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Summary about new FDA products, generic medication, medical products, and WHAT IS IN THE PIPELINE. From: FEBRUARY 2019



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					the	ey experience eakness on or	the followi	ng sympto	oms: ches	st pain, s	hortness	of breath	, rapid c	r irregula			
					For mo	ore details re	arding this s	afety issue	e, please v	isit: <u>https</u>	://www.f	da.gov/D	rugs/Drug	gSafety/ud	cm631182	htm	
	Risk of bloc he lungs a		02/25/2019			DA is alerting ice daily dos											
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Drug/ Manuf	facture	r	Ther Class	apeutic s		Indicatio	ons			Date	Comments
	ulinumtox r intramus		releas and a neuro	lcholine e inhibitor muscular ng agent	•	in the appe severe glab with corrug	arance o ellar line ator and	nprovement f moderate t s associated /or procerus ult patients	0	02/01/2019	DOSAGE AND ADMINISTRATIONThe recommended dose is 0.1 mL (4 Units) by intramuscular injection into each of five sites, for a total dose of 20 Units.DOSAGE FORMS AND STRENGTHSFor Injection: 100 Units vacuum-dried powder in a single- dose
											vial.
											CONTRAINDICATIONS
											 Hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.
											Infection at the injection site.
											 WARNINGS AND PRECAUTIONS Potency Units of Jeuveau™ are not interchangeable with
											other preparations of botulinum toxin products.Spread of toxin effects; swallowing and breathing difficulties
											can lead to death. Seek immediate medical attention if respiratory, speech or swallowing difficulties occur.
											 Potential serious adverse reactions after Jeuveau[™] injections for unapproved uses.
											 Adverse event reports have been received involving the cardiovascular system, some with fatal outcomes. Use caution when administering to patients with pre-existing
											 cardiovascular disease. Concomitant neuromuscular disorder may exacerbate clinica
											effects of treatment. • Use with caution in patients with compromised respiratory
											function or dysphagia.
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Drug/ Manufa	acturer	- -	Ther Class	apeutic 5		Indicatio	ns		Date		Co	ommer	nts -					
xvfs), for use / Evo	linumtoxi intramus olus, Inc.		release and a neuror	choline e inhibitor muscular ng agent		in the appea severe glab	arance o ellar line ator and	mprovement f moderate to s associated /or procerus lult patients	02/01/20)19	Mo res DR	ost comm piratory UG INTE	tract infe	se reactio ction, inc S	rease whit	te blood c	id ptosis, i ell count.	
(continua	ation)										•	Patients aminogl neurom muscle	receiving ycosides uscular tr relaxants,	g concom or other a ansmissio should b	itant treat agents inte on (e.g. cu	tment of J erfering w Irare-like Id closely	ansmissio leuveau™ vith agents), o because t	and _r
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Drug/ Manufa	cturer		Thera Class	apeutic		Indicatio	ons			Date	Comments
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Cablivi™ (c yhdp) Injee			Blood agent	modifier		Treatment acquired th			th 🖕	02/06/2019	DOSAGE AND ADMINISTRATION Cablivi™ should be administered upon the initiation of plasma
intravenou						thrombocy			ΓΤΡ),		exchange therapy. The recommended dose is as follows:
subcutane Ablynx NV	•		Von W factor	(illebrand		in combina exchange a			civo		 First day of treatment: 11 mg bolus intravenous injection a least 15 minutes prior to plasma exchange followed by an 1
				ed antibody	v	therapy		nosuppres	sive		mg subcutaneous injection after completion of plasm
			fragme		,	and ap y					exchange on day 1.
				*							Subsequent treatment during daily plasma exchange: 11 m
			Note: (design	Orphan dru	Jg .						subcutaneous injection once daily following plasm exchange.
			uesign	ation							 Treatment after the plasma exchange period: 11 m
											subcutaneous injection once daily for 30 days beyond th
											last plasma exchange.
