Clinical Presentation – 4/23/21

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Anti-Allergens, Oral

- There is no recent information of significance in this class since the last time the class was reviewed.

Antibiotics, Inhaled

- There is no recent information of significance in this class since the last time the class was reviewed.

Anticoagulants

- Bristol-Myers Squibb will discontinue sales of all strengths of Coumadin due to unexpected manufacturing issues that could not be resolved expediously.
- American College of Cardiology (ACC) published an expert consensus decision pathway on managing bleeding episodes in patients taking oral anticoagulants. This updates parts of the 2017 ACC Expert Consensus Decision Pathway for Periprocedural Management of Anticoagulation in Patients with Nonvalvular Atrial Fibrillation. It provides guidance for temporary or permanent interruption of therapy, general approaches to bleeding management, decision support for treatment with a reversal agent, and indications and timing for reinstituting anticoagulant treatment. The panel does not recommend routine administration of platelets for patients on antiplatelet agents for major bleeding. They do not recommend routine oral anticoagulant reversal for nonmajor bleeding, but clinicians may interrupt therapy until patient is clinically stable and hemostasis is achieved.
- American College of Cardiology/American Heart Association published a joint guideline for the management of patients with valvular heart disease (VHD). Regarding pharmacologic management, the guidelines provide recommendations for prevention of rheumatic fever (e.g., penicillin, sulfadiazine, macrolide or azalide). There is also guidance on anticoagulation in atrial fibrillation in patients with VHD, anticoagulation (including

bridging) in patients with prosthetic valves, management of thromboembolic events that affect chronic pharmacologic treatment, and application to special populations. The guidance on the use of a non–vitamin K oral anticoagulant (NOAC) and vitamin K antagonist (VKA) are detailed, depending on risk scoring, infection and valve history, and several other patient-specific factors.

Antidepressants, Other

- There is no recent information of significance in this class since the last time the class was reviewed.

Antidepressants, SSRI

- Allergan has made a business decision to discontinue Sarafem tablets. Generic formulations will remain available.

Antidepressants, Tricyclic

- There is no recent information of significance in this class since the last time the class was reviewed.

Antihyperuricemics

- American College of Rheumatology (ACR) updated guidelines for management of gout. Strong recommendations include urate-lowering therapy (ULT) for all patients with tophaceous gout, radiographic damage due to gout, or frequent gout flares. Allopurinol is preferred first-line, including in patients with moderate-to-severe chronic kidney disease. ACR strongly recommends a xanthine oxidase inhibitor over probenecid for those with CKD stage >3 and low-dose allopurinol or febuxostat is strongly recommended over probenecid for patients with moderate-to-severe CKD. Titration of ULT should be guided to a target serum urate of <6 mg/dL. Concomitant anti-inflammatory prophylaxis therapy is strongly recommended when initiating ULT for at least 3-6 months. Colchicine, NSAIDS, or glucocorticoids are strongly recommended for the management of gout flares. ACR strongly recommends switching to pegloticase in patients who have failed treatment with xanthine oxidase inhibitor, uricosurics, or others agents.

Antivirals, Oral

- Xofluza (baloxavir marboxil) is now approved for post-exposure prophylaxis of influenza in adults and pediatric patients ≥ 12 years of age. A new formulation of 40 mg/20 mL oral suspension after reconstitution has been approved for all indications. Xofluza had previously been approved for the treatment of acute uncomplicated influenza in patients ≥ 12 years of age who have been asymptomatic for no more than 48 hours and who are otherwise healthy or at high risk of developing influenza-related complications

Anxiolytics

- There is no recent information of significance in this class since the last time the class was reviewed.

