College of Pharmacy and Pharmaceutical Sciences
WASHINGTON STATE UNIVERSITY

**Drug Information Center**

# Highlights of FDA Activities – 6/1/2020 – 6/30/2020

## *FDA Drug Safety Communications & Drug Information Updates:*

**Epinephrine Auto-Injection Device Malfunctions – MedWatch Safety Alert** 6/1/20 & 6/2/20
Patients, caregivers, and healthcare providers are advised to inspect certain lots of Amneal and Impax epinephrine auto-injector 0.3 mg to ensure the yellow "stop collar" in the device is present. If missing, the device has the potential to deliver a double dose of epinephrine. Amneal is working with pharmacies to return defective devices and provide replacements at no additional costs. The devices are not recalled though and patients should use the auto-injector they have on hand in an emergency, but be made aware of the potential risk associated with administration of a double dose.

**Neuromuscular Blocking Agents Missing Warning on Vial Caps – MedWatch Safety Alert** 6/4/20
The "paralyzing agent" warning statement embossed on the vials caps of vecuronium bromide for injection 10 mg and 20 mg vials (Gland Pharma and Mylan) and rocuronium bromide injection 50 mg/5 mL and 100 mg/10 mL vials (Gland Pharma and Fresenius Kabi) is temporarily absent from product under distribution. Distribution is being permitted to increase supply of these drugs however, the FDA advises health care providers add an auxiliary warning label on the vial caps and take other steps to assure safe use.

**Metformin ER Recalls – Drug Information Update** 6/11/20
The FDA alerted patients and health care professionals of five manufacturers who have recalled metformin extended-release products because of N-nitrosodimethylamine (NDMA) levels exceeding FDA limits. Those companies are: Apotex (all lots), Amneal (all lots), Marksans (labeled as Time-Cap, lot XP9004), Lupin (lot G901203), and Teva (labeled as Actavis, 14 lots). All manufacturers of metformin ER products have been asked to evaluate products at risk for unacceptable NDMA levels.

**Potential Drug Interaction Between Remdesivir and Hydroxychloroquine – MedWatch Safety Alert** 6/15/20
The FDA warned health care providers that co-administration of remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended due to a possible interaction resulting in reduced remdesivir antiviral activity. It is unknown if this occurs in clinical settings. Health care providers should consult the most up-to-date FDA fact sheet when prescribing remdesivir.

**Emergency Use Authorization for Hydroxychloroquine and Chloroquine Revoked** 6/15/20
The FDA revoked the emergency use authorization that had allowed use of hydroxychloroquine and chloroquine from the Strategic National Stockpile to be used to treat hospitalized patients with COVID-19. Emerging data suggested a lack of benefit relative to the known adverse effects including serious cardiac adverse events.

**Hand Sanitizer Products Manufactured by Eskbiochem – Avoid Use** 6/19/20 & 6/29/20
The FDA advised consumers not to use hand sanitizer products manufactured by Eskbiochem SA de CV in Mexico due to the presence of methanol. The FDA asked the manufacturer to recall the products, but as of 6/29/20 only one had been recalled. The products not yet recalled include: All-Clean, CleanCare NoGerm Advanced, Lavar 70, The Good Gel, and Esk Biochem. A complete list with NDCs can be found on the FDA site.

## *Major Medication/Drug-Related Product Recalls Announced Through MedWatch:*

**Metformin HCl Extended-Release Tablets, Amneal: Recall – Elevated NDMA Levels** 6/2/20
Amneal recalled all lots of metformin HCl extended-release tablets USP, 500 mg and 750 mg due to detection of NDMA at levels exceeding FDA allowed levels for the impurity.

**Metformin HCl Extended-Release Tablets 500 mg, Apotex: Recall – Elevated NDMA Levels** 6/5/20
Apotex Corp. recalled all lots of metformin HCl extended-release tablets USP, 500 mg (NDC 60505-0260-1) due to detection of NDMA at a level exceeding FDA allowed levels for the impurity.

**Metformin HCl Extended-Release Tablets 500 mg, Marksans: Recall – Elevated NDMA Levels** 6/5/20
Marksans Pharma recalled one lot (XP9004) of metformin HCl extended-release tablets USP, 500 mg, due to detection of NDMA at a level exceeding FDA allowed levels for the impurity.

