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Health Technology Briefing
January 2026

Admilparant for treating idiopathic pulmonary fibrosis

Company/Developer	Bristol-Myers Squibb Pharmaceuticals Ltd

☒ New Active Substance ☐ Significant Licence Extension (SLE)

NIHRIO ID: 29793	NICE ID: Not available	UKPS ID: 675214

Licensing and Market Availability Plans

Currently in phase III clinical trials.

Summary

Admilparant is being developed for the treatment of idiopathic pulmonary fibrosis (IPF) in adults. IPF is a chronic (long-term) disease of the lungs characterised the slow build-up of scar tissue. This causes the lungs to become inflamed and thick making it harder for them to work normally. This reduces how much oxygen moves from the air into the blood. IPF is associated with a gradual decline in lung function, slow respiratory failure, and a high death rate. Several treatments can slow the worsening of IPF, but there is currently no treatment that can stop or reverse the scarring of the lungs.

Admilparant is a new small molecule which is delivered orally (via the mouth) and is designed to block lysophosphatidic acid receptor 1 (LPA_1). LPA_1 is a type of protein which plays a role in processes leading up to the build-up of scar tissue. If licenced (approved), admilparant will offer an additional treatment option for IPF in adults who have few well-tolerated effective therapies available.

This briefing reflects the evidence available at the time of writing and a limited literature search. It is not intended to be a definitive statement on the safety, efficacy or effectiveness of the health technology covered and should not be used for commercial purposes or commissioning without additional information. A version of the briefing was sent to the company for a factual accuracy check. The company was available to comment.

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Proposed Indication

Treatment of idiopathic pulmonary fibrosis (IPF).[1]

Technology

Description

Admilparant (BMS-986278) is a potential first-in-class, oral, small molecule lysophosphatidic acid receptor 1 (LPA_1) antagonist. Increased LPA levels and activation of LPA_1 have been implicated in the pathogenesis of pulmonary fibrosis.[2] LPA mediates a multicellular response to wound healing and collagen deposition. LPA_1 inhibition interrupts the fibrotic cascade and targets three core drivers (epithelial injury, inflammation, and fibrosis) of pulmonary fibrosis.[3]

Admilparant is in clinical development for the treatment of IPF in adults. In the phase III trial (NCT06003426), admilparant is administered as dose 1 or dose 2.[1]

Key Innovation

There is currently no cure for IPF, but there are treatments that can help relieve the symptoms and slow down its progression.[4] Current treatment recommendations can slow, but not stop or reverse, disease progression and are associated with side effects that can delay treatment initiation or lead to discontinuation. This means there is currently an unmet need for new treatments for IPF that can be used alone or with standard of care.[5] Admilparant's novel mechanism aims to target and inhibit LPA_1, a receptor associated with the pathogenesis of pulmonary fibrosis.[6]

If licenced, admilparant will offer an additional treatment option for IPF in adults who have few well-tolerated effective therapies available.

Regulatory & Development Status

Admilparant does not currently have marketing authorisation in the EU/UK for any indication.

Admilparant is in phase III/II clinical development for progressive pulmonary fibrosis.[7]

Admilparant has the following regulatory designations:

- an orphan drug in the EU in 2025 for IPF.[8]

Patient Group

Disease Area and Clinical Need

IPF is a specific form of chronic, progressive fibrosing interstitial pneumonia of unknown cause.[9] IPF affects the tissue surrounding the air sacs, or alveoli, in the lungs. IPF develops when the lung tissue becomes thick and stiff. Over time, these changes can cause permanent scarring in the lungs, called fibrosis, that makes it progressively more difficult to breathe.[9,10] It usually affects people who are around 70 to 75 years old, and is rare in people under 50 years.[11] Symptoms include; loss of appetite and weight loss, breathlessness (even doing light activity such as getting dressed), persistent cough, fatigue, clubbing of the fingertips or toenails.[11,12] The exact cause of IPF is unclear, however, it has been linked to a number of risk factors, including: older age (it is mostly diagnosed in people in their 60s or 70s), exposure to certain types of dust, viral infections, family history of IPF, genetics (mutations in the *MUC5B*, *TERT* or *TERC* genes), acid reflux, and smoking.[11,13]

