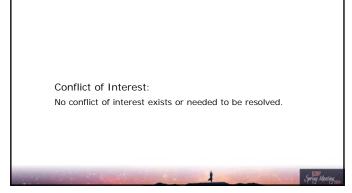
I Want a New Drug, New IV Medications FDA Approved 2023
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Objectives for Pharmacists

- Recall clinical indications and mechanism of actions for select new medications approved by the US FDA in 2023
- 2. Describe dosing, administration and safety of new medications approved by the US FDA in 2023
- Identify patient specific factors to appropriately assess, monitor and counsel patients receiving new mediations approved by the US FDA in 2023

Objectives for Technicians

- Match new medications approved by the US FDA in 2023 with the conditions or diseases they are used to manage
- 2. Recognize the different characteristics, such as delivery systems, of new medications approved by the US FDA in 2023

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Xacduro® sulbactam/ durlobactam Antibacterial Rezzayo™ rezafungin Antifungal DefenCath™ taurolidine & heparin Catheter lock solution	rezafungin Antifungal th™ taurolidine & heparin Catheter lock solution	•	Antibacterial
<u> </u>	th™ taurolidine & heparin Catheter lock solution		
DefenCath™ taurolidine & heparin Catheter lock solution		rezatungin	Antifungal
	beremagene geperpavec Gene therapy biologic (topical	taurolidine & heparin	Catheter lock solution
Vyjuvek™ beremagene geperpavec Gene therapy biologic (beremagene geperpavec	Gene therapy biologic (topical
Vyjuvek™			· · · · · · · · · · · · · · · · · · ·

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	Xacduro® (sulbactam/ durlobactam)
	FDA approved
	• May 23, 2023
100	Manufacturer
	INNOVIVA Specialty Therapeutics
	Class
5年	Anti-infective
No.	Indication
CHP Realing	Treatment of Hospital acquired, and ventilator associated bacterial pneumonia caused by Acinetobacter (HABP and VABP)

Xacduro® (sulbactam/ durlobactam) Acinetobacter resistance to Carbapenems and 3rd generation Cephalosporins Acinetobacter resistance is 5th most common cause of death attributed to drug resistance across the world (WHO) Mortality rate 26-55%

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Xacduro® (sulbactam/ durlobactam) Sulbactam is beta-lactam antibacterial has bactericidal activity against A baumannii, and is a beta-lactamase inhibitor Durlobactam also is a beta-lactamase inhibitor that protects sulbactam from degradation by enzymes produced by A baumannii Durlobactam is the new novel drug

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Xacduro® (sulbactam/ durlobactam) Adverse Drug Reactions: • LFT abnormalities 19% • Diarrhea 17% • Anemia 13% • Hypokalemia 12% • Hypersensitivity reactions, • Infusion related reactions and C.Diff are also noted

Xacduro® (sulbactam/ durlobactam)

- "Copackaged Product" with sulbactam 1gm vial x1 and durlobactam 0.5gm vial x2
- NDC 68547-111-10 labeled by Lajolla Pharmaceutical Company
- · Dosing:
 - Recommended dose is sulbactam 1gm/ durlobactam 1gm dependent on CrCl/ GFR adjusting frequency from every 4 hours to every 12 hours.
 - $\circ\,\text{Total}$ administration time: 3 hours



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Xacduro[®] (sulbactam/ durlobactam)

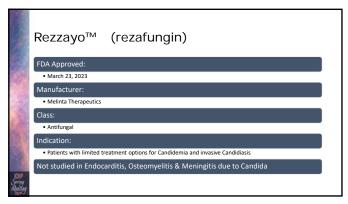
- · Preparation:
 - Reconstitute the sulbactam 1gm SDV with 5mL SWFI
 Reconstituted product is not for direct patient infusion
 - o Reconstitute each durlobactam 0.5gm SDV with 2.5mL SWFI
 - Reconstituted product is not for direct patient infusion
 - $_{\odot}\,\text{Withdraw}$ 5mL of reconstituted sulbactam and 5mL (2.5 mL from 2 vials) of reconstituted durlobactam. Add the withdrawn volumes of both sulbactam and durlobactam to a 100 mL infusion bag of 0.9% Sodium Chloride for Injection, USP