**Metformin HCl Extended-Release Tablets, Teva: Recall – Elevated NDMA Levels** 6/5/20
Teva recalled 14 lots of metformin HCl extended-release tablets USP, 500 mg and 750 mg labeled as Actavis, due to detection of NDMA at levels exceeding FDA allowed levels for the impurity.

**Metformin HCl Extended-Release Tablets 500 mg, Lupin: Recall – Elevated NDMA Levels** 6/11/20
Lupin Pharmaceuticals, Inc., recalled one lot (G901203) of metformin HCl extended-release tablets USP, 500 mg, due to detection of NDMA at a level exceeding FDA allowed levels for the impurity.

**Children's Robitussin Honey Cough and Chest Congestion DM and Children's Dimetapp Cold and Cough, GlaxoSmithKline: Recall – Dosing Cups Missing Graduation Markings** 6/18/20
GlaxoSmithKline is voluntarily recalling to the retail level two lots of Children's Robitussin Honey Cough and Chest Congestion DM (02177, 02178) and one lot of Children's Dimetapp Cold and Cough (CL8292) due to inclusion of incorrect dosing cups that are missing graduation markings.

**Saniderm Advanced Hand Sanitizer: Recall – Presence of Undeclared Methanol** 6/27/20 & 6/29/20
UVT, Inc and Saniderm Products recalled Saniderm Advanced Hand Sanitizer packaged in 1-liter bottles to the consumer level due to the potential presence of methanol. The UVT product is labeled with lot number 0530 and an expiration date of 04/2022; the Saniderm Products hand sanitizer is labeled with lot number 53131626 and "Manufactured on April/1/20." The recalled product was produced by Eskbiochem SA de CV in Mexico.

| ***New Product Shortages*** | ***Date Initially Posted*** |
|---|---|
| Tacrolimus capsules | 6/4/20 |

| ***Product Discontinuations/Withdrawals of Sole Source or Branded Products*** | ***Date Posted*** |
|---|---|
| Acrivastine and pseudoephedrine capsules (Semprex-D, Endo); patients should be switched to an alternative antihistamine and decongestant products | 6/2/20 |
| Rifampin (Rifadin) capsules (Sanofi-Aventis); rifampin capsules remain available from other manufacturers | 6/15/20 |
| Rifampin/Isoniazid capsules (Rifamate, Sanofi-Aventis); patients should be switched to an alternative antitubercular regimen | 6/15/20 |
| Rifampin/Isoniazid/Pyrazinamide tablets (Rifater, Sanofi-Aventis); patients should be switched to alternative antitubercular regimen | 6/15/20 |

| ***New Drug Approvals:*** | ***Description (See Attached Drug Summaries)*** | ***Date Approved*** |
|---|---|---|
| Inebilizumab-cdon / Uplizna / Viela Bio | Treatment of neuromyelitis optica spectrum disorder in adult patients who are anti-aquaporin-4 positive | 6/11/20 |
| Lurbinectedin / Zepzelca / PharmaMar and Jazz Pharmaceuticals plc | Treatment of adult patients with metastatic SCLC with disease progression on or after platinum-based chemotherapy | 6/15/20 |
| Triheptanoin 35% oral liquid / Dojolvi / Ultragenyx Pharmaceuticals Inc | Medium-chain triglyceride indicated as a source of calories and fatty acids for the treatment of patients with molecularly confirmed long-chain fatty acid oxidation disorders | 6/30/20 |