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IPF is more common in males than females.[14] A 2018 cohort study estimated a range of 8000-9000 new IPF cases per year in England which is higher than previously reported estimates (5000-6000).[15] In England 2024-25, there were 16,482 finished consultant episodes (FCEs) and 8,761 admissions for other interstitial pulmonary diseases with fibrosis (ICD-10 code J84.1), which resulted in 54,440 FCE bed days and 2,479 day cases.[16]

Recommended Treatment Options
The National Institute for Health and Care Excellence (NICE) currently recommend pirfenidone for the treatment of IPF in adults and nintedanib for the treatment of IPF or progressive fibrosing interstitial lung diseases (PF-ILD) in adults.[17,18]

Clinical Trial Information

Trial	NCT06003426; A Multicenter, Randomized, Double-blind, Placebo-controlled, Phase 3 Study to Evaluate the Efficacy, Safety, and Tolerability of BMS-986278 in Participants with Idiopathic Pulmonary Fibrosis **Phase III** – Active, not recruiting **Locations:** Fourteen EU countries, UK, USA, Canada and other countries **Primary completion date:** October 2026
Trial Design	Randomised, parallel assignment, quadruple masking
Population	N =1255(actual); subjects with IPF; aged ≥ 40 years
Intervention(s)	• Admilparant dose 1 • Admilparant dose 2
Comparator(s)	Placebo
Outcome(s)	Primary outcomes: • Absolute change from baseline in forced vital capacity measured in millilitres [Time frame: up to week 52] • Number of participants that experience spontaneous syncopal events [Time frame: at approximately 4 weeks] See trial record for full list of outcomes.
Results (efficacy)	-
Results (safety)	-

Trial	NCT04308681, EudraCT 2019-003992-21; A Multicenter, Randomized, Double-blind, Placebo-controlled, Phase 2 Study of the Efficacy and the Safety and Tolerability of BMS-986278 in Participants With Pulmonary Fibrosis **Phase II** – Completed **Locations:** Five EU countries, UK, USA, Canada and other countries **Study completion date:** September 2023
Trial Design	Randomised, parallel assignment, triple masking

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Population	N =403 (actual); subjects with IPF ≥ 40 years of age; subjects with PF-ILD ≥ 21 years of age
Intervention(s)	• Admilparant 30mg • Admilparant 60mg
Comparator(s)	Placebo
Outcome(s)	Primary outcome: Change from baseline in percent predicted forced vital capacity (ppFVC) in IPF participants [Time frame: from baseline (first dose) up to week 26] See trial record for full list of outcomes.
Results (efficacy)	In total, 255 patients with IPF and 114 patients with PPF were included. Median ppFVC at baseline was 77.3% and 64.7% in the IPF and PPF cohorts, respectively. Treatment with 60 mg admilparant delayed time to disease progression over 26 weeks compared with placebo in both cohorts of patients (IPF: hazard ratio, 0.54; 95% CI, 0.31-0.95; PPF: hazard ratio, 0.41; 95% CI, 0.18-0.90). A similar trend was observed in the subgroup analysis of patients with ppFVC at baseline either below or above the median value.[19]
Results (safety)	In both cohorts, the most frequent first event was relative decline of ≥ 10% in ppFVC; no deaths were reported as first progression events.[19]

Estimated Cost

The cost of admilparant is not yet known.

Relevant Guidance

NICE Guidance

- NICE technology appraisal. Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted [TA864]. February 2023.
- NICE technology appraisal. Nintedanib for treating progressive fibrosing interstitial lung diseases [TA747]. November 2021.
- NICE technology appraisal. Pirfenidone for treating idiopathic pulmonary fibrosis [TA504]. February 2018.
- NICE technology appraisal. Nintedanib for treating idiopathic pulmonary fibrosis [TA379]. January 2016.
- NICE clinical guideline. Idiopathic pulmonary fibrosis in adults: diagnosis and management [CG163]. June 2013.
- NICE quality standard. Idiopathic pulmonary fibrosis in adults [QS79]. January 2015.

NHS England (Policy/Commissioning) Guidance

- NHS England. Interstitial Lung Disease Service Adult. Service Specifications. 17009/S. June 2017.

Other Guidance

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- American Thoracic Society/European Respiratory Society/Japanese Respiratory Society/ Asociación Latinoamericana de Tórax. Idiopathic Pulmonary Fibrosis (an Update) and Progressive Pulmonary Fibrosis in Adults: An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline. 2022.[9]

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