OCCP Ohio College of Clinical Pharmacy

VITALS

THE OFFICIAL NEWSLETTER FOR OCCP

FALL/WINTER 2023, ISSUE 19

Message from the President

OCCP Members,

It has been a privilege and a pleasure to serve as OCCP President this year and I thank you for your support throughout the year. Thank you to everyone who attended our Fall 2023 Meeting. Our planning committee has put in so much work preparing for the meeting, which was very successful this year.

At the Spring meeting, we approved a grant to an Ohio SCCP Chapter to host a Leadership Summit for the Ohio Colleges of Pharmacy. I received two applications from Ohio SCCP Chapters and the winner of the grant for the 2024 Leadership Summit is Cedarville University. I look forward to continuing to build stronger relationships with our state's future pharmacists.

If you have not already done so, please remember to renew your membership dues and consider volunteering for one of our many committees. We are currently looking for chairs for our planning committee, and we also need candidates to serve as our next President Elect. Our organization's success is fully dependent on members, like yourself, getting involved and engaged with our organization. More information on our various committees can be found on our website. Please reach out to me if you have any questions about running for President Elect (mary.amos@va.gov).

Thank you all for your continued dedication to making OCCP a success!

Molly Amos

Spring 2024 Meeting

More details to come!

Join us for another year of amazing programming including CE on pharmacy law and medical safety, pharmacy trainee and preceptor topics, and many clinical pearl session!

Join as a member today to get discounted conference rates in the spring and to gain all membership benefits!

<u>Annual Membership Dues:</u>

- Pharmacist: $50
- Resident: $25
- Student: $5

OCCP Leadership

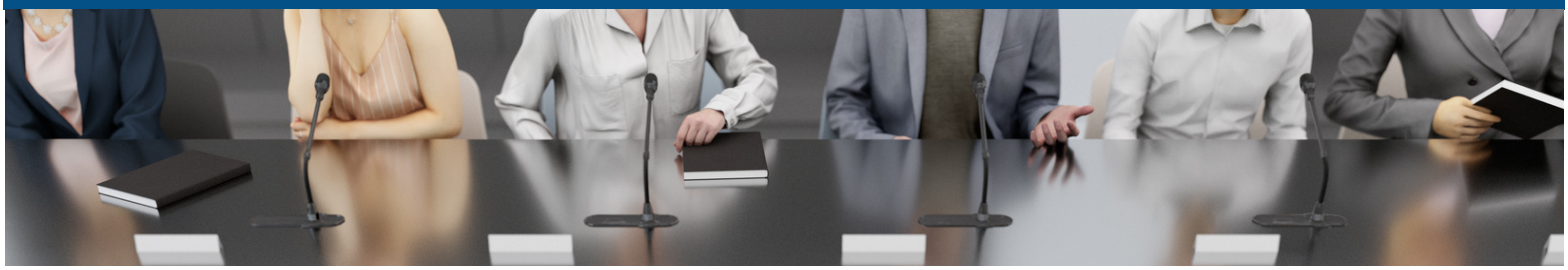
Molly Amos, PharmD, BCACP
President
Bethany Crouse, PharmD, BCCCP
President-Elect
Steering Committee Chair
Trainee Taskforce Chair
Jessica Hoover, PharmD, BCPPS
Immediate Past President
Amanda Mertz, PharmD, BCGP
Planning Committee Co-Chair
Katie Knudsen, PharmD, BCPS
Planning Committee Co-Chair
Bhavin Mistry, PharmD, BCIDP, BCPS
Planning Committee Co-Chair
Joe Guidos, PharmD, BCPS, BCCCP
Secretary/Treasurer
SCCP Chapter Liaison
Robbie Christian, PharmD, BCIDP, AAHIVP
Membership Committee Chair
Jessica Hoover, PharmD, BCPPS
Nominations Committee Chair
Alexander Hoffman, PharmD, BCPS, CDCES
Advocacy Committee Chair
Julia Kuroski, PharmD, BCCCP
Communications Committee Co-Chair
Zach Krauss, PharmD, MBA
Communications Committee Co-Chair
Newsletter Editor
Rachael Pirrami
Lizzy Timanus
Incoming Communications Committee Co-Chairs

OCCP Ohio College of Clinical Pharmacy

VITALS

THE OFFICIAL NEWSLETTER FOR OCCP

FALL/WINTER 2023, ISSUE 19



Call for Committee Membership

Are you interested in getting more involved with OCCP? Joining one of our committees is a great way to connect with fellow OCCP members, network with pharmacists across Ohio, and contribute the future direction of the organization.