| ***New Indications:*** | ***Description*** | ***Date Approved*** |
|---|---|---|
| Axitinib / Inlyta / Pfizer | First-line treatment of patients with advanced renal cell carcinoma in combination with avelumab and pembrolizumab | 6/4/20 |
| Imipenem-cilastatin and relebactam / Recarbrio / Merck & Co., Inc. | Treatment of hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia | 6/4/20 |
| Nivolumab / Opdivo / Bristol-Myers Squibb Company | Treatment of patients with unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma after fluoropyrimidine- and platinum-based chemotherapy | 6/10/20 |
| Dolutegravir / Tivicay / ViiV Healthcare | In combination with other antiretroviral agents for treatment of HIV-1 infection in pediatric patients aged at least 4 weeks and weighing at least 3 kg. | 6/12/20 |
| Human papillomavirus 9-valent vaccine, recombinant / Gardasil 9 / Merck & Co., Inc. | Prevention of oropharyngeal and other head and neck cancers caused by human papillomavirus types targeted by the vaccine | 6/12/20 |
| Gemtuzumab ozogamicin / Mylotarg / Wyeth Pharmaceuticals | Treatment of newly diagnosed CD33-positive acute myeloid leukemia to include pediatric patients 1 month and older | 6/16/20 |
| Pembrolizumab / Keytruda / Merck & Co., Inc. | Treatment of adult and pediatric patients with unresectable or metastatic tumor mutational burden-high (TMB-H) solid tumors, as determined by an FDA-approved test, who have progressed following prior treatment and who have no satisfactory alternative. | 6/16/20 |
| Canakinumab / Ilaris / Novartis Pharmaceuticals | Treatment of active Adult-Onset Still's Disease (AOSD) | 6/16/20 |
| Secukinumab / Cosentyx / Novartis | Treatment of active non-radiographic axial spondylarthritis (nr-axSpA) | 6/16/20 |
| Tazemetostat / Tazverik / Epizyme, Inc | Treatment of adult patients with relapsed or refractory follicular lymphoma whose tumors are positive for an EZH2 mutation and who have received at least 2 systemic therapies previously and adult patients with relapsed or refractory follicular lymphoma who have no satisfactory alternative treatment options | 6/18/20 |
| Burosumab-twza / Crysvita / Kyowa Kirin Inc | Treatment of FGF23-related hypophosphatemia in tumor-induced osteomalacia associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized | 6/18/20 |
| Tedizolid phosphate / Sivextro / Cubist Pharmaceuticals | Indication expanded for treatment of acute bacterial skin and skin structure infections to include patients 12 years and older | 6/19/20 |
| Selinexor / Xpovio / Karyopharm Therapeutics Inc | Treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma after at least 2 lines of systemic therapy | 6/22/20 |
| Pembrolizumab / Keytruda / Merck & Co., Inc. | Treatment of patients with recurrent or metastatic cutaneous squamous cell carcinoma not curable by surgery or radiation | 6/24/20 |
| Mesalamine Delayed-Release / Lialda / Shire | Treatment of mildly to moderately active ulcerative colitis in pediatric patients weighing at least 24 kg | 6/26/20 |
| Pembrolizumab / Keytruda / Merck & Co., Inc. | First-line treatment of patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer | 6/29/20 |
| Avelumab / Bavencio / EMD Serono & Pfizer Inc | Maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma that has not progressed with first-line platinum-containing chemotherapy | 6/30/20 |

| ***New Dosage Forms/Formulation:*** | ***Description*** | ***Date Approved*** |
|---|---|---|
| Pegfilgrastim-APGF / Nyvepria / Hospira | Injection, prefilled syringe: 6 mg/0.6 mL; leukocyte growth factor to decrease incidence of febrile neutropenia/infection in patients with non-myeloid malignancies received myelosuppressive anti-cancer drugs | 6/10/20 |
| Insulin glargine / Semglee / Mylan | Injection, 100 units/mL in 10 mL multi-dose vial and 3 mL prefilled pen; long-acting insulin analog to improve glycemic control in adults and pediatric patients with type 1 diabetes and adults with type 2 diabetes | 6/11/20 |
| Dolutegravir / Tivicay PD / ViiV Healthcare | Dispersible tablet for oral suspension: 5 mg; integrase inhibitor for treatment of HIV-1 infection in combination with other antiretrovirals in adults and pediatric patients aged at least 4 weeks and weighting at least 3 kg. | 6/12/20 |
| Insulin lispro-AABC / Lyumjev / Eli Lilly | Injection, 100 units/mL in 10 mL multi-dose vial and 3 mL prefilled pen and 200 units/mL in 3 mL prefilled pen; rapid-acting insulin analog to improve glycemic control in adults with diabetes mellitus | 6/15/20 |
| Metoclopramide / Gimoti / Evoke Pharma Inc | Nasal spray, 15 mg/ 70 mcL solution in 10 mL vial fitted with a metered spray pump attachment, each actuation delivers 15 mg of metoclopramide; dopamine antagonist indicated for relief of symptoms in adults with acute and recurrent diabetic gastroparesis | 6/19/20 |
| Fenfluramine / Fintepla / Zogenix Inc | Oral Solution, 2.2 mg/mL solution in 360 mL and 30 mL bottles; 5-HT2 receptor agonist indicated for the treatment of seizures associated with Dravet syndrome in patients 2 years of age and older | 6/25/20 |
| Ocretotide / Mycapssa / Chiasma Inc | Delayed-release capsules: 20 mg; somatostatin analog indicated for long-term treatment in acromegaly patients who have not responded to and tolerated treatment with octreotide or lanreotide | 6/26/20 |
| Pertuzumab, trastuzumab and hyaluronidase-zzxf / Phesgo / Genentech Inc | Subcutaneous injection; indicated for use in combination with chemotherapy for the neoadjuvant or adjuvant treatment of adult patients with early HER2-positive breast cancer, and in combination with docetaxel for treatment of adult patients with metastatic HER2-positive breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease | 6/29/20 |