											 If after initial treatment course, sign(s) of persister underlying disease such as suppressed ADAMTS13 activit
											levels remain present, treatment may be extended for
											maximum of 28 days.
											Discontinue Cablivi™ if the patient experiences more than
											recurrences of aTTP, while on Cablivi™.
											The first dose should be administered by a healthcare provide
											as a bolus intravenous injection. Administer subsequent dose
											subcutaneously in the abdomen.
											DOSAGE FORMS AND STRENGTHS
											For injection: 11 mg as a lyophilized powder in a single-dose vial
											CONTRAINDICATIONS
											Previous severe hypersensitivity reaction to caplacizumab-
											yhdp or any of the excipients.
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Drug/ Manufa	acturer		Thera Class	peutic		Indicatio	ons			Date	Comments
Cablivi™ (yhdp) Inje	ection, for	nab-	Blood m agent	nodifier		Treatment acquired th	rombotic	:		02/06/2019	WARNINGS AND PRECAUTIONS <u>Bleeding:</u> Severe bleeding can occur; risk is increased in
intraveno subcutane Ablynx N\	eous use /		Von Wil factor (v			thrombocy in combinat exchange a	tion with	plasma			patients with underlying coagulopathies. If clinically significant bleeding occurs, interrupt treatment. Withhold Cablivi™ 7 days prior to elective surgery, dental procedures,
			directed	d antibod	y	therapy		nosuppress			or other invasive interventions.
(continuat	tion)		fragmer	nt							ADVERSE REACTIONS
			Note: O designa	rphan dru tion	ug						Most common adverse reactions: epistaxis, headache, and gingival bleeding.
											DRUG INTERACTIONS
											 <u>Anticoagulants:</u> Concomitant use of anticoagulants with Cablivi[™] may increase the risk of bleeding. Monitor closely for bleeding with concomitant use.
											 USE IN SPECIFIC POPULATIONS Pregnancy: Cablivi™ may increase the risk of bleeding in the fetus and neonate. Monitor neonates for bleeding. All
											patients receiving Cablivi™, including pregnant women, are at risk for bleeding. Pregnant women receiving Cablivi™
											should be carefully monitored for evidence of excessive bleeding.
											 <u>Pediatric use:</u> The safety and effectiveness in pediatric patients have not been established.
											 <u>Geriatric use:</u> Clinical studies did not include sufficient numbers of subjects aged 65 and over to determine whether
											they respond differently from younger subjects.
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Drug/ Manufac	turer		Thera Class	apeutic		Indicatio	ns			Date	- Co	ommen	ts -					
Cablivi™ (ca yhdp) Inject intravenous subcutaneo Ablynx NV (continuatio	tion, for s or ous use /	nab-	agent Von W factor	ed antibod	y	Treatment of acquired th thrombocyt in combinat exchange an therapy	rombotic openic p ion with	: urpura (aT plasma	TP),	02/06/2019	•	impairme these po risk of ble	mpairme ed in pati ent and r pulations eeding, u	ent: No fo ents with to data re s are avail use of Cab	ormal stuc severe ac garding tl able. Due livi™ in pa	lies have cute or ch he use of to a pote atients wi	been ronic hepa Cablivi™ in ential incre th severe ; for bleed	n eased
			Note: (designa	Orphan dru ation	gr													
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Drug/ Manufa	acturer		Thera Class	apeutic		Indicatio	ons			Date	Comments
Egaten™	×	÷	-	nidazole		Treatment				02/13/2019	DOSAGE AND ADMINISTRATION
(triclaben) for oral us			anthelr	mintic		patients 6	years of a	ge and old	ler		The recommended dose is 2 doses of 10 mg/kg given 12 hours apart in patients 6 years of age and older.
Pharmace	euticals										
Corporatio	on										DOSAGE FORMS AND STRENGTHS
											Tablets: 250 mg, functionally scored.
											CONTRAINDICATIONS
											Known hypersensitivity to triclabendazole, other
											benzimidazole derivatives or any of the excipients.
