PharmNotes

Monthly Communications

January 2025

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Drug Safety Alert Notification

The Drug Safety Communications are provided by the U.S. Food and Drug Administration and are intended to offer important information to patients and health care providers about new safety issues regarding certain medications. This helps prescribers and health care professionals be informed so that decisions regarding the treatment of patients are made accordingly.

Safety Alert	Date	Additional Information
FDA Requires Guillain-Barré Syndrome (GBS) Warning in the Prescribing Information for RSV Vaccines Abrysvo and Arexvy: FDA Safety Communication	1/7/2025	The FDA has required and approved safety labeling changes to the Prescribing Information for Abrysvo (Respiratory Syncytial Virus Vaccine) manufactured by Pfizer Inc. and Arexvy (Respiratory Syncytial Virus Vaccine, Adjuvanted) manufactured by GlaxoSmithKline Biologicals. Specifically, FDA has required each manufacturer to include a new warning about the risk for Guillain-Barré syndrome (GBS) following administration of their Respiratory Syncytial Virus (RSV) vaccine.
FDA Adds Boxed Warning About a Rare but Serious Allergic Reaction Called Anaphylaxis With The Multiple Sclerosis Medicine Glatiramer Acetate (Copaxone, Glatopa)	1/22/2025	The FDA is warning about the risk of a rare but serious allergic reaction with the medicine glatiramer acetate (Copaxone, Glatopa), which is used to treat patients with multiple sclerosis. This serious allergic reaction, called anaphylaxis, can occur at any time while on treatment, after the first dose or after doses administered months or years after starting the medicine. For most patients who experienced anaphylaxis with glatiramer acetate use, the symptoms appeared within one hour of injection. In some cases, anaphylaxis resulted in hospitalization and death.

New FDA-Approved Drug Products

New Molecular Entity

Specialty

Datroway™ (datopotamab deruxtecan-dlnk) injection for intravenous use

FDA-Approved Indication

For the treatment of adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.

Dosage & Administration

6 mg/kg given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity.

Dosage Forms & Strengths

For injection: 100 mg lyophilized powder in a single-dose vial.

Contraindications

None

Common Adverse Reactions

Stomatitis, nausea, fatigue, decreased leukocytes, decreased calcium, alopecia, decreased lymphocytes, decreased hemoglobin, constipation, decreased neutrophils, dry eye, vomiting, increased ALT, keratitis, increased AST, and increased alkaline phosphatase.

Warnings & Precautions

- Interstitial Lung Disease (ILD) and Pneumonitis
- Ocular Adverse Reactions
- Stomatitis/Oral Mucositis
- Embryo-Fetal Toxicity

Use in Specific Population

- Lactation: Advise not to breastfeed.
- Infertility: May impair fertility in males and females.

Clinical Studies

The approval was granted based on a Phase 3, open-label, randomized study (TROPION-Breast01; n=732) that showed, after a median follow-up of 10.8 months, Datroway led to a 37% decrease in the risk of progression or death compared to the investigator's choice of chemotherapy (ICC) (HR, 0.63; $p<0.0001$). This was associated with a median progression-free survival (PFS) of 6.9 months for Datroway, compared to 4.9 months for ICC.

Place in Therapy

Initial treatment for HR+/HER2− breast cancer without specific biomarkers typically consists of conventional chemotherapy (such as doxorubicin, paclitaxel, or gemcitabine). Later treatments may include Enhertu (fam-trastuzumab deruxtecan-nxki), Trodelvy (sacituzumab govitecan-hziy), or additional chemotherapy options. Enhertu (which targets HER2) and Trodelvy (which targets TROP2) can be administered sequentially, with Enhertu often being preferred first due to its greater effectiveness in the second-line treatment setting.

New FDA-Approved Drug Products

New Molecular Entity

Orphan Drug | Specialty

Grafapex™ (treosulfan) lyophilized powder for intravenous use

FDA-Approved Indication

- Use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation in adult and pediatric patients 1 year of age and older with acute myeloid leukemia.
- Use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation in adult and pediatric patients 1 year of age and older with myelodysplastic syndrome.