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| **Inebilizumab-cdon / *Uplizna* / Viela Bio, Inc** | |
|---|---|
| Generic Name / Brand Name / Company | Inebilizumab-cdon / *Uplizna* / Viela Bio, Inc |
| Date of approval | 6/11/20 |
| Drug Class (Mechanism of Action if novel agent) | CD19-directed cytolytic monoclonal antibody |
| Indication | Indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adults who are anti-aquaporin-4 (AQP4) antibody positive. |
| Comparative agent – Therapeutic interchange? | Eculizumab |
| Dosage forms/strengths | 100 mg/10 mL solution for injection in single-dose vials |
| Common Dose/sig | Initial dose: 300 mg IV infusion, then a second 300 mg infusion in 2 weeks<br>Subsequent doses (starting 6 months after the first infusion): single 300 mg IV infusion every 6 months |
| DEA Schedule | None |
| Date of market availability | June 2020 |
| Similar Medication Names | Ibalizumab, Ipilimumab, |
| **Clinical Use Evaluation** | |
| Common Adverse Effects | >5%: urinary tract infection, nasopharyngitis, arthralgia, infusion reaction, headache, back pain |
| Severe Adverse Effects | Infusion reactions |
| Severe Drug-Drug Interactions | Concurrent immunosuppressant drugs, including systemic corticosteroids, or immune-modulating therapies may increase risk of infection. |
| Severe Drug-Food Interactions | None known |
| Important Labs Values to assess prior to order entry or at point of clinical follow up. | Hepatitis B virus (HBV) screening, quantitative serum immunoglobulins, tuberculosis screening before first dose; immunoglobulins during and after discontinuation |
| Used in Pediatric Areas | Safety and efficacy in pediatric patients have not been established. |
| Renal or Hepatic Dosing | Inebilizumab has not been studied in patients with renal or hepatic impairment. |
| Critical Issues (i.e., contraindications, warnings, etc) that should be emphasized | <u>Contraindications</u>: History of life-threatening infusion reaction to inebilizumab, active HBV infection, active/untreated latent tuberculosis<br><u>Warnings:</u><br>Infusion reactions – may include headache, nausea, somnolence, dyspnea, fever, myalgia, or rash. Manage with supportive care. For life-threatening reactions permanently stop inebilizumab. For less severe reactions, temporarily stopping or slowing infusion may be appropriate.<br>Infections – may include HBV reactivation, progressive multifocal leukoencephalopathy (PML), or tuberculosis; evaluate patients for HBV and tuberculosis before initiating inebilizumab.<br>Vaccinations - administer all vaccines at least 4 weeks before initiating inebilizumab; live or live-attenuated vaccines are not recommended during treatment and until B-cell repletion.<br>Reduction in immunoglobulins – monitor levels of quantitative IgG and IgM before initiating and during treatment with inebilizumab, and until B-cell repletion. Consider discontinuing inebilizumab if a patient with low IgG or low IgM develops a serious opportunistic infection or recurrent infections, or if a patient requires IV immunoglobulins.<br>Fetal risk – inebilizumab can cause fetal harm and reduced antibody response in offspring exposed, even after B-cell repletion. Advise females of reproductive potential to use effective contraception while receiving inebilizumab and for at least 6 months after the last dose. |

