

PharmNOTES

Summary of New FDA-Approved Products,
New Indications, First-Time Generics,
and WHAT'S IN THE PIPELINE

For: **NOVEMBER 2022**



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NEWS

Safety Alert

• FDA investigating risk of severe hypocalcemia in patients on dialysis receiving osteoporosis medicine Prolia™ (denosumab)

Details

• The FDA has reviewed an ongoing safety trial of Prolia™ and interim results suggest an increased risk of hypocalcemia in patients with advanced kidney disease on dialysis. A separate internal FDA study investigating hypocalcemia in dialysis patients treated with Prolia™ shows a substantial risk with serious outcomes, including hospitalization and death. The Agency will share their final conclusions and recommendations once they have completed their review.



NEW FDA-APPROVED DRUG PRODUCTS



NEW MOLECULAR ENTITIES, NEW ACTIVE INGREDIENTS

DRUG NAME

ELAHERE™ (MIRVETUXIMAB SORAVTANSINE-GYNX) INJECTION

MANUFACTURER

IMMUNOGEN INC

APPROVAL DATE

11/14/2022

THERAPEUTIC CLASS

Antineoplastics and adjunctive therapies

FDA-APPROVED INDICATION(S)

Elahere $^{\text{TM}}$ is a folate receptor alpha (FR α)-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adult patients with FR α positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test.

DOSAGE AND ADMINISTRATION

Administer Elahere™ as an intravenous infusion only after dilution in 5% Dextrose Injection, USP.

The recommended dose of Elahere™ is 6 mg/kg adjusted ideal body weight administered as an intravenous infusion every 3 weeks until disease progression or unacceptable toxicity.

DOSAGE FORMS AND STRENGTHS

Injection: 100 mg/20 mL (5 mg/mL) in a single-dose vial

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Pneumonitis: Withhold Elahere[™] for persistent or recurrent Grade 2 pneumonitis and consider dose reduction. Permanently discontinue Elahere[™] for Grade 3 or 4 pneumonitis.
- Peripheral Neuropathy: Monitor patients for new or worsening peripheral neuropathy. Withhold dosage, dose reduce, or permanently discontinue Elahere™ based on the severity of peripheral neuropathy.
- <u>Embryo-Fetal Toxicity</u>: Elahere[™] can cause fetal harm.
 Advise of the potential risk to a fetus and to use effective contraception

ADVERSE REACTIONS

• The most common (≥20 %) adverse reactions, including laboratory abnormalities, were vision impairment, fatigue, increased aspartate aminotransferase, nausea, increased alanine aminotransferase, keratopathy, abdominal pain, decreased lymphocytes, peripheral neuropathy, diarrhea, decreased albumin, constipation, increased alkaline phosphatase, dry eye, decreased magnesium, decreased leukocytes, decreased neutrophils, and decreased hemoglobin.

DRUG INTERACTIONS

SAFETY PROFILE

 Strong CYP3A4 Inhibitors: Closely monitor for Elahere™ adverse reactions.

USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on its mechanism of action, Elahere™ can cause embryo-fetal harm when administered to a pregnant woman because it contains a genotoxic compound (DM4) and affects actively dividing cells.
- <u>Lactation:</u> Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with Elahere™ and for 1 month after the last dose.
- Females and Males of Reproductive Potential: Verify pregnancy status in females of reproductive potential prior to initiating Elahere™. Advise females of reproductive potential to use effective contraception during treatment with Elahere™ and for 7 months after the last dose.
- Hepatic Impairment: Avoid use of Elahere™ in patients with moderate or severe hepatic impairment (total bilirubin >1.5 ULN).



Orphan status: Yes

NEW MOLECULAR ENTITIES, NEW ACTIVE INGREDIENTS

DRUG NAME

TZIELD™ (TEPLIZUMAB-MZWV)
INJECTION

MANUFACTURER

PROVENTION BIO INC

APPROVAL DATE

11/17/2022

THERAPEUTIC CLASS

Antidiabetics

FDA-APPROVED INDICATION(S)

Tzield™ is a CD3-directed antibody indicated to delay the onset of Stage 3 type 1 diabetes (T1D) in adults and pediatric patients aged 8 years and older with Stage 2 TID.

