Approvals & Updates

January 2020

Safety Updates

Risk of serious breathing problems with gabapentinoids

The FDA recently published a drug safety communication describing the risk of serious breathing problems with the seizure and nerve pain medicines gabapentin and pregabalin in patients with respiratory risk factors. Such risk factors include use of opioid pain medicines or other CNS depressants, COPD, and advanced age. Start gabapentinoids at the lowest dose in these patients and monitor them for symptoms of respiratory depression and sedation. A warning describing these adverse effects will be added to the drug labels.

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New Drug Approvals

Caplyta (lumateperone)

Indication: Schizophrenia

Mechanism of Action: Atypical antipsychotic

Dosage Form: Oral capsule

Caplyta is FDA-approved for the treatment of schizophrenia in adults. The approved dose of 42 mg once daily is to be taken with food. Dose titration is not required. Patients with moderate to severe hepatic impairment (Child-Pugh class B or C) should avoid use of Caplyta. Elderly patients with dementia-related psychosis treated with antipsychotics are at an increased risk of death. Captyla is not approved for the treatment of dementia-related psychosis. Patients receiving Caplyta should be monitored for: neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes, leukopenia, neutropenia, agranulocytosis, orthostatic hypotension and syncope, falls, seizures, body temperature dysregulation, dysphagia, and cognitive and motor impairment. Use of Caplyta with CYP3A4 inducers and moderate to strong inhibitors should be avoided. The most common adverse reactions (≥5%) reported with Caplyta include somnolence/sedation and dry mouth.

New Drug Approvals, Continued

Conjupri (levamlodipine)

Indication: Hypertension

Mechanism of Action: Dihydropyridine calcium channel blocker

Dosage Form: Oral tablet

Conjupri's active ingredient is the pharmacologically active isomer of amlodipine. Conjupri is FDA-approved for the treatment of hypertension, alone or in combination with other antihypertensive agents, in patients ≥6 years of age. The recommended starting dose for adults is 2.5 mg orally once daily, with a maximum dose of 5 mg daily. Small, fragile, or elderly patients, as well as those with hepatic insufficiency, may be started on a reduced dose of 1.25 mg orally once daily. Additionally, the reduced dose of 1.25 mg daily may be used when adding Conjupri to other antihypertensive therapies. The pediatric starting dose is 1.25 mg to 2.5 mg once daily. Of note, doses ≥2.5 mg daily in pediatric patients have not been studied. As Conjupri contains the active S-enantiomer of amlodipine, the labeled warnings, interactions, and adverse events were reported for amlodipine in the package insert.

Dayvigo (lemborexant)

Indication: Insomnia

Mechanism of Action: Orexin receptor antagonist

Dosage Form: Oral tablet

Dayvigo is FDA-approved for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance. The recommended starting dose of 5 mg is to be taken immediately before going to bed and to be taken no more than once per night. Taking Dayvigo with or soon after a meal may delay the onset. The dose may be increased based on response and tolerability to the maximum of 10 mg once daily. The patient should allow at least 7 hours remaining before planned awakening before taking Dayvigo. Patients with moderate hepatic impairment should not exceed 5 mg daily, and the drug’s use is not recommended for use in patients with severe hepatic impairment. Dayvigo is contraindicated in patients with narcolepsy. Avoid concomitant use of Dayvigo and moderate to strong CYP3A4 inhibitors or inducers. When using Dayvigo with weak CYP3A4 inhibitors, the maximum recommended dose is 5 mg daily. Monitor patients for: CNS depressant effects and daytime impairment, sleep paralysis, hypnagogic/hypnopompic hallucinations, cataplexy-like symptoms, complex sleep behaviors, and worsening of depression/suicidal ideation. Dayvigo has not been studied in patients with moderate to severe obstructive sleep apnea. The most common adverse reaction (≥5%) was somnolence. Dayvigo's controlled substance schedule is still to be determined.

New Drug Approvals, Continued

Enhertu (fam-trastuzumab deruxtecan-nxki)
Indication: Metastatic HER2-positive breast cancer
Mechanism of Action: Humanized anti-HER2 IgG1 antibody
Dosage Form: Injection for intravenous infusion

Enhertu is FDA-approved for unresectable or metastatic HER2-positive breast cancer in adults who have previously received 2 or more prior anti-HER2 based regimens in the metastatic setting. The approved dose of 5.4 mg/kg is given as an intravenous infusion once every 3 weeks until disease progression or unacceptable toxicity. The first infusion is given over 90 minutes with each subsequent infusion lasting 30 minutes if tolerated. Severe, life threatening, or fatal interstitial lung disease, including pneumonitis, can occur in patients treated with Enhertu. Advise patients to immediately report cough, dyspnea, fever, and/or any new or worsening respiratory symptoms. Exposure to Enhertu during pregnancy can cause embryo-fetal harm; counsel patients on the need for effective contraception during therapy and for at least 7 months following the last dose. Monitor patients for neutropenia and development of left ventricular dysfunction. Complete blood counts and left ventricular ejection fraction should be assessed prior to therapy and monitored throughout treatment. The most common adverse reactions (≥20%) reported are: nausea, fatigue, vomiting, alopecia, constipation, decreased appetite, anemia, neutropenia, diarrhea, leukopenia, cough and thrombocytopenia.