											WARNINGS AND PRECAUTIONS
											• <u>QT Prolongation:</u> May prolong QT interval. Monitor ECG in
											patients with a history of QT prolongation or who are taking
											medications which prolong the QT interval.
											ADVERSE REACTIONS
											Most common adverse reactions: abdominal pain, hyperhidrosis
											nausea, decreased appetite, headache, urticaria, diarrhea, vomiting, musculoskeletal chest pain, and pruritus.
											vomiting, musculoskeletar chest pain, and pruntus.
											DRUG INTERACTIONS
											<u>CYP2C19 Substrates:</u> Re-check the plasma concentration of
											concomitantly administered CYP2C19 substrates after cessation of Egaten™ therapy, if the plasma concentrations
											of the CYP2C19 substrates are elevated during administration
											of Egaten™.
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Drug/ Manufac	-	2	Thera Class	apeutic		Indicatio	ns		Date	• (Commen	ts 🖁					
wanutac	lurer		Class														
Egaten™ (triclabenda for oral use			Benzim anthelr	nidazole mintic		Treatment of patients 6 y		der	02/13/2019		ISE IN SPEC Pediatri	c use: Saf	ety and e			en establi	shed
Pharmaceur Corporation	ticals										Geriatrie numbers	<u>c use:</u> Clin s of patier	ical studi	ies did no 65 and ov	t include s er to dete	sufficient rmine wh	ether
(continuatio	on)										the elde	riy respor	ia alffere	ntiy from	younger	patients.	
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agent • Perioperative management of bleeding bleeds. Factor VIII • Routine prophylaxis to reduce the frequency of bleeding episodes • In children (<12 years): 65 IU/kg body weight for minor/moderate/major bleeds. For perioperative management: • For minor/major surgery in adolescents/adults: pre-operative dose of 50 IU/kg body weight. • For minor/major surgery in children (<12 years): pre-operative dose of 65 IU/kg body weight. • Frequency of administration is determined by the treating physician. • For routine prophylaxis: • In adolescents/adults: 50 IU/kg every 4 days. • In adolescents/adults: 50 IU/kg vice weekly. • A regimen may be individually adjusted to less or more frequent dosing based on bleeding episodes. • Esperoct™ also may be dosed to achieve a specific target Fact VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or	Drug/ Manuf	facture	r	Ther Class	apeutic S		Indication	ns			Date	Comments
 Beeding Routine prophylaxis to reduce the frequency of bleeding episodes In children (<12 years): 65 IU/kg body weight for minor/moderate/major bleeds. For minor/major surgery in adolescents/adults: pre- operative dose of 50 IU/kg body weight. For minor/major surgery in children (<12 years): re- operative dose of 56 IU/kg body weight. Frequency of administration is determined by the treating physician. Frequency of administration is determined by the treating physician. In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg to dy weight. Frequency of administration is determined by the treating physician. 	alfa pego intraveno	ol), for	-	agent Anti-h			with hemoplOn-dema control or	nilia A fo and trea f bleedi	or: tment and ng episode	25	02/19/2019	 For on-demand treatment/control of bleeding episodes: In adolescents/adults: 40 IU/kg body weight for minor/moderate bleeds and 50 IU/kg body weight for majo
 For minor/major surgery in adolescents/adults: pre-operative dose of 50 IU/kg body weight. For minor/major surgery in children (<12 years): pre-operative dose of 65 IU/kg body weight. Frequency of administration is determined by the treating physician. For routine prophylaxis: In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg twice weekly. A regimen may be individually adjusted to less or more frequent dosing based on bleeding episodes. Esperoct™ also may be dosed to achieve a specific target Fact VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Fact VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Incree 				Factor			bleedingRoutine	orophyla	axis to red			
 For minor/major surgery in children (<12 years): pre- operative dose of 65 IU/kg body weight. Frequency of administration is determined by the treating physician. For routine prophylaxis: In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg twice weekly. A regimen may be individually adjusted to less or more frequent dosing based on bleeding episodes. Esperoct™ also may be dosed to achieve a specific target Fact VIII activity level, depending on the severity of hemophilia, fo on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Fact VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Incree 							•	•				 For minor/major surgery in adolescents/adults: pre-
 physician. For routine prophylaxis: In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg twice weekly. A regimen may be individually adjusted to less or more frequent dosing based on bleeding episodes. Esperoct™ also may be dosed to achieve a specific target Factor VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Factor VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Increment. 												operative dose of 65 IU/kg body weight.