| **Inebilizumab-cdon continued…** | |
|---|---|
| Special administration technique or considerations | Prior to every infusion determine if there is an active infection; delay infusion until infection is resolved.<br>Premedication - IV corticosteroid 30 minutes before infusion; oral antihistamine and antipyretic 30-60 minutes before infusion<br>Administer via IV infusion at an increasing rate to completion; total infusion time should be approximately 90 minutes (see prescribing information for the recommended infusion rates)<br>Monitor closely during the infusion and for at least one hour after completion. |
| Prepared by | Regan Smith |
| Source | Inebilizumab-cdon (Uplizna) [prescribing information]. Gaithersburg, MD: Viela Bio, Inc.; June. 2020. |

| **Lurbinectedin / *Zepzelca* / PharmaMar and Jazz Pharmaceuticals plc** | |
|---|---|
| Generic Name / Brand Name / Company | Lurbinectedin / *Zepzelca* / PharmaMar and Jazz Pharmaceuticals, Inc |
| Date of approval | 6/15/20 |
| Drug Class (Mechanism of Action if novel agent) | Alkylating drug |
| Indication | Indicated for the treatment of adults with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy. |
| Comparative agent – Therapeutic interchange? | Trabectedin |
| Dosage forms/strengths | 4 mg lyophilized powder in a single-dose vial |
| Common Dose/sig | 3.2 mg/$m^2$ by IV infusion over 60 minutes every 21 days until disease progression or unacceptable toxicity<br>Initiate treatment only if absolute neutrophil count (ANC) is at least 1500 cells/$mm^3$ and platelet count is at least 100,000/$mm^3$ |
| DEA Schedule | None |
| Date of market availability | July 2020 |
| Similar Medication Names | *Zepatier, Zeposia*, Lurasidone, Trabectedin |
| **Clinical Use Evaluation** | |
| Common Adverse Effects & laboratory abnormalities | ≥20%: fatigue, nausea, constipation, vomiting, diarrhea, musculoskeletal pain, decreased appetite, dyspnea, cough, decreased leukocytes, decrease lymphocytes, decrease hemoglobin, decreased neutrophils, decreased platelets, increased creatinine, increased alanine aminotransferase, increased glucose, decreased albumin, decreased sodium, increased aspartate aminotransferase, decreased magnesium |
| Severe Adverse Effects | Pneumonia, febrile neutropenia, neutropenia, respiratory tract infection, fatigue, anemia, dyspnea, thrombocytopenia |
| Severe Drug-Drug Interactions | Strong and Moderate CYP3A Inhibitors: Coadministration with a strong or moderate CYP3A inhibitor increases lurbinectedin systemic exposure, which may increase the incidence and severity of adverse reactions. Avoid coadministration. If coadministration cannot be avoided, consider dose reduction of lurbinectedin.<br>Strong and Moderate CYP3A Inducers: Coadministration with a strong CYP3A inducer decreases lurbinectedin systemic exposure, which may reduce efficacy. Avoid coadministration. |
| Severe Drug-Food Interactions | None known |
| Important Labs Values to assess prior to order entry or at point of clinical follow up. | CBC, creatinine clearance, pregnancy, liver function tests |
| Used in Pediatric Areas | Safety and efficacy have not been established in pediatric patients |