Dosage & Administration

10 g/m^2 body surface area (BSA) per day as a two-hour intravenous infusion, given on three consecutive days (day 4, 3, 2) in conjunction with fludarabine before hematopoietic stem cell infusion (day 0).

Dosage Forms & Strengths

For injection: 1 g/vial and 5 g/vial treosulfan as a lyophilized powder in a single-dose vial.

Contraindications

Hypersensitivity to any component of the drug product.

Common Adverse Reactions

Musculoskeletal pain, stomatitis, pyrexia, nausea, edema, infection, and vomiting, increased GGT, increased bilirubin, increased ALT, increased AST, and increased creatinine.

Warnings & Precautions

- ***BBW:*** Myelosuppression
- Seizures
- Skin Disorders
- Injection Site Reactions and Tissue Necrosis
- Secondary Malignancies
- Increased Early Morbidity and Mortality at Dosages Higher than Recommended
- Embryo-Fetal Toxicity

Drug Interactions

Certain CYP2C19 and CYP3A4 Substrates.

Use in Specific Population

Lactation: Advise not to breastfeed.

Clinical Studies

Efficacy was evaluated in MC-FludT.14/L Trial II, an open-label, multicenter, randomized parallel study designed to compare event-free survival (EFS) after treosulfan-based conditioning with a reduced-intensity conditioning (RIC) busulfan regimen in older or comorbid patients with acute myeloid leukemia (AML) or myelodysplastic syndrome (MDS) undergoing allogeneic hematopoietic stem cell transplantation (allo-HSCT). The 36-month EFS rate was 59.5% in the experimental arm vs. 49.7% in the placebo arm, with a hazard ratio of 0.64. Overall survival with treosulfan was also superior compared with busulfan, with 36-month overall survival rates of 66.8% vs. 56.3%; (HR 0.64).

Place in Therapy

Treosulfan could provide an alternative to lower the risk of transplant-related mortality while causing fewer side effects compared to busulfan in reduced-intensity conditioning (RIC). Healthcare professionals have suggested that it might be especially appropriate for older patients with AML/MDS and could potentially become the new standard RIC regimen for AML/MDS, given the observed survival advantage over busulfan.

New FDA-Approved Drug Products

New Molecular Entity

Journavx™ (suzetrigine) tablets for oral use

FDA-Approved Indication

For the treatment of moderate to severe acute pain in adults.

Dosage & Administration

The starting dose is 100 mg. Starting 12 hours after the starting dose, take 50 mg orally every 12 hours. Take these doses with or without food.

Dosage Forms & Strengths

Tablets: 50mg.

Contraindications

Concomitant use with strong CYP3A inhibitors.

Common Adverse Reactions

Pruritus, muscle spasms, increased creatine phosphokinase, and rash.

Warnings & Precautions

- Moderate and Severe Hepatic Impairment

Drug Interactions

- Strong and Moderate CYP3A Inhibitors
- Strong and Moderate CYP3A Inducers
- CYP3A Substrates
- Hormonal Contraceptives

Clinical Studies

The effectiveness of Journavx was assessed in two Phase 3, randomized, double-blind, placebo- and active-controlled studies involving adult patients experiencing acute pain after abdominoplasty and bunionectomy. In both studies, Journavx showed a statistically significant greater reduction in pain compared to placebo, with no signs of addictive potential. Although Journavx was not more effective than hydrocodone bitartrate/acetaminophen in either study, many patients may prefer a less potent medication if it offers a safer alternative to opioids.

Place in Therapy

Journavx is a first-in-class, oral, non-opioid, highly selective pain signal inhibitor that is selective for NaV1.8 relative to other NaV channels. NaV1.8 is primarily found in peripheral pain-sensing neurons, where it plays a key role in transmitting pain signals. By blocking pain signals only in the peripheral nervous system, rather than the brain, Journavx offers effective pain relief while avoiding the drawbacks of existing treatments, such as the addictive risks associated with opioids.