 In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg twice weekly. A regimen may be individually adjusted to less or more frequent dosing based on bleeding episodes. Esperoct [™] also may be dosed to achieve a specific target Fact VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Fact VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Increment. 												physician.
frequent dosing based on bleeding episodes. Esperoct [™] also may be dosed to achieve a specific target Factor VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Factor VIII activity level, use the following formula: • Dosage (IU) = Body Weight (kg) × Desired Factor VIII Incre												 In adolescents/adults: 50 IU/kg every 4 days. In children (<12 years): 65 IU/kg twice weekly.
 VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or perioperative management. To achieve a specific target Factor VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Incrementation 												frequent dosing based on bleeding episodes.
 VIII activity level, use the following formula: Dosage (IU) = Body Weight (kg) × Desired Factor VIII Incre 												Esperoct™ also may be dosed to achieve a specific target Factor VIII activity level, depending on the severity of hemophilia, for on-demand treatment/control of bleeding episodes or
						-	1		Ċ.	-	-	

Drug/ Manufa	acturer		Class	apeutic		Indicatio	ons			Date	Comments
Esperoct [*] alfa pego intravenc Nordisk	ol), for	-	agent Anti-he	modifier emophilic			ohilia A fo nand trea of bleedi	or: tment and ng episodes	;	02/19/2019	DOSAGE FORMS AND STRENGTHS Lyophilized powder in single-dose vials of dosage strengths at 500, 1000, 1500, 2000 and 3000 IU per vial.
			agent Factor	- VIII		bleedin	g	anagement axis to redu			 CONTRAINDICATIONS Known hypersensitivity to Esperoct™ or its components, including hamster proteins.
			molecu	ule			juency of	bleeding			WARNINGS AND PRECAUTIONS
											 Hypersensitivity reactions, including anaphylaxis, may occu If a hypersensitivity reaction occurs, discontinue Esperoct™
											and administer appropriate treatment.Development of neutralizing antibodies (inhibitors) has
											occurred. If bleeding is not controlled with the recommended dose of Esperoct™, or if the expected plasm
											Factor VIII activity levels are not attained, then perform an assay that measures Factor VIII inhibitor concentration.
											ADVERSE REACTIONS
											Most common adverse reactions: rash, redness, itching and injection site reactions.
											USE IN SPECIFIC POPULATIONS
											 <u>Pediatric use:</u> Higher clearance (based on kg body weight), shorter half-life and lower incremental recovery are seen in children. Higher and more frequent design may be peeded
											 children. Higher and more frequent dosing may be needed <u>Geriatric use:</u> Clinical studies of did not include sufficient numbers of subjects age 65 years and over to determine
											whether or not they respond differently than younger subjects.