DOSAGE AND ADMINISTRATION

Administer Tzield™ by intravenous infusion (over a minimum of 30 minutes), using a body surface areabased dosing, once daily for 14 consecutive days as follows:

- Day 1: 65 mcg/m²
- Day 2: 125 mcg/m²
- Day 3: 250 mcg/m²
- Day 4: 500 mcg/m²
- Days 5 through 14: 1,030 mcg/m² Do not administer two doses on the same day.

DOSAGE FORMS AND STRENGTHS

Injection: 2 mg per 2 mL (1 mg/mL) single-dose vial

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Cytokine Release Syndrome (CRS): Premedicate, monitor liver enzymes, discontinue in those that develop elevated ALT or AST more than 5 times the upper limit of normal, and if severe CRS develops consider temporarily pausing dosing.
- <u>Serious Infections</u>: Use of Tzield™ is not recommended in patients with active serious infection or chronic infection. Monitor for signs and symptoms of infection during and after Tzield™ treatment. If a serious infection develops, discontinue Tzield™.
- <u>Lymphopenia</u>: Monitor white blood cell counts during the treatment period. If prolonged severe lymphopenia (<500 cells per mcL lasting 1 week or longer) develops, discontinue Tzield™.
- Hypersensitivity Reactions: If severe hypersensitivity reactions occur, discontinue Tzield™ and treat promptly.
- Vaccinations: Administer all age-appropriate vaccinations prior to starting Tzield™. See recommendations regarding live-attenuated inactivated, and mRNA vaccines.

ADVERSE REACTIONS

SAFETY PROFILE

 Most common adverse reactions (>10%) were lymphopenia, rash, leukopenia and headache.

USE IN SPECIFIC POPULATIONS

- Pregnancy: Although there are no data on teplizumabmzwv, monoclonal antibodies can be actively transported across the placenta, and Tzield™ may cause immunosuppression in the utero-exposed infant. To minimize exposure to a fetus, avoid use of Tzield™ during pregnancy and at least 30 days (6 half-lives) prior to planned pregnancy.
- <u>Lactation</u>: A lactating woman may interrupt breastfeeding and pump and discard breast milk during treatment and for 20 days after Tzield™ administration to minimize drug exposure to a breastfed child.
- <u>Pediatric Use</u>: The safety and effectiveness of Tzield[™] have not been established in pediatric patients younger than 8 years of age.

Orphan status: No



NEW BIOSIMILAR PRODUCTS

No biosimilar product was approved by the FDA in November.



NEW FORMULATIONS, COMBINATION PRODUCTS, LINE EXTENSIONS

| | G NAME / IFACTURE | | | RAPEU [*] CLASS | ГІС | INDICATION(S) | DATE | | * <i>p</i> | ADDITIO | ONAL I | NFORM | MATIOI | N | |
|---------------------|------------------------|-----|--------|-----------------------------|-----|---|------------|----------------------------------|--|---|---|---|---|--|----------------------------------|
| | INJECTION RMACEUTIC | | Barbit | turate | | Treatment of neonatal seizures in terms and preterm infants | 11/17/2022 | U.S. for infants, use wit Sezaby | ™ is the f the treat Sezaby™ h opioids ™ for a lo , and add | ment of carries l depend onger dur | neonatal poxed wa ence and ation tha | seizures arnings fo d withdra an recom | in term a or risks fro wal react mended; | and prete om conce ions after and abu | rm omitant r use of se, |
| | | | | | | | | Orphar | n: Yes | | | | | | |
| | REXATE) OF | | and | eoplastics adjunc | | [1] Treatment of adults with acute lymphoblastic leukemia | 11/29/2022 | | o™ is an o in rheum | | | | | of metho | trexate |
| SOLUTION LIMITED | \ / THERAK | IND | thera | pies | | (ALL) as part of a combination chemotherapy maintenance | | Orphar | n: No | | | | | | |
| | | | | | | regimen; [2] Treatment of adults with mycosis fungoides; [3] | | | | e. | | | | | |
| | | | ** | | ٠ | Treatment of adults with relapsed or refractory non- | | | | * | | | | | |
| | | | | | | Hodgkin lymphoma as part of a metronomic combination | | | | | | | | | |
| | | | | | | regimen; [4] Treatment of adults with rheumatoid arthritis; [5] | | | | | | | | | |
| | | | | | | Treatment of adults with severe psoriasis | | | | | | | | | |