Beta Blockers

- The American Heart Association/American College of Cardiology (AHA/ACC) published guidelines on the diagnosis and treatment of hypertrophic cardiomyopathy (HCM). Notable pharmacologic recommendations include the following: for symptomatic patients with left ventricular outflow tract (LVOT) obstruction, nonvasodilating beta-blockers are recommended, but alternatives for select patients include verapamil, diltiazem, or disopyramide. For patients with nonobstructive HCM with preserved left ventricular ejection fraction (LVEF), beta-blockers, verapamil, or diltiazem are recommended. Anticoagulants may be considered default therapeutic options for patients who also have atrial fibrillation independent of the CHA2DS2VASc score. Additional guidance on the use of antiarrhythmic therapy and heart failure agents is included as well.

Bile Acid Salts

- Allergan has made a business decision to discontinue Actigall. Generic 300 mg capsules remain available as well as brand-name table formulations in other strengths.

BPH Agents

- There is no recent information of significance in this class since the last time the class was reviewed.

Bronchodilators, Beta Agonist

- American Board of Internal Medicine (ABIM) Foundation initiative, called Choosing Wisely, released guidance based on American Academy of Pediatrics (AAP) information. Five key evidence-based recommendations regarding therapies and practices used to treat asthma and sleep disorders in pediatric patients were highlighted: (1) assess adherence to asthma medication before stepping up therapy; (2) do not use a LABA/steroid combination as initial therapy for intermittent or mild persistent asthma; (3) avoid nebulized medication by "blow by" or placing the mask or nebulizer tubing near the child's nose and mouth, rather secure the mask to the child's face or use a t-piece; (4) do not interpret pediatric sleep studies using adult standards; and (5) do not routinely use airway clearance therapy when asthma, bronchiolitis, or pneumonia are present.

COPD Agents

- There is no recent information of significance in this class since the last time the class was reviewed.

Cough & Cold

- There is no recent information of significance in this class since the last time the class was reviewed.

Erythropoiesis Stimulating Proteins

- Reblozyl (luspatercept-aamt), an erythroid maturation agent, is indicated for the treatment of anemia in adults with beta thalassemia who require regular RBC transfusions. It is also indicated for the treatment of anemia failing an erythropoiesis stimulating agent (ESA) and requiring $\geq$ 2 RBC units over 8 weeks in

adult patients with very low to intermediate risk myelodysplastic syndromes with ring sideroblasts (MDS-RS) or with myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T). The recommended dose is 1 mg/kg once every 3 weeks by subcutaneous injection with titration of dose based on responses as described in the PI. Therapy may also need to be interrupted for adverse effects as described in the PI. If the patient has not achieved a reduction in transfusion burden following 9 weeks of treatment (3 doses) at the max dose level or if intolerable toxicity occurs, treatment should be discontinued. Reblozyl is available as 25 mg and 75 mg lyophilized powder in SDV that requires reconstitution and administration by a health care provider. Warnings include thromboembolism, hypertension, and embryo-fetal toxicity. The most commonly reported adverse reactions were fatigue, headache, musculoskeletal pain, arthralgia, dizziness/vertigo, nausea, diarrhea, cough, abdominal pain, dyspnea, and hypersensitivity.

Glucocorticoids, Inhaled

- Trelegy Ellipta (fluticasone furoate, umeclidinium, vilanterol) is now indicated for the maintenance treatment of asthma in patients ≥ 18 years. It was previously only indicated for the treatment of patients with COPD. It is not indicated for the relief of acute bronchospasm. The recommended dosage for maintenance treatment in asthma is 1 actuation of 100/62.5/25 mcg or 200/62.5/25 mcg once daily via oral inhalation. Corresponding with the new indication, a new dose option 200/62.5/25 mcg was also approved.
- National Asthma Education and Prevention Program updated their 2007 asthma guidelines. Key recommendations for pharmacotherapy are organized by asthma severity in the following steps: There were no recommended changes in step 1 (intermittent asthma) therapy maintaining the recommendation for as-needed SABAs for rescue therapy. In step 2 (mild persistent asthma), either daily low-dose ICS plus as-needed SABA therapy or as-needed concomitant ICS and SABA therapy are recommended. Formoterol in combination with an ICS in a single inhaler (single maintenance and reliever therapy) is recommended as the preferred therapy for moderate persistent asthma in step 3 (low-dose ICS-formoterol therapy) and step 4 (medium-dose ICS-formoterol therapy) for both daily and as-needed therapy. A short-term increase in the ICS dose alone for worsening of asthma symptoms is not recommended. Add-on LAMAs are recommended in individuals whose asthma is not controlled by ICS-formoterol therapy for step 5 (moderate-severe persistent asthma). Subcutaneous immunotherapy is recommended as an adjunct to standard pharmacotherapy for individuals with symptoms and sensitization to specific allergens. Sublingual immunotherapy is not recommended specifically for asthma.