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New FDA Approved Indications

(pembrolizumab) for injection / Merckagent; Human PD-1Treatment of melanoma, non- small cell lung cancer, head and classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high cancer, gastric cancer, cervical cancer, hepatocellular carcinoma, and Merkel cell carcinoma2/22/2019This approval was based on plus best supportive care (B with previously treated with previously treated metastatic colorectal cancer (mCRC)Lonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine inhibitor or metastolic metabolic metabolicPrevious indication(s): Treatment of patients with previously treated metastatic colorectal cancer (mCRC)2/22/2019 metabolic metabolic metabolic metabolic metabolic metabolic metabolic inhibitorNew indication: Treatment of patients with previously treated metastatic colorectal cancer (mCRC)2/22/2019 metabolic	
Injection / Merck PD-1 (programmed death receptor- 1)-blocking antibody Small cell lung cancer, head and neck squamous cell carcinoma, classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high cancer, hepatocellular carcinoma, and Merkel cell carcinoma Reytruda™ is the first anti-first and microsatellite instability-high cancer, hepatocellular carcinoma, and Merkel cell carcinoma Keytruda™ is the first anti-first anti-fi	325/KEYNOTE-054 trial showed tha
(programmed death receptor- 1)-blocking antibodyneck squamous cell carcinoma, classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high cancer, gastric cancer, cervical cancer, hepatocellular carcinoma, and Merkel cell carcinomacompared to placebo in pat melanoma (HR=0.57 [95% Cl, melanoma (HR=0.57 [95% Cl, Meytruda [™] is the first anti-I setting across patients with metastasis), IIIB and IIIC mela cancer, hepatocellular carcinomaLonsurf [™] (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine phosphorylase inhibitor and nucleoside metabolic inhibitor metabolic metabolic metabolic metabolic metabolic metabolic metabolic metabolic 	longed recurrence-free survival (RFS)
death receptor- 1)-blocking antibody classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high cancer, gastric cancer, cervical cancer, hepatocellular carcinoma, and Merkel cell carcinoma Keytruda™ is the first anti-I setting across patients with metastasis), IIIB and IIIC mela cancer, hepatocellular carcinoma, and Merkel cell carcinoma Lonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc. Antineoplastic agent; Thymidine phosphorylase inhibitor Previous indication: Treatment of patients with previously treated metastatic colorectal cancer (mCRC) metasolic 2/22/2019 This approval was based on plus best supportive care (BS with previously treated adenocarcinoma following p lines of standard therapy. TT endpoints demonstrating p streated with at least two prior lines of chemotherapy that	e recurrence or death by 43 percen
1)-blocking antibodyprimary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instabilit/-high cancer, gastric cancer, cervical cancer, hepatocellular carcinoma, and Merkel cell carcinoma and Merkel cell carcinoma opatients with melanoma with involvement of lymph node(s) following complete resectionKeytruda™ is the first anti-I setting across patients with metastasis), IIIB and IIIC mela cancer, hepatocellular carcinoma, and Merkel cell carcinomaLonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine phosphorylase inhibitor metabolicPrevious indication(s): Treatment of patients with previously treated metastatic colorectal cancer (mCRC) metabolic2/22/2019 metabolic with previously treated metastatic gastric or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that	ients with resected, high-risk stage I
antibodylymphoma, urothelial carcinoma, microsatellite instability-high cancer, gastric cancer, cervical cancer, hepatocellular carcinoma, and Merkel cell carcinomaKeytruda™ is the first anti-fi setting across patients wit metastasis), IIIB and IIIC mela cancer, hepatocellular carcinoma, and Merkel cell carcinomaLonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine phosphorylase inhibitor inhibitorPrevious indication(s): Treatment of patients with previously treated metastatic colorectal cancer (mCRC)2/22/2019 treated metastatic adenocarcinoma following p lines of standard therapy. Th endpoints demostrating p lines of chemotherapy that	. 0.46, 0.70]; p<0.001).
Lonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc. Antineoplastic agent; Thymidine phosphorylase inhibitor combination Previous indication(s): Treatment of patients with previously treated metastatic colorectal cancer (mCRC) inhibitor 2/22/2019 This approval was based on plus best supportive care (BS with previously treated metastatic colorectal cancer (mCRC) New indication: hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc. New indication(s): Previously treated metastatic colorectal cancer (mCRC) 2/22/2019 This approval was based on plus best supportive care (BS with previously treated metastatic colorectal cancer (mCRC) metabolic New indication: metabolic Treatment for adult patients with metastatic gastric or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that	
Lonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine phosphorylase inhibitor and nucleosidePrevious indication(s): reatment of patients with previously treated metastatic colorectal cancer (mCRC)2/22/2019This approval was based on plus best supportive care (BS with previously treated adenocarcinoma following p inhibitor metastatic gastric or gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that2/21/2019This approval was based on plus best supportive care (BS with previously treated metastatic endpoints demonstrating p lines of standard therapy. Th endpoints demonstrating p lines of chemotherapy that	PD-1 therapy studied in the adjuvan
Lonsurf™ (tipiracil hydrochloride and trifluridine) Capsules / Taiho Oncology, Inc.Antineoplastic agent; Thymidine phosphorylase inhibitor and 	th stage IIIA (>1 mm lymph nod
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combination metastatic gastric or experience with this drug. gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that	prolonged overall survival (OS) with
gastroesophageal junction adenocarcinoma previously treated with at least two prior lines of chemotherapy that	d a safety profile consistent with prio
adenocarcinoma previously treated with at least two prior lines of chemotherapy that	
treated with at least two prior lines of chemotherapy that	
treated with at least two prior lines of chemotherapy that	
included a fluoropyrimidine, a	
platinum, either a taxane or	
irinotecan, and if appropriate,	· · · · · · · · · · · · · · · · · · ·
HER2/neu-targeted therapy	nharmow

New FDA Approved Indications

Drug/ Manu	facture	r 🗧	Thera class	peutic	Indi	cations			Dat	e	Comments								
Soliqua™ 100/33 (insulin glargine and lixisenatide) Injection / Sanofi		Endocrin metabol Antidiab Combina long-acti human ii analog (i glargine) glucagor peptide- receptor	ic agent; etic; ution of a ng nsulin nsulin and a h-like 1 (GLP-1)	As an in ad are u insuli New To in	ous indica add-on to ults with t ncontrolle n or lixise indicatior clude pati al antidial	o diet and ype 2 dia ed on long natide n: ents unco	betes who g-acting ontrolled	02/2	8/2019	with t oral a signif insuli p<0.0 targe insuli were (23.6 adver	type 2 dia intidiabet icantly gro n glargine i001). In t blood su n glargine similar b %), but we se event	betes un ic therapy eater redu e and lixis addition, ugar levels e (59%) c etween S ere lower s general	controlle , that tre- uctions in senatide significa s with So or lixisen oliqua 10 with lixis lly at th	from a tri d with me eatment w h blood su (-1.6%, -1 ntly more liqua 100/ atide (33% 00/33 (25) senatide (6 e beginni	tformin a ith Soliqu gar levels 3%, -0.99 e patients /33 (74%) 6). Hypog .6%) and 5.4%). The ng of tre	nd/or a s a 100/33 compared %, respec reached compared lecemia e insulin gli e most con	econd led to d with tively; their d with events argine mmon		
											Soliqu	ua 100/33	arm were	e nausea	and vomit	ting.			
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New FDA Approved Dosage Forms, Formulations, Combinations, and Other Differences

	Drug/ Manufacturer		Therapeu class	ıtic	Indic	ations		Date	Co	mment	S	-					
•	Lotemax SM™ (loteprednol etabonate) / Bauso And Lomb Inc.	:h	Ophthalmol agent; Corticostero	-	inflam	nent of pos mation and ing ocular s		02/22/2019		*. •				*		*	•
	And Lonio inc.																