New FDA-Approved Drug Products

New Biosimilar Product

Specialty

Avtozma™ (tocilizumab-anoh) injection, for intravenous or subcutaneous use

FDA-Approved Indication

[1] Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs; [2] Adult patients with giant cell arteritis; [3] Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis; [4] Patients 2 years of age and older with active systemic juvenile idiopathic arthritis; [5] Hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation.

Dosage & Administration

Refer to the package insert for more information.

Dosage Forms & Strengths

- IV infusion: 80 mg/4 mL (20 mg/mL), 200 mg/10 mL (20 mg/mL), 400 mg/20 mL (20 mg/mL)
- SC injection: 162 mg/0.9 mL in a single-dose prefilled syringe or single-dose autoinjector.

Contraindications

Known hypersensitivity to tocilizumab products.

Common Adverse Reactions

Upper respiratory tract infections, nasopharyngitis, headache, hypertension, increased ALT, injection site reactions.

Warnings & Precautions

- ***BBW:*** Risk of Serious Infections
- Gastrointestinal (GI) Perforation
- Hepatotoxicity
- Laboratory Monitoring
- Hypersensitivity reactions, including anaphylaxis and death and serious cutaneous reactions including Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)
- Live Vaccines

Use in Specific Populations

- Pregnancy: Based on animal data, it may cause fetal harm.
- Lactation: Discontinue drug or nursing taking into consideration importance of drug to mother.

Clinical Studies

The FDA's decision is based on a comprehensive data package and the totality of evidence, including the results from a phase III study demonstrating biosimilarity between Avtozma and reference tocilizumab in patients with moderate to severe active RA.

Place in Therapy

Avtozma is the third biosimilar to reference Actemra (tocilizumab) to be approved by the FDA. Tyenne (tocilizumab-aazg) in both IV and SC formulations was approved in March 2024, and in September 2023, the FDA approved another IV formulation biosimilar, Tofidence.

New FDA-Approved Drug Products

New Formulations, Combinations, and Line Extensions

Brynovin™ (sitagliptin) solution for oral use

FDA-Approved Indication

Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Dosage & Administration

100mg orally once daily. Dosage adjustment is recommended for patients with eGFR less than 45 mL/min/1.73 m^2.

Dosage Forms & Strengths

Oral solution: 25 mg per mL.

Contraindications

History of a serious hypersensitivity reaction to sitagliptin or any of the excipients in Brynovin, such as anaphylaxis or angioedema.

Common Adverse Reactions

Upper respiratory tract infection, nasopharyngitis and headache. In the add-on to sulfonylurea and add-on to insulin trials, hypoglycemia was also more commonly reported in patients treated with sitagliptin compared to placebo.

Warnings & Precautions

- Pancreatitis
- Heart Failure
- Acute Renal Failure
- Hypoglycemia with Concomitant Use with Insulin or Insulin Secretagogues Hypersensitivity Reactions
- Hypersensitivity Reactions
- Severe and Disabling Arthralgia
- Bullous Pemphigoid

Clinical Studies

The effectiveness of Brynovin has been established for glycemic control in patients with type 2 diabetes mellitus based on adequate and well-controlled trials of sitagliptin tablets, referenced below as “sitagliptin”.

Place in Therapy

Brynovin is the first oral solution form of sitagliptin. Sitagliptin is also offered in a generic oral tablet version.

New FDA-Approved Drug Products

New Formulations, Combinations, and Line Extensions

Symbravo™ (meloxicam and rizatriptan) tablets for oral use

FDA-Approved Indication

For the acute treatment of migraine with or without aura in adults.

Dosage & Administration

One tablet by mouth as needed. The recommended maximum daily dose is 20 mg meloxicam and 10 mg rizatriptan.

Dosage Forms & Strengths

Tablets: 20 mg meloxicam and 10 mg rizatriptan.

Contraindications

- Ischemic coronary artery disease or other significant underlying cardiovascular disease
- Coronary artery vasospasm
- In the setting of CABG surgery
- History of stroke or transient ischemic attack
- Hemiplegic or basilar migraine
- Peripheral vascular disease
- Ischemic bowel disease
- Uncontrolled hypertension
- Concomitant use of propranolol
- *For complete list of contraindications, please refer to package insert*

Common Adverse Effects

Dizziness and somnolence.