HAE Treatments

- Haegarda is now approved for routine prophylaxis to prevent Hereditary Angioedema (HAE) attacks in pediatric patients 6 years of age and older. It was previously approved for this indication in adults and adolescents. The recommended dose is 60 IU/kg of bodyweight administered by subcutaneous injection twice weekly (every 3 or 4 days) for all patients. Haegarda can be self-administered or caregiver-administered following reconstitution.

- Orladeyo (berotralstat) is a plasma kallikrein inhibitor indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adults and pediatric patients ≥ 12 years old. Its safety and effectiveness for the treatment of acute attacks have not been established; it should not be used for acute HAE attacks. It is supplied as 110mg and 150mg capsules. The recommended dose is 150mg once daily with food with recommended dose adjustments for hepatic impairment, drug interactions and adverse events. Warnings include an increase in QT prolongation at doses exceeding 150mg daily. The most frequently reported adverse reactions were abdominal pain, vomiting, diarrhea, back pain, and gastroesophageal reflux disease.

Hemophilia

- Sevenfact, a recombinant coagulation factor VIIa-jncw, is approved for the treatment and control of bleeding episodes occurring in adults and adolescents ≥ 12 years of age with hemophilia A or B with inhibitor. This is not approved for the treatment of congenital factor VII deficiency. Sevenfact is for intravenous infusion and is available in single-use vials containing 1 mg and 5 mg with a diluent. Recommended dosing is for the treatment and control of bleeding episodes is dependent on body wieght and severity of bleeding. For mild to moderate bleeds, the recommended dose is 75mcg/kg repeated every 3 hours until hemostasis or an initial dose of 225 mg/kg with additional 75 mcg/kg every 3 hours if hemostasis is not achieved within 9 hours. For severe bleeds, 225 mg/kg initially, followed if necessary after 6 hours, by 75 mcg/kg every 2 hours. Sevenfact is contraindicated for use in patients with known allergy to rabbits or rabbit proteins. Warnings include hypersensitivity reactions and patients with hemophilia A or B with inhibitors and other risk factors for thrombosis. The most frequently reported adverse reactions were headache, dizziness, infusion-site discomfort, infusion-site hematoma, infusion-related reaction, and fever.

Hypoglycemics, Incretin Mimetics/Enhancers

- American College of Cardiology (ACC) published an Expert Consensus Decision Pathway around use of SGLT2 inhibitors and GLP-1 receptor agonists in patients with T2DM. Key recommendations follow and include a recommendation that clinical judgement must be used when starting SGLT2 inhibitor in patients with impaired renal function, if the patient is starting or up-titrating an ACE inhibitor or ARB. Caution should be used when starting an SGLT2 inhibitor in patients with history of peripheral artery disease, severe peripheral neuropathy, lower extremity diabetic ulcers, or soft tissue infections. In patients with active proliferative retinopathy, a GLP-1 receptor agonist may be considered as an alternative to semaglutide SC. GLP-1 receptor agonists should be used with caution in patients with gallbladder disease or history of pancreatitis. Initiation of an SGLT2 inhibitor (for CV or kidney risk reduction) or a GLP-1RA (for CV risk reduction) should not be contingent on HbA1c levels.
- FDA issued communication stating that sitagliptin (Januvia), sitagliptin/metformin (Janumet), and sitagliptin/metformin ER (Janumet XR) are not proven to improve glycemic control in pts 10 to 17 y/o with T2DM. This is based on results of 3 clinical trials that did not demonstrate an improvement in HbA1c. Labeling has been updated accordingly.