NEW FIRST-TIME GENERIC APPROVALS

| GENERIC NAME/DOSAGE FORM/STRENGTH AND | GENERIC | FOR: | . 1 | THERA CL | PEUTIC ASS | | INDI | CATIO | ONS | . A | PPROV DATE | | | OJECTI NCH D | |
|--|-----------|------|----------------|-------------|---------------|---|-----------------------------|---------|-----|------------|---------------|---|--------------------|-----------------|----|
| MANUFACTURER | | | | | | | | | | | | | | | |
| PENCICLOVIR CREAM 1% / TEVA PHARMACEUTICALS | Denavir™ | | Derm | atologi | cals | * | Cold sor | es | 1k | 11/9, | /2022 | * | Launc | hed | * |
| USA, INC. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| VANCOMYCIN HYDROCHLORIDE ORAL | Firvanq™ | | Anti- misc. | infective | agents | - | Clostridio associate | | | 11/1 | 4/2022 | | 2023- | 202 <u>4</u> | |
| SOLUTION 25MG (BASE)/ML AND 50MG | | * | | | | | enteroco by <i>Staph</i> | | | 1 | | | | | |
| (BASE)/ML /ALKEM LABORATORIES LTD. | | | | | | | aureus | | | | | | | | |
| | | | | | | | | | | | | | | | |
| GADOBUTROL INTRAVENOUS SOLUTION | Gadavist™ | | Diagr | nostic pi | roducts | | Contrast magneti | c resor | | 11/1 | 7/2022 | | 4 th qu | arter 20 | 22 |
| 1.20944 GM/2ML, 4.5354 GM/7.5ML, 6.0472 | | | | | | | imaging | | | | | | | | |
| GM/10ML and 9.0708 GM/15ML / JIANGSU | | | | | | | | | | | | | | | |
| HENGRUI PHARMACEUTICALS CO., | | | | | | | | | | | | | | | |
| LTD. | | - | * | | | | | Ē. | 14 | | - | | | | |



NEW FDA-APPROVED INDICATIONS FOR EXISTING DRUGS



NEW FDA-APPROVED INDICATIONS FOR EXISTING DRUGS

| DRUG NAME / MANUFACTURER | THERAPEUTIC CLASS | PREVIOUS INDICATION(S) | NEW INDICATION(S) | DATE |
|--|--|---|---|------------|
| LIBTAYO™ (CEMIPLIMAB- RWLC) INJECTION / REGENERON PHARMCAEUTICALS, INC. | Antineoplastics and adjunctive therapies | Cutaneous squamous cell carcinoma, basal cell carcinoma, non-small cell lung cancer (NSCLC) | In combination with platinum-based chemotherapy for the first-line treatment of adult patients with NSCLC with no EGFR, ALK or ROS1 aberrations and is: [1] locally advanced where patients are not | 11/8/2022 |
| | | | candidates for surgical resection or definitive chemoradiation or [2] metastatic | |
| LILETTA™ (LEVONORGESTREL- RELEASING INTRAUTERINE | Contraceptives | For the prevention of pregnancy for up to 6 years | For the prevention of pregnancy for up to 8 years | 11/10/2022 |
| SYSTEM) / MEDICINES360 | | | | |
| IMFINZI™ (DURVALUMAB) INJECTION / ASTRAZENECA | Antineoplastics and adjunctive therapies | Stage III NSCLC, extensive-stage small cell lung cancer, advanced or metastatic biliary tract cancer, unresectable hepatocellular carcinoma | In combination with tremelimumab-actl and platinum-based chemotherapy, for the treatment of adult patients with metastatic NSCLC with no sensitizing | 11/10/2022 |
| | | | epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations | |
| ADCETRIS™ (BRENTUXIMAB VEDOTIN) INJECTION / SEAGEN, INC. | Antineoplastics and adjunctive therapies | Hodgkin lymphoma, anaplastic large cell lymphoma, mycosis fungoides | Pediatric patients 2 years and older with previously untreated high risk classical Hodgkin lymphoma (cHL), in combination | 11/10/2022 |
| | | | with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide | |
| BREXAFEMME™ (IBREXAFUNGERP) TABLETS / SCYNEXIS | Antifungals | Vulvovaginal candidiasis | Reduction in the incidence of recurrent vulvovaginal candidiasis in adult and postmenarchal pediatric females | 11/30/2022 |