	Adhansia XR™ (methylphenidate hydrochloride) Extended-Release		Central nerv system (CNS stimulant		Deficit Disord	nent of Att /Hyperacti er (ADHD) irs and olde	vity in patients	02/27/2019				available ir or flexible		ule streng	ths (25, 3	5, 45, 55,	70,
	Capsules / Adlon Therapeutics L.P.										(T	1					
	Herceptin Hylecta [*] (trastuzumab and hyaluronidase-oysl for Subcutaneous	k)	Antineoplastic agent; Combination of HER2/neu receptor antagonist		Treatment of HER2- overexpressing breast cancer.			02/28/2019	intra hum	avenous	Herceptin uronidas	includes (trastuzu e PH20, e skin.	mab) in	combinat	ion with	recombin	ant
	Injection / Genent Inc.	ech,	and an enzy	me													
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New First Time Generic Drug Approval

D	Drug	/Manı	Ifactur	er		Therap	peutic (Class		D	ate		Со	mment	S				
E	Levomilnacipran Hydrochloride Extended Release Capsule 20 mg (base), 40 mg (base), 80 mg (base) and 120 mg				Central nervous system agent; Antidepressant; Serotonin- Norepinephrine Reuptake Inhibi							Ger	neric for: F	etzima	*		×		
(k	base)	/ Amnea	l Pharma	ceuticals I	LLC	(SNRI)	à.'		*				11					*	
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Drug	/Manu	facture	er	Date		Indica	tions		Com	ments						Impa	ict
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Cenoba Inc.	amate / SI	K Life Scie	ence,	02/04/	2019	Treatme	nt for: Se	eizures					blocker in zures in a		oment for ents.	Moder	ate
									SK Life	e Science	submitte	d an NDA	for ceno	bam <mark>a</mark> te.			
	rtinib / Da ny, Limite		kyo -	02/05/	2019	Treatme Tenosyn		nt Cell	inhibi	tor in dev	velopmen	t for the	treatment		or (CSF1R) otomatic	High H	ligh
						Tumor			tenos	ynovial gi	iant cell t	umo <mark>r</mark> (TG	СТ). 🔒			-	
		2			-				additi	on, pexid	artinib ha	as been gi	or pexida ranted Bro				
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	a (fenflura ny: Zogen			02/06/	2019	Treatme Syndrom		ravet					ivative in ted with [oment for ndrome.	High	
									Zoger	nix submit	tted an N	DA for Fir	ntepla.				
	nt / Harm nces, LLC	nony		0 <mark>2/12/</mark>	201 <mark>9</mark>	Treatme Narcoler			of act	ion; it is	potent a	and highly	/ selective	e histam	iechanism ine 3 (H₃)	High	
									treatr	nent of	excessive	e daytim	e sleepin	ess (ED	nt for the S) and/or		
									catap	lexy in ad	ult patier	nts with n	arcolepsy				
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Drug/Ma	anufacturer		Date		Indications		Comments Impact
	2	-	<u>.</u>	-	<u>.</u>		<u></u>
Golodirsen Therapeutio			02/14/20)19	Treatment for: N Dystrophy	luscular	Golodirsen is a phosphordiamidate morpholino oligimer in High High development for the treatment of patients with Duchenne muscular dystrophy (DMD) who have genetic mutations
							subject to skipping exon 53 of the DMD gene.
							Sarepta announced FDA acceptance of golodirsen NDA. The company previously received orphan drug designation for
							golodirsen.
Upadacitini	b / AbbV <mark>i</mark> e Inc.		02/19/20)19	Treatment for: Rheumatoid Arth	ritis	Upadacitinib is a JAK1-selective inhibitor in development for Moderate the treatment of adult patients with moderate to severe rheumatoid arthritis.
				*			
							AbbVie announced the FDA has accepted for priority review its NDA for upadacitinib.
	liroximel fumar lc and Biogen In		02/25/20)19	Treatment for: N Sclerosis	lultiple	Vumerity is a novel oral fumarate in development for the Moderate treatment of relapsing forms of multiple sclerosis.
							Alkermes plc and Biogen announced FDA acceptance of
							Vumerity NDA.
Darolutami	de / Bayer		02/27/20)19	Treatment for: Pi Cancer	rostate	Darolutamide is an investigational, non-steroidal androgen Moderate receptor antagonist in development for the treatment of non-metastatic castration-resistant prostate cancer
							(nmCRPC).
							Bayer submitted and NDA for darolutamide.
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