Immune Globulins

- Panzyga (immune globulin intravenous (human) - ifas) is now approved for the treatment of adults with chronic inflammatory demyelinating polyneuropathy (CIDP). Dosing for this indication is a loading dose of 2 g/kg (20 mL/kg) divided into 2 daily doses of 1 g/kg (10 mL/kg) given over 2 consecutive days followed by a maintenance dose of 1-2 g/kg (10-20 mL/kg) every 3 weeks divided into 2 doses given over 2 consecutive days. Panzyga was already approved for primary humoral immunodeficiency and chronic immune thrombocytopenia.

Immunomodulators, Asthma

- Nucala (mepolizumab) is now approved for the treatment of adults and pediatric patients 12 years of age and older with hypereosinophilic syndrome (HES) for ≥ 6 months without an identifiable non-hematologic secondary cause. The recommended dose for this indication is 300 mg (3 x 100 mg at least 5 cm apart) subcutaneously every 4 weeks into the upper arm, thigh, or abdomen. Nucala is also approved for select patients with asthma and eosinophilic granulomatosis with polyangiitis (EGPA).

Lincosamides/Oxazolidinones/Streptogramins

- Sivextro (tedizolid phosphate) is now approved to treat acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible bacteria in patients 12 years of age and older. It was previously only approved for adults with this indication. The recommended dosing is 200 mg once daily orally or via IV infusion over 1 hour for 6 days for adults and pediatric patients.

Lipotropics, Other

- There is no recent information of significance in this class since the last time the class was reviewed.

Lipotropics, Statins

- The FDA approved a new class wide warning for statins and statin-containing products regarding the risk of immune-mediated necrotizing myopathy. Rare cases have been reported. Immune-mediated necrotizing myopathy is characterized by proximal muscle weakness and elevated serum creatine kinase that persists despite discontinuation, positive anti-HMGCoA reductase antibody, muscle biopsy showing necrotizing myopathy, and improvement with immunosuppressive agents.

Multiple Sclerosis Agents

- Plegridy (pegylated interferon beta-1a) is approved as an intramuscular pre-filled syringe in the same dosage as the subcutaneous formulation (125 mcg/0.5 mL every 14 days). Patients may self-administer the IM injection with proper training. Switching between the IM and SQ routes of administration has not been studied, however the need for repeat dose titration is not expected.

PAH Agents, Oral/Inhaled

- Tyvaso (treprostinil) is now approved for the treatment of pulmonary hypertension associated with interstitial lung disease (PH-ILD; WHO Group 3) to improve exercise ability. The effectiveness was established predominantly in patients with etiologies of idiopathic interstitial pneumonia (IIP) (45%) inclusive of idiopathic pulmonary fibrosis (IPF), combined pulmonary fibrosis and emphysema (CPFE) (25%), and WHO Group 3 connective tissue disease (22%). For this indication, the recommended dosing remains the same as with the previous approved indication for pulmonary arterial hypertension, as 3 breaths (18 mcg) per treatment session in 4 separate treatment sessions each day approximately 4 hours apart during waking hours. The dosing can be increased by 3 breaths/session at 1 to 2 week intervals to a maintenance target of 9-12 breaths per session.

Pancreatic Enzymes

- There is no recent information of significance in this class since the last time the class was reviewed.

Pediatric Vitamin Preparations

- There is no recent information of significance in this class since the last time the class was reviewed.