PIPELINE



PIPELINE

| DRUG NAME / MANUFACTURER | DATE | INDICATION(S) | ADDITIONAL INFORMATION | IMPACT |
|--|------------|--|--|-----------|
| ZIMURA™ (AVACINCAPTAD PEGOL) / IVERIC BIO, INC. | 11/3/2022 | Treatment of geographic atrophy secondary to age-related macular degeneration | Avacincaptad pegol is a novel complement C5 protein inhibitor, which has the potential of decreasing the activity of the complement system that causes the degeneration of retinal cells and potentially slow the progression of geographic atrophy. The FDA has granted Breakthrough Therapy Designation. | High |
| | | | NDA submitted. | |
| APHEXDA™ (MOTIXAFORTIDE) / BIOLINERX LTD. | 11/10/2022 | As an add-on stem cell mobilization therapy to improve stem cell transplants in people with multiple myeloma | Aphexda™ is a stem cell mobilizing therapy that works by blocking the CXCR4 receptor protein, which is involved in retaining stem cells within the bone marrow, facilitating their exit into the bloodstream. The clinical outcomes demonstrated by the GENESIS Phase 3 study showed that nearly 90% of patients collected an optimal number of cells for transplantation following a single administration of | High high |
| | | | Aphexda [™] and in only one apheresis session. The Agency has set a Prescription Drug User Fee Act (PDUFA) action date for September 9 th , 2023. | |
| | | | NDA accepted. | |
| IPX203 (CARBIDOPA AND LEVODOPA) / AMNEAL PHARMACEUTICALS, INC. | 11/11/2022 | Treatment of Parkinson's disease | IPX203 is a novel, oral formulation of carbidopa/levodopa (CD/LD) extended-release capsules. The FDA has assigned a PDUFA date of June 30, 2023. | Moderate |
| | | | NDA accepted. | |



PIPELINE

| DRUG NAME / MANUFACTURER | DATE | INDICATION(S) | ADDITIONAL INFORMATION | IMPACT |
|---|------------|--|---|-----------|
| ZILUCOPLAN / UCB | 11/14/2022 | Treatment of adult patients with acetylcholine receptor | Zilucoplan is a subcutaneous (SC), self-administered peptide inhibitor of complement component 5 (C5 inhibitor). Clinical data (RAISE study) demonstrated at week 12 that treatment with zilucoplan resulted in | High high |
| | | antibody positive (AChR- Ab+) generalized myasthenia gravis (gMG) | clinically meaningful and statistically significant improvements in key outcomes compared with placebo in patients with AChR-Ab+ gMG. NDA accepted. | |
| EPCORITAMAB (CD3xCD20) / ABBVIE AND GENMAB | 11/21/2022 | Treatment of adult patients with relapsed/refractory large | Epcoritamab is an investigational immunoglobulin G1-bispecific antibody created using Genmab's proprietary DuoBody® technology. The technology is designed to direct cytotoxic T cells selectively to | High high |
| | | B-cell lymphoma after two or more lines of systemic therapy | elicit an immune response toward target cell types. The FDA has set a PDUFA action date of May 21, 2023. BLA accepted. | |
| SRP-9001 (DELANDISTROGENE MOXEPARVOVEC) / SAREPTA THERAPEUTICS, INC. | 11/28/2022 | Treatment of ambulant individuals with Duchenne muscular dystrophy (DMD) | SRP-9001 is an investigational gene transfer therapy intended to treat the underlying cause of DMD by delivering a functional shortened dystrophin to muscle. It has been granted Priority Review by the FDA with a PDUFA of May 29, 2023. | High high |
| | | | BLA accepted. | |
| REPROXALAP / ALDEYRA THERAPEUTICS, INC. | 11/29/2022 | Treatment of signs and symptoms of dry eye disease | Reproxalap is a first-in-class small-molecule modulator of RASP (reactive aldehyde species), which are elevated in ocular and systemic inflammatory disease. If approved, reproxalap would be the first inhibitor of RASP, which contributes to ocular inflammation and | High |
| | | | changes in tear lipid composition. | |
| | | | NDA submitted. | |



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