| Lurbinectedin continued… | |
|---|---|
| Renal or Hepatic Dosing | Hepatic Dosing: Has not been studied in moderate or severe hepatic impairment or severe renal impairment. No dose adjustment is recommended in patients with mild hepatic impairment or mild to moderate renal impairment. |
| Critical Issues (i.e., contraindications, warnings, etc) that should be emphasized | Contraindications: None listed in labeling; discontinue therapy for severe hepatotoxicity, severe myelosuppression.<br>Warnings:<br>**Myelosuppression:** Monitor blood counts prior to each administration. Initiate treatment only if baseline neutrophil count is ≥1500 cells/$mm^3$ and platelet count is ≥100,000/$mm^3$. Withhold, reduce dose, or permanently discontinue based on severity.<br>**Hepatotoxicity:** Monitor liver function tests prior to initiating lurbinectedin, periodically during treatment and as clinically indicated. Withhold, reduce dose, or permanently discontinue based on severity.<br>**Embryo-Fetal Toxicity:** Can cause fetal harm. Advise females and males of reproductive age of the potential risk to a fetus and to use an effective method of contraception. |
| Special administration technique or considerations | Consider administering the following pre-infusion medications for antiemetic prophylaxis:<br>• Corticosteroids (dexamethasone 8 mg intravenously or equivalent)<br>• Serotonin antagonists (ondansetron 8 mg intravenously or equivalent)<br>Administer as an intravenous infusion over 60 minutes |
| Prepared by | Kyle Bradley & Regan Smith |
| Source | Zepzelca (lurbinectedin) [prescribing information]. Palo Alto, CA; Jazz Pharmaceuticals, Inc.; June. 2020. |

| Fenfluramine / Fintepla / Zogenix Inc. | |
|---|---|
| Generic Name / Brand Name / Company | Fenfluramine / Fintepla / Zogenix Inc. |
| Date of approval | 6/26/20 |
| Drug Class (Mechanism of Action if novel agent) | Serotonin 5HT-2 receptor agonist |
| Indication | Treatment of seizures associated with Dravet syndrome in patients 2 years of age and older |
| Comparative agent – Therapeutic interchange? | Stiripentol |
| Dosage forms/strengths | Oral solution 2.2 mg/ml |
| Common Dose/sig | Initial starting dose is 0.1 mg/kg twice daily; titrate weekly to efficacy and tolerability. Maximum daily dose is 26 mg |
| DEA Schedule | Schedule C-IV |
| Date of market availability | July 2020 |
| Similar Medication Names | Finzala |
| **Clinical Use Evaluation** | |
| Common Adverse Effects | ≥10%: Decreased appetite, somnolence, sedation, lethargy, diarrhea, constipation, abnormal echocardiogram, fatigue, malaise, asthenia, ataxia, balance disorder, gait disturbance, blood pressure increased, drooling, salivary hypersecretion, pyrexia, upper respiratory tract infection, vomiting, glaucoma, decreased weight, fall, status epilepticus |
| Severe Adverse Effects | Valvular heart disease, pulmonary arterial hypertension, and suicidal behavior and ideation |

| Fenfluramine continued… | |
|---|---|
| Severe Drug-Drug Interactions | Stiripentol plus clobazam: coadministration of fenfluramine with stiripentol plus clobazam, with or without valproate increases fenfluramine plasma concentrations and decreases its metabolite, norfenfluramine. If fenfluramine is administered with stiripentol plus clobazam, the maximum daily dosage of fenfluramine is 0.2 mg/kg twice daily (17 mg).<br>Strong CYP1A2 and CYP2B6 inducers: Coadministration with a CYP1A2 and CYP2B6 inducer will decrease fenfluramine plasma concentrations. Consider increasing dose of fenfluramine with a strong CYP1A2 and CYP2B6 inducer.<br>Potent 5-HT1A, 5-HT1D, 5-HT2A, and 5-HT2C serotonin receptor antagonists: coadministration with serotonin receptor antagonists may decrease the efficacy of fenfluramine. Monitor patient if concomitant use with serotonin receptor antagonist.<br>Serotonergic drugs: coadministration of fenfluramine and drugs, OTC, or herbals (SSRI, SNRI, TCA, MAOI, trazodone, dextromethorphan, St. John's Wort, etc) that increase serotonin, may increase risk of serotonin syndrome. |
| Severe Drug-Food Interactions | None |
| Important Labs Values to assess prior to order entry or at point of clinical follow up. | • Patients must undergo an echocardiogram to evaluate for valvular heart disease prior to starting treatment.<br>• Echocardiogram should be repeated every 6 months and once 3-6 months post treatment with fenfluramine. |
| Used in Pediatric Areas | Safety and efficacy for use in patients 2 years and older have been established.<br>Safety and efficacy for use in patients less than 2 years of age have not been established. |
| Renal or Hepatic Dosing | Renal impairment: administration of fenfluramine is not recommended in patients with moderate or severe renal impairment.<br>Hepatic impairment: administration of fenfluramine is not recommended in patients with hepatic impairment. |
| Critical Issues (i.e., contraindications, warnings, etc) that should be emphasized | Contraindications: hypersensitivity to fenfluramine or any product ingredients, or use within 14 days of administration of a monoamine oxidase inhibitor<br>Boxed warning and REMS program due to risk of valvular heart disease and pulmonary arterial hypertension.<br>Patients must undergo an echocardiogram to evaluate for valvular heart disease prior to starting treatment. Echocardiogram should be repeated every 6 months and once 3-6 months post treatment with fenfluramine.<br>Warnings: decreased appetite and decreased weight, somnolence, suicidal behavior and thoughts, serotonin syndrome, increased blood pressure, glaucoma. Gradually withdraw to minimize risk of increased seizure frequency. |
| Special administration technique or considerations | Always use the syringe provided with fenfluramine and do not use a household teaspoon or tablespoon. |
| Prepared by | Vanessa Tuy |
| Source | Fintepla (fenfluramine) [prescribing information]. Emeryville, CA; Zogenix Inc.; June 2020. |