Warnings & Precautions

- ***BBW:*** Risk of Serious Cardiovascular and Gastrointestinal Events
- Cardiovascular Thrombotic Events, Myocardial Ischemia, Myocardial Infarction, and Prinzmetal's Angina
- Arrhythmias
- Cerebral Hemorrhage, Subarachnoid Hemorrhage, and Stroke
- Anaphylactic Reactions
- Hypertension
- Fetal Toxicity
- Hematologic Toxicity
- *For complete risk of warnings and precautions, please refer to package insert*

Drug Interactions

- Drugs that Interfere with Hemostasis (e.g., warfarin, aspirin, SSRIs/SNRIs)
- ACE Inhibitors, ARBs, or Beta-Blockers
- ACE Inhibitors and ARBs
- Diuretics
- Lithium
- Methotrexate

Use in Specific Populations

Infertility: NSAIDs are associated with reversible infertility. Consider withdrawal of Symbravo in women who have difficulties conceiving.

Clinical Studies

The approval is supported by data from three Phase 3 trials. In the MOMENTUM trial, which evaluated the therapy in patients with moderate to severe migraine pain, 77% of those treated did not require rescue medication within 24 hours of dosing. Likewise, in the INTERCEPT trial, which assessed the drug in patients with mild initial pain, 85% of participants did not need rescue medication within 24 hours.

Place in Therapy

Migraine symptomatic (abortive) treatment options vary from basic pain relievers like nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen to more targeted therapies such as triptans, antiemetics, calcitonin gene-related peptide (CGRP) antagonists, lasmiditan, and dihydroergotamine. The choice of treatment is based on individual patient factors, including the intensity and nature of the symptoms, any coexisting conditions, and previous treatment responses. Symbravo represents a novel multi-mechanistic approach to treating migraine that targets multiple pathways underlying a migraine attack. Symbravo can rapidly eliminate migraine pain and return patients to normal functioning, with efficacy sustained through 24 and 48 hours in some patients after a single dose.

New FDA-Approved Drug Products

New Formulations, Combinations, and Line Extensions

Inzirqo™ (hydrochlorothiazide) for oral suspension

FDA-Approved Indication

[1] The treatment of hypertension in adult and pediatric patients alone or in combination with other antihypertensive agents, to lower blood pressure; [2] The treatment of edema associated with congestive heart failure, hepatic cirrhosis and renal disease including the nephrotic syndrome in adult and pediatric patients.

Dosage & Administration

- For the treatment of hypertension in adults: 25 mg orally daily given as a single dose. As needed, increase the dose to 50 mg orally daily, given as a single or two divided doses.
- For the treatment of edema in adults: 25 mg to 100 mg orally daily as a single or divided dose.
- For the treatment of hypertension and edema in pediatric patients: 1 mg/kg to 2 mg/kg orally per day.

Dosage Forms & Strengths

For oral suspension: 10 mg/mL.

Contraindications

- Anuria
- Hypersensitivity to hydrochlorothiazide or any ingredient in Inzirqo
- Hypersensitivity to sulfonamide-derived drugs

Common Adverse Effects

Hypokalemia, hyponatremia, hypomagnesemia, hyperglycemia, hyperuricemia, hyperlipidemia and hypotension.

Warnings & Precautions

- Monitor kidney function periodically
- Monitor and correct serum electrolytes prior to use and monitor periodically
- Monitor blood sugar, lipid levels, uric acid and calcium levels periodically
- Exacerbation or activation of systemic lupus erythematosus
- Acute angle-closure glaucoma and acute myopia

Drug Interactions

- NSAID
- Cholestyramine and Colestipol
- Lithium
- Antidiabetic Drugs

Clinical Studies

Not applicable.

Place in Therapy

Four classes of drugs are recommended as first-line options for antihypertensive treatment in adults without a specific need for a particular blood pressure-lowering medication to manage another condition. These include thiazide diuretics, calcium channel blockers, angiotensin-converting enzyme (ACE) inhibitors, and angiotensin receptor blockers.