Padcev (enfortumab vedotin-ejfv)
Indication: Locally advanced or metastatic urothelial cancer
Mechanism of Action: Anti-nectin-4 antibody
Dosage Form: Injection for intravenous infusion

Padcev is FDA-approved for the treatment of adult patients with locally advanced or metastatic urothelial cancer who have previously received a programmed cell death receptor-1 (PD-1) or programmed cell death-ligand 1 (PD-L1) inhibitor and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced, or metastatic setting. The recommended dose of 1.25 mg/kg is given as an intravenous infusion over 30 minutes on days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity. Avoid use of Padcev in patients with moderate to severe hepatic impairment. Monitor blood glucose levels in patients with or at risk for diabetes, as diabetic ketoacidosis may occur in patients with or without preexisting diabetes and can be fatal. Monitor patients for peripheral neuropathy, ocular disorders, skin reactions, and embryo-fetal toxicity. While administering the infusion, monitor infusion site for suspected extravasation. Concomitant use of strong CYP3A4 inhibitors with Padcev can increase the exposure to monomethyl auristatin E (MMAE), which may increase the risk of toxicity. The most common adverse reactions (≥20%) reported with Padcev are: fatigue, peripheral neuropathy, decreased appetite, rash, alopecia, nausea, dysgeusia, diarrhea, dry eye, pruritus, and dry skin.

New Drug Approvals, Continued

Ubrelvy (ubrogepant)

Indication: Acute migraine treatment

Mechanism of Action: Calcitonin gene-related peptide (CGRP) receptor antagonist

Dosage Form: Oral tablet

Ubrelvy is FDA-approved for the acute treatment of migraine with or without aura. Ubrelvy is not indicated for use in prevention of migraines. The recommended dose of 50 mg or 100 mg is taken orally as needed with or without food. A second dose can be taken at least 2 hours after the initial dose. The maximum dose in a 24-hour period is 200 mg. In patients with severe renal or hepatic impairment, the recommended initial dose is 50 mg, with the option of a second 50 mg dose taken at least 2 hours after the initial dose. Avoid use in patients with end-stage renal disease. Ubrelvy is contraindicated with strong CYP3A4 inhibitors. Strong CYP3A4 inducers should be avoided while taking Ubrelvy, as it will result in reduction of Ubrelvy exposure. The most common adverse reactions (≥2%) reported include nausea and somnolence.

Vyondys 53 (golodirsen)

Indication: Duchenne muscular dystrophy (DMD)

Mechanism of Action: Antisense oligonucleotide

Dosage Form: Injection for intravenous infusion

Vyondys 53 is FDA-approved for the treatment of DMD in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping. The recommended dose of 30 mg/kg is given weekly as an intravenous infusion over 35 to 60 minutes. Glomerular filtration rate should be measured prior to initiation of therapy. Monitor patients for hypersensitivity reactions during administration, including rash, pyrexia, pruritus, urticaria, dermatitis, and skin exfoliation, and consider slowing the infusion or interrupting therapy if these symptoms occur. Vyodnys 53 may cause renal toxicity based on animal data; therefore, renal function should be monitored throughout therapy. The most common adverse reactions (≥20%) reported were headache, pyrexia, fall, abdominal pain, nasopharyngitis, cough, vomiting, and nausea.

Note: This is not a comprehensive list. New drug approvals are reviewed for agents most relevant to the long-term care population.

Current Drug Shortages

The following shortage has been recently identified by the FDA:

- Ranitidine tablets/ capsules

For additional information on drug shortages, please contact the Center for Drug Information & Evidence-Based Practice.

Recently Approved Drug Combinations, Dosage Forms, and Biosimilars

Brand (Generic)	Indication	Mechanism of Action	Dosage Form	Comments
Arazlo (tazarotene)	Acne vulgaris	Retinoid	Topical lotion	New dosage form
Avsola (infliximab--axxq)	Crohn's disease Ulcerative colitis Rheumatoid arthritis in combination with methotrexate Ankylosing spondylitis Psoriatic arthritis Plaque psoriasis	TNF inhibitor	Injection for IV use	Biosimilar to Remicade (infliximab)
EluRyng (etonogestrel and ethinyl estradiol)	Pregnancy prevention	Hormonal contraceptive	Vaginal ring	First generic version of NuvaRing