Steering Committee - 1-3 meetings per year (~60-minute conference calls)

- Determines organizational goals and priorities
- Coordinated annual member engagement survey
- Oversees other organizational committees

Planning Committee - 8-9 meetings per year (~30-minute conference calls)

We are currently recruiting for 2-3 Planning Committee co-chairs for Fall 2023; please contact Amanda Mertz to learn more!

- Determines semiannual meeting dates and location
- Coordinates continuing education speakers and student/resident presentations for meetings
- Organizes residency showcase and other trainee networking events

Membership Committee - 2-3 meetings per year (~30-minute conference calls)

- Coordinates semiannual membership drive
- Assist other committees with membership engagement
- Facilitates member networking events

Nominations Committee - 1 meeting per year (~60-minute conference calls)

- Review applications for various OCCP awards and scholarships
- Promotes Pharmacist of the Year, Student Travel scholarships, and BPS awards

Communications Committee - no meetings, work coordinated via email

We are currently recruiting for 1 or 2 co-chair positions to join the current committee chair. Please contact Zach Krauss to learn more!

- Review articles submitted to semiannual Vitals newsletter
- Coordinate social media content
- Maintain OCCP website

Advocacy Committee - 4 meetings per year (~60-minute conference calls)

- Coordinate Advocacy Symposium
- Collaborate with OPA and OSHP on current legislative efforts
- Inform members of current legislative initiatives

Trainee Taskforce - 3-4 meetings per year (~60-minute conference calls)

We are currently recruiting for a diverse group of students, residents, and pharmacists from across the state of Ohio to serve on this committee! Please contact Molly Amos or Bethany Crouse to learn more!

- Promote student and resident engagement
- Coordinate student- and resident-focused programming and networking events
- Provide student- and resident-focused feedback to other committees/charges

You can sign up to join a committee on our website (OCCP Committees) or contact any of the committee chairs on page 1 to learn more.

Planning Committee Update

The Planning Committee wants to thank everyone who attended the Fall meeting on November 17th at Tri-C Corporate College East. To kick off the morning, Alia Poore, RPh, PharmD, BCPS, BCCCP, Medication Safety and Quality Manager at the US Department of Veterans Affairs, presented our featured Medication Safety Continuing Education (CE) with a focus on Smart Pumps, followed by our featured Law CE by Donnie Sullivan, RPh, PhD, Professor of Clinical Pharmacy at The Ohio State University.

Thanks for helping us make the PGY2 Residency Showcase a success as well! As part of the showcase, we featured the following hospitals/health-systems: Akron Children's, Aultman, Cleveland Clinic (CC) Main Campus, CC Hillcrest, CC Akron General, Mercy Health St. Vincent, Southwest General, University Hospital (UH) Cleveland, UH St. John, UH Geauga, UH Seidman Cancer Center, and Cleveland VA. Over 30 programs were able to attend!

We are actively looking for two to three individuals interested in transitioning into the role of a Planning Committee co-chair over the next 1-2 years. We have found that the best way to learn how to plan meetings is to get hands on experience. New chairs would shadow the process of planning a meeting prior to taking the reins.
Thank you to everyone who volunteered to help facilitate and moderate presentations for the meeting. We greatly value our members and are always looking to expand the ranks of our committee. Consider joining the Planning Committee and reach out to us with any interest.

Thank you!
Amanda Mertz, PharmD, BCGP
Katie Knudsen, PharmD, BCPS
Bhavin Mistry, PharmD, BCIDP, BCPS



Advocacy Committee Update

Advocacy Efforts:

- Ohio Pharmacist Consult Agreement Survey
  - Survey draft has been approved by OCCP Executive Leadership for planned submission to NEOMED IRB Committee for review
  - Goal: Collect anonymous responses from Ohio health system leaders and pharmacy societies (OHA, OPA, OSHP, OCCP) to understand the different pharmacy activities permitted in practice settings across Ohio
- Ohio HB 80 (135th General Assembly):
  - Bill to amend pharmacist activities (Primary Sponsor: P. Scott Lipps - District 55)
  - Addresses "Test-and-treat" pharmacy services for CLIA-approved testing for COVID-19, influenza, and strep throat
  - Thank you to the MetroHealth Pharmacy Residents for drafting an FAQ document to inform on the intent of this bill and its effect on pharmacy practice statewide!
- H.R. 1770 Equitable Community Access to Pharmacist Services (ECAPS) Act (introduced 3/23/23)
  - Click here to draft APhA's pre-written, editable advocacy letter to your Congressperson!
  - Bipartisan Federal legislation introduced to HoR with support from 190 organizations, including ASHP and APhA
  - Would provide payment for COVID-19, strep, influenza, or RSV-related pharmacist services (testing, treatment, or vaccination) under Medicare Part B
  - Ensure pharmacists can continue to protect vulnerable senior communities
- ACCP Advocating for Coverage of Pharmacists' Comprehensive Medication Management services in FY2024 Budget Request to Congress