New First-Time Generic Approvals

First-Time Generics are the first generic forms of brand name drugs. The generic version is formulated to work in the same way as the brand-name product and provides the same clinical benefit.

Product	Manufacturer	Generic For	Therapeutic Class	Indication(s)
Mesna tablets 400mg	Riconpharma	Mesnex	Antineoplastics and Adjunctive Therapies	Hemorrhagic Cystitis Prophylaxis
Eltrombopag Olamine Tablets 12.5 (free acid), 25mg (free acid), 50mg (free acid) and 75mg (free acid)	Hetero Labs Limited, Unit V	Promacta Tablets	Hematopoietic Agents	Thrombocytopenia, Aplastic Anemia
Azilsartan Medoxomil and Chlorthalidone Tablets 40mg/12.5mg and 40mg/25mg	Alkem Laboratories Limited	Edarbyclor	Antihypertensives	Hypertension

New FDA-Approved Indications for Existing Drugs

The following table contains drugs that have gained FDA approval for the treatment of additional diseases or conditions.

Drug Name and Manufacturer	Previous Indication(s)	New Indication
Omvoh (mirikizumab-mrkz) From: Eli Lilly and Co	For the treatment of moderately to severely active ulcerative colitis in adults.	For the treatment of moderately to severe active Crohn's disease in adults.
Calquence (acalabrutinib) From: AstraZeneca	[1] For the treatment of adult patients with MCL who have received at least one prior therapy; [2] For the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).	In combination with bendamustine and rituximab for the treatment of adult patients with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT).
Lumakras (sotorasib) From: Amgen Inc.	For the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer as determined by an FDA-approved test, who have received at least one prior systemic therapy.	In combination with panitumumab, for the treatment of adult patients with KRAS G12C-mutated mCRC as determined by an FDA approved-test, who have received prior fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy.
Spravato (esketamine) From: Johnson & Johnson	In conjunction with an oral antidepressant, for the treatment of: [1] Treatment-resistant depression in adults; [2] Depressive symptoms in adults with major depressive disorder with acute suicidal ideation or behavior.	As monotherapy for adults with treatment-resistant depression.
Ozempic (semaglutide) From: Novo Nordisk	[1] As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus; [2] To reduce the risk of mace in adults with type 2 diabetes mellitus and established CVD.	To reduce the risk of sustained eGFR decline, end-stage kidney disease and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease.
Enhertu (fam-trastuzumab deruxtecan-nxki) From: Johnson & Johnson	[1] HER2-Positive Metastatic Breast Cancer; [2] HER2-Mutant Unresectable or Metastatic Non-Small Cell Lung Cancer; [3] HER2-Positive Locally Advanced or Metastatic Gastric Cancer; [4] HER2-Positive (IHC 3+) Unresectable or Metastatic Solid Tumors	Adult patients with unresectable or metastatic Hormone receptor (HR)-positive, HER2-low (IHC 1+ or IHC 2+/ISH-) or HER2-ultralow (IHC 0 with membrane staining) breast cancer, as determined by an FDA-approved test, that has progressed on one or more endocrine therapies in the metastatic setting.

Pipeline

The goals of the NDA (or BLA) are to provide enough information to permit FDA approval of a new pharmaceutical for sale and marketing in the U.S.

Drug Name and Manufacturer	Indication(s)	Additional Information	Impact
Deramiocel From: Capricor Therapeutics	For the treatment of Duchenne muscular dystrophy cardiomyopathy	BLA submitted	High
Plozasiran From: Arrowhead Pharmaceuticals, Inc	For the treatment of familial chylomicronemia syndrome	NDA accepted	High
SL1009 (sodium dichloroacetate) oral solution From: Saol Therapeutics	For the treatment of Pyruvate Dehydrogenase Complex Deficiency	NDA accepted	High
Apitegromab From: Scholar Rock	For the treatment of spinal muscular atrophy (SMA) who have been treated with certain existing SMA therapies	BLA submitted	High