplimab at steady state is 5.3 L (25%) [Label](#).

Protein binding

Not Available

Metabolism

Not Available

Route of elimination

Not Available

Half life The elimination half-life (CV%) at steady state is 19 days (30%) [Label](#).

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34%, resulting in a steady state clearance (CLSS) (CV%) of 0.21 L/day (33%).



Toxicity The most common adverse reactions (incidence \geq 20%) were fatigue, rash, and diarrhea in clinical studies [Label](#). Severe and fatal immune-mediated adverse reactions may occur in any organ system or tissue, including the following: immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated dermatologic

adverse reactions, and immune-mediated nephritis and renal dysfunction. Monitor for symptoms and signs of immune-mediated adverse reactions. Regularly perform chemistry panels, including liver and thyroid function, at baseline and periodically during treatment. Withhold or permanently discontinue this drug and administer corticosteroids based on the severity of the reaction. Infusion-related reactions may also occur. Interrupt, decrease the rate of infusion or permanently discontinue based on the severity of the reaction.

A note on fetal toxicity: This drug can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception [Label](#).

Affected organisms Humans and other mammals

Pathways Not Available

Pharmacogenomic Not Available

Effects/ADRs [i](#)

INTERACTIONS

Drug Interactions

**ALL DRUGS**

APPROVED

VET APPROVED

NUTRACEUTICAL

ILLICIT

WITHDRAWN

INVESTIGATIONAL

EXPERIMENTAL

Show 10 entries

Search

DRUG	INTERACTION
Abciximab	The risk or severity of adverse effects can be increased when Abciximab is combined with Cemiplimab.
Abituzumab	The risk or severity of adverse effects can be increased when Abituzumab is combined with Cemiplimab.
Abrilumab	The risk or severity of adverse effects can be increased when Cemiplimab is combined with Abrilumab.
Adalimumab	The risk or severity of adverse effects can be increased when Adalimumab is combined with Cemiplimab.
Adecatumumab	The risk or severity of adverse effects can be increased when Adecatumumab is combined with Cemiplimab.
Aducanumab	The risk or severity of adverse effects can be increased when Aducanumab is combined with Cemiplimab.
Afelimomab	The risk or severity of adverse effects can be increased when Afelimomab is combined with Cemiplimab.
Alefacept	The risk or severity of adverse effects can be increased when Alefacept is combined with Cemiplimab.
Alemtuzumab	The risk or severity of adverse effects can be increased when Alemtuzumab is combined with Cemiplimab.
Alirocumab	The risk or severity of adverse effects can be increased when Alirocumab is combined with Cemiplimab.

ADDITIONAL DATA AVAILABLE

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[3](#)
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[33](#)
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Food Interactions Not Available

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General References

1. Migden MR, Rischin D, Schmults CD, Guminski A, Hauschild A, Lewis KD, Chung CH, Hernandez-Aya L, Lim AM, Chang ALS, Rabinowits G, Thai AA, Dunn LA, Hughes BGM, Khushalani NI, Modi B, Schadendorf D, Gao B, Seebach F, Li S, Li J, Mathias M, Booth J, Mohan K, Stankevich E, Babiker HM, Brana I, Gil-Martin M, Homsy J, Johnson ML, Moreno V, Niu J, Owonikoko TK, Papadopoulos KP, Yancopoulos GD, Lowy I, Fury MG: PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous-Cell Carcinoma. *N Engl J Med.* 2018 Jul 26;379(4):341-351. doi: 10.1056/NEJMoa1805131. Epub 2018 Jun 4. [[PubMed:29863979](#)]
2. Authors unspecified: Drug and Device News. *P T.* 2017 Nov;42(11):665-691. [[PubMed:29089720](#)]
3. Sidaway P: Cemiplimab effective in cutaneous SCC. *Nat Rev Clin Oncol.* 2018 Aug;15(8):472. doi: 10.1038/s41571-018-0056-5. [[PubMed:29921845](#)]
4. FDA Approves Libtayo [[Link](#)]
5. Libtayo, Regeneron [[Link](#)]



External Links

Wikipedia

[Cemiplimab](#)

FDA label

[Download](#) (239 KB)

CLINICAL TRIALS

Clinical Trials

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Search

PHASE	STATUS	PURPOSE	CONDITIONS	COUNT
1	Active Not Recruiting	Treatment	Advanced Malignancies / Cancer, Advanced	1
1	Active Not Recruiting	Treatment	Melanoma	1
1	Active Not Recruiting	Treatment	Metastatic Squamous Cell Carcinoma Neck / Metastatic Squamous Cell Carcinoma of Head / Recurrent Squamous Cell Carcinoma of Head / Recurrent Squamous Cell Carcinoma of Neck	1
1	Recruiting	Treatment	Acute Lymphoblastic Leukaemias (ALL) / Malignant Lymphomas	1
1	Recruiting	Treatment	Advanced Malignancies	1
1	Recruiting	Treatment	Cutaneous Squamous Cell Carcinoma	1
1	Recruiting	Treatment	Lung Cancer Non-Small Cell Cancer (NSCLC)	1
1	Recruiting	Treatment	Malignancies	1
1	Recruiting	Treatment	Renal Cell Adenocarcinoma	1
1	Withdrawn	Treatment	Advanced Malignancies	1

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PHARMACOECONOMICS

Manufacturers

Not Available

Packagers

Not Available

Dosage forms

Show entries

Search

FORM	ROUTE	STRENGTH
Injection	Intravenous	50 mg/1mL
Solution	Intravenous	250 mg
Solution	Intravenous	350 mg

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Prices

Not Available

FILES

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Patents

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Drugs



PROPERTIES



State Not Available

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 Not Available

Molecular Framework Not Available

External Descriptors Not Available

TARGETS

1. Programmed cell death protein 1

Details

Kind	Protein
Organism	Humans
Pharmacological action	<input checked="" type="checkbox"/> Yes
Actions	<input checked="" type="checkbox"/> Inhibitor
General Function	Signal transducer activity
Specific Function	Inhibitory cell surface receptor involved in the regulation of T-cell function during immunity and tolerance. Upon ligand binding, inhibits T-cell effector functions in an antigen-specific manner. ...
Gene Name	PDCD1
Uniprot ID	Q15116
Uniprot Name	Programmed cell death protein 1
Molecular Weight	31646.635 Da

References

1. Miodini MR, Bischoff D, Schmullts CD, Guminski A, Hauschild A, Lewis KD, Chung CH, Hernandez-Aya I, Lim AM, Chang ALS, Rabinowitz

R. Mlyga, M. Nishimura, J. Schmidt, C. S. Saminski, R. N. Sauerbrey, K. Lewis, C. Chang, C. Hernandez, E. L. Lim, A. Wang, C. Chang, R. S. Rabinowitz, G. Thai, A. A. Dunn, L. A. Hughes, B. G. M. Khushalani, N. Modi, B. Schadendorf, D. Gao, B. Seebach, F. Li, S. Li, J. Mathias, M. Booth, J. Mohan, K. Stankevich, E. Babiker, H. M. Brana, I. Gil-Martin, M. Homs, J. Johnson, M. L. Moreno, V. Niu, J. Owonikoko, T. K. Papadopoulos, K. P. Yancopoulos

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