Sedative Hypnotics

- Hetlioz (tasimelteon) is now approved for the treatment of nighttime sleep disturbances in Smith-Magenis syndrome (SMS) in pediatric patients 3 –15 years of age. The recommended dose for adults and pediatric patients weighing > 28 kg is 20 mg orally 1 hour before bedtime. The dose for pediatric patients weighing < 28 kg is 0.7 mg/kg. A new 4 mg/mL oral suspension formulation (Hetlioz LQ) has been approved to accommodate the lower age range. Hetlioz was already indicated for the treatment of Non-24-Hour Sleep-Wake disorder in adults.

Sickle Cell Anemia Treatments

- Adakveo (crizanlizumab-tmca) is approved to reduce the frequency of vaso-occlusive crises (VOCs) in adults and pediatric patients ages ≥ 16 years with sickle celldisease (SCD). It is available as a 100 mg/10 mL single-dose vial (SDV). The dose is 5 mg/kg by IV infusion over 30 minutes given by a HCP at week 0 and week 2, followed by maintenance dosing every 4 weeks. It may be used as monotherapy or with hydroxyurea. There are no contraindications.

Thrombopoiesis Stimulating Proteins

- There is no recent information of significance in this class since the last time the class was reviewed.

SINGLE PRODUCT REVIEWS

- Dificid (fidaxomicin) is now approved for the treatment of *Clostridiodes difficile*- associated diarrhea (CDAD) in patients as young as 6 months of age. A new 40mg/mL oral suspension was approved to allow dosing for the younger pediatric age range. Dificid was previously only approved for adults. The dose in pediatric patients weighing at least 12.5 kg and able to swallow tablets is 200 mg twice daily for 10 days. In patients weighing at least 4 kg who are ineligible for tablets, the dose is weight-based twice daily for 10 days.
- Nyvepria (pegfilgrastim-apgf), a biosimilar for Neulasta, is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. It is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation. Nyvepria is supplied as a 6mg/0.6mL solution in a single-dose prefilled syringe for manual use only with recommended dosing for patients with cancer receiving myelosuppressive chemotherapy of 6 mg SQ once per chemotherapy cycle for adults and pediatric patients weighing at least 45 kg. Dosing is weight based for pediatric patients weighing less than 45 kg. It should not be administered between 14 days before and 24 hours after cytotoxic chemotherapy.
- Ibupak Kit contains ibuprofen and a pill swallowing spray that contains glycerin. The directions are to coat the tongue and throat with the spray, and then place the ibuprofen on the tongue and swallow immediately with water.
- Venngel One Kit contains diclofenac topical gel 1%, sterile alcohol prep pads and a dosing card. The card is used for gel application. This is indicated for osteoarthritis of the elbow wrist, hand, knee, ankle, or foot.
- Pataday Once Daily Relief Extra Strength 0.7% is the OTC formulation of Pazeo (olopatadine 0.7%). It is approved as a 2.5 mL bottle for adults and children ≥ 2 years of age for the temporary relief of itchy eyes due to pollen, ragweed, grass, animal hair, and dander. It is dosed as 1 drop in the affected eye(s) once daily.
- Eysuvis (Loteprednol etabonate) is approved for short-term (up to 2 weeks) treatment of the signs and symptoms of dry eye disease (DED) in adults. It is available as a 0.25% Ophthalmic suspension (2.5 mg/mL; 8.3 mL in 10 mL bottle). The directions are to instill 1 to 2 drops into each eye 4 times daily (shake prior to use).
- Impeklo Lotion (clobetasol propionate) is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 18 years of age or older. It is available as a 0.05% lotion. The directions for use are to Apply to affected skin twice daily; do not exceed 50 g per week; do not use > 10 pump actuations per application twice daily or 20 pump actuations per day for > 7 days; use should generally be limited to 2 consecutive weeks; however, up to 2 additional weeks may be used for localized lesions; discontinue once control is achieved.