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Xacduro® (sulbactam/ durlobactam)

- · Storage:
 - o Store undiluted vials in refrigerator at 36-46 deg F
 - o Store reconstituted and diluted medication in refrigerator at 36-46 deg F
- Stability
 - o Medication is stable up to 24 hours after reconstitution Stability includes length of infusion
 - oXacduro is only stable when reconstituted with SWFI, and diluted in NaCl 0.9%

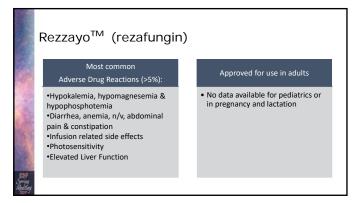




$Rezzayo^{TM}$ (rezafungin)

- Next generation Echinocandin showing better treatment for C albicans, C glabrata, C parapsilosis & C tropicalis
- Compliance One IV infusion, once weekly, over 1 hour
- No apparent effect on QT interval prolongation
- Echinocandins work by inhibiting beta-d-glucan synthase enzyme. This enzyme is a major component of a fungal cell wall. By inhibiting this enzyme, fungal cell walls are damaged and destroyed.

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Rezzayo[™] (rezafungin)

- Rezzayo 200mg sterile powder vial
- NDC 70842-240-01
- Dosing
 - o 400mg IV loading dose week 1, followed by 200mg IV maintenance dose weekly for 3 additional doses
 - o Safety >4 weeks not established
 - No adjustments for Renal or Hepatic insufficiency, or potential drug interactions



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Rezzayo™ (rezafungin)

- Preparation:
 - o For the 400 mg dose, reconstitute two 200mg vials each with 9.5 mL SWFI to provide a concentration of 20 mg/mL in each vial
 - For the 200 mg dose, reconstitute one 200mg vial with 9.5 mL SWFI to provide a concentration of 20 mg/mL.
 - provide a concentration of 20 mg/mL.

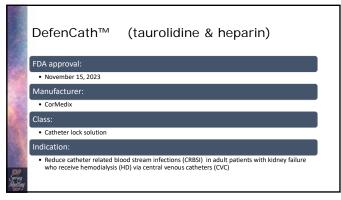
 Reconstituted product is not for direct patient infusion
 - Withdraw & discard the equal volume of drug dose from IV infusion bag
 (250mL NaCl 0.9%, NaCl 0.45% or D5W). Then add the total volume per dose
 to the infusion bag.

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Rezzayo[™] (rezafungin)

- Storage:
 - oStore undiluted vials at 68-77 deg F
 - oStore reconstituted solution at 41-77 deg F, stable upto 24 hours
 - oStore diluted infusion medication at 41-77 def F, stable upto 48 hours
 - Stability includes length of infusion
- Rezzayo is only stable when reconstituted with SWFI, and diluted in NaCl 0.9%, NaCl 0.45% or Dextrose 5%





DefenCath™ (taurolidine & heparin)

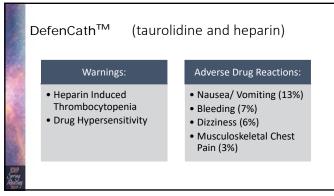
- First, and only antimicrobial catheter lock solution US FDA approved
- Each year approx 250,000 CRBSI occur, with death occuring in approx 1/4 of these cases
- CRBSIs are caused by variety of pathogens, many that may be antibiotic resistant
- 80% of HD patients have CVC placed

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DefenCath™ (taurolidine and heparin)

- Taurolidine
 - o Derived from amino acid taurine

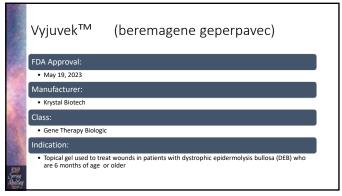
 - o Gram +, Gram –, Mycobacteria and fungal coverage
 o Irreversible binding to cell walls leading to cell wall loss of integrity and cell death
 o Reduces bacterial stickiness to cells
- o Neutralizes bacterial endotoxins and exotoxins
- Heparin
 - o Anticoagulant



DefenCathTM (taurolidine and heparin) • Dosing: • For instillation into CVC only • Not for systemic administration • Withdraw a sufficient volume from the DefenCath SDV to fill each catheter lumen. Instill catheter lock solution (CLS) into each catheter lumen at the conclusion of each HD session. Prior to start of the next HD session, aspirate CLS from the catheter and discard.