| Triheptanoin oral liquid / Dojolvi / Ultragenyx Pharmaceuticals Inc | |
|---|---|
| Generic Name / Brand Name / Company | Triheptanoin oral liquid / Dojolvi / Ultragenyx Pharmaceuticals Inc |
| Date of approval | 6/30/20 |
| Drug Class (Mechanism of Action if novel agent) | Medium-chain triglyceride |
| Indication | Treatment of pediatric and adult patients with molecularly confirmed long-chain fatty acid oxidation disorders |
| Comparative agent – Therapeutic interchange? | Medium-chain triglycerides (MCT) oral |
| Dosage forms/strengths | Oral liquid: 100% w/w of triheptanoin |
| Common Dose/sig | Dose calculated to provide up to 35% of the patient's total prescribed daily caloric intake divided into at least 4 doses; total daily dose is converted to volume based on a caloric value of 8.3 kcal/mL. For patients not currently taking MCT, initiate at a total daily dosage of approximately 10% of daily caloric intake and titrate to 35% of daily caloric intake over 2 to 3 weeks. For those taking MCT, discontinue use of that product and initiate at last tolerated daily dose prior to titrating by approximately 5% daily caloric intake every 2 to 3 days to target dose of 35% of daily caloric intake. |
| DEA Schedule | Not applicable |
| Date of market availability | July 2020 |
| Similar Medication Names | Trihexyphenidyl |
| **Clinical Use Evaluation** | |
| Common Adverse Effects | Abdominal pain (60%), diarrhea (44%), vomiting (44%), nausea (14%) |
| Severe Adverse Effects | None reported |
| Severe Drug-Drug Interactions | Avoid co-administration with pancreatic lipase inhibitors (eg, orlistat) |
| Severe Drug-Food Interactions | None known |
| Important Labs Values to assess prior to order entry or at point of clinical follow up. | None |
| Used in Pediatric Areas | Safety and effectiveness established in patients aged birth and older |
| Renal or Hepatic Dosing | No dosage adjustments specified |
| Critical Issues (i.e., contraindications, warnings, etc) that should be emphasized | Avoid administration in patients with pancreatic insufficiency.<br>Monitor feeding tube to ensure proper function and integrity. |
| Special administration technique or considerations | Administer at mealtimes or with snacks; to avoid gastrointestinal upset avoid administering product alone. Should be administered mixed with semi-solid food or liquids orally or enterally via a silicone or polyurethane feeding tube. Can be administered at smaller doses more frequently if ¼ of daily dosage is not tolerated.<br>Do not prepare or administer using containers, dosing syringes, or measuring cups made of polystyrene or polyvinyl chloride plastics. Do not administer via feeding tubes manufactured of polyvinyl chloride. Dispense only in glass or HDPE bottles. |
| Prepared by | Terri Levien, PharmD |
| Source | Dojolvi (triheptanoin) [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc.; June 2020. |