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DefenCath • DefenCath • DefenCath • 3 mL SDV containing taurolidine 40.5 mg/3 mL and heparin 3,000 USP Units/3 mL - NDC 72990-103-03 • 5 mL SDV containing taurolidine 67.5 mg/5 mL and heparin 5,000 USP Units/5 mL - NDC 72990-105-05 • Storage • Vials are to be kept at 68-77 deg F



• DEB • Group of Genetic Blistering Disorders • Most common symptom is fragile skin – blistering, wounds, infection and scarring • Can also affect organs, and systems – GI, Urinary Tract, and Eyes • Mutation in Gene COL7A1 – responsible for making Type 7 Collagen. Type 7 Collagen is the primary component of anchoring fibrils which bind dermis to epidermis

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VyjuvekTM (beremagene geperpavec) Prior to Vyjuvek, treatment was primarily symptomatic Medication for pain, and itching Antibiotics Symptomatic treatment (Blisters, Open wounds) Skin grafting Feeding tube Physical Therapy/ Occupational Therapy

Vyjuvek[™] (beremagene geperpavec)

- Delivers new COL7A1 genes directly to skin cells
- New COL7A1 in skin cells produces Type 7 Collagen
- Allows for Anchoring Fibrils to form and bind Dermis to Epidermis
- Total healing time 3-6 months
- Well tolerated
 - o Side Effects include Itching and chills (both 10%), and Redness, Rash, Cough and Runny nose (all 6%)

Spring Meeting

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Vyjuvek[™] (beremagene geperpavec)

- Applied topically weekly by Healthcare Professional
- Ages 6 months 3 years, weekly dose is 0.8 mL
- Ages > 3 years, weekly dose is 1.6 mL
- Apply droplets 1cm by 1cm apart into/ onto wound, then cover with water resistant dressing for first 24 hours. Continue to next wound and do the same until full dose used

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Vyjuvek[™] (beremagene geperpavec)

- Vials are stored in freezer at -13 $5\ deg\ F$ (through exp on vial), or refrigerator 36-46 deg F for 1 month
- Thaw Vyjuvek Biological Vial, & Excipient Gel Vial for 20 minutes prior to mixing
- Invert Vyjuvek Biological Vial 3-4 times, do not invert Excipient Gel Vial
- Withdraw 1 mL Vyjuvek & transfer into Excipient Gel Vial
- Remove air from mixed vial & shake vigorously
- Aseptically remove 0.4 mL dose from vial (x4 syringes total)





Vyjuvek™ (beremagene geperpavec)

- Vyjuvek administration syringes may be stored at room temperature (68 -77 deg F) for up to 8 hours, and in the refrigerator (35.6 46.4 deg F) for up to 48 hours
- Discard all vials, supplies and used administration syringes in biohazard
- Vyjuvek is a live, replication defective, herpes simplex virus type 1 vector gene therapy, specifically modified to express Type 7 Collagen
- Each carton of Vyjuvek (NDC 82194-510-02) contains one SDV of Vyjuvek biological suspension & one SDV of excipient gel. VYJUVEK biological suspension (inner NDC 82194-501-01) containing 5×109 PFU/mL. Excipient gel (inner NDC 82194-001-01) is supplied as a 1.5 mL fill volume in a separate single-use SDV

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Questions? • Thank you for your attendance

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References:

- Flanagan S, Goodman DB, Jandourek A, O'Reilly T, Sandison T, Lack of Effect of Rezafungin on OT/OTc Interval in Healthy Subjects. Clinical Pharmacology in Drug Development. 2019; 9(4):456-465. doi:https://doi.org/10.1002/cpdd.757. Accessed February 3, 2024.
- Occusively, Education Conference of Conferen