Thank you!
Alexander R. Hoffman, PharmD, MEd, BCPS, CDCES

Commuications Committee Update

Thank you so much to all those who submitted articles for the Fall/Winter 2023 newsletter. We are so grateful to the members of the committee who helped with the review process this year, we couldn't produce the newsletter without them! Have an interest in submitting an article or helping to review articles for upcoming newsletters? Contact Zach Krauss (zacharykrauss@cedarville.edu), or submit an article via our website (occpweb.org). Requirements include a maximum of around 500-750 words, a clinically relevant topic, and at least one author is an OCCP pharmacist member.

Follow us on our social media pages to stay up to date with all OCCP activities:

- Facebook: Ohio College of Clinical Pharmacy
- Instagram: _OCCP

Finally, Rachael Pirrami (rachael.pirrami@rockets.utoledo.edu) and Lizzy Timanus (timanuse@gmail.com) will be transitioning into the Communications Committee Co-Chair positions starting this year.

Thank you!
Julia Kuroski, PharmD, BCCCP
Zach Krauss, PharmD, MBA

Steering Committee Update

The Steering Committee is charged with determining the goals and future direction of OCCP. Current committee goals include increasing OCCP membership and geographical diversity, encourage and incentivize members to engage in OCCP committees, and improve trainee-focused activities to support lifelong commitment to continuing education and professional engagement. We are excited to announce that OCCP membership has increased by 70% and committee participation has increased by 30% over 2022 numbers! Active committee members can receive reduced or waived registration to OCCP meetings and sponsored events as incentive for involvement in committee activities.

The Steering Committee will continue to work toward increasing member growth and diversity; we will also work closely with other OCCP committees to ensure they have the resources necessary to achieve their strategic goals. We are always looking for new members to join the Steering Committee. If you would like to have a role in determining the future direction of the organization, we would love to have you involved! Please don't hesitate to contact me to learn more about OCCP or how you can become more involved.

Thank you,
Bethany Crouse
President-Elect

Nominations Committee Update

The nominations committee would like to congratulate Rachael Pirrami and Aaron Twardzik on winning the OCCP Student Travel Award and Stephanie Bass and Christina Kim for winning the OCCP Pharmacist Travel Award. This award assists students and pharmacists in traveling to the ACCP annual meeting.

In the Spring the nominations committee will be seeking applications for the annual OCCP Pharmacist of the Year Award and Board of Pharmacy Specialties Certification Awards. The OCCP Pharmacist of the Year Award aims to recognize a clinical pharmacist and OCCP member who exemplifies clinical pharmacy practice through patient care, education, and research. The Board of Pharmacy Specialties Certification Awards are awarded to two qualified pharmacists interested in pursuing Board Certification as offered by the Board of Pharmacy Specialties (BPS). More information can be found on the OCCP website in early Spring!

Thank you,

Jessica Hoover

Trainee Taskforce Update

To improve trainee-focused activities, the Residency Advisory Committee has been redesigned into the Trainee Taskforce. This new committee is a group of students (many of whom are SCCP chapter presidents), residents and pharmacists who are interested in developing and participating in activities across the state of Ohio for trainees. Example activities may include networking events such as meet & greets or happy hours, or career exploration events such as clinical specialty roundtables and residency showcases.

Our first event was the PGY2 Residency & Fellowship Showcase hosted in conjunction with the 2023 OCCP Fall Meeting. The showcase included 17 health-systems with 44 different PGY2 programs and more than 60 individual positions. Pharmacy students and residents had the opportunity to interact with programs across 16 unique pharmacy specialties! We are so please with such a great turnout during our first year and we hope to continue to build a successful showcase each year.

We are recruiting student and resident members for the Trainee Taskforce, as well as School of Pharmacy faculty members or pharmacist preceptors. Preference will be given based on geographical diversity as we seek to best represent the interests of trainees across the state of Ohio. If you are interested in joining the Trainee Taskforce, please email Molly Amos (mary.amos@va.gov) who will be leading this committee moving forward in 2024.

Thank you,

Bethany Crouse
President-Elect

Membership Committee Update

Currently, we have 281 members (127 practicing pharmacists, 62 residents, and 92 students). We are planning to reimplement the OCCP/SCCP Mentorship Program; a survey link will be sent to all OCCP members as well as university SCCP chapters to gauge interest. We are also looking for volunteers to be active participants for our committee to help us grow the organization. Time requirements for this committee are minimal (approximately two to three ~15-30 min meetings per year). Please contact Robbie Christian if you are interested!

Thank you,

Robbie Christian (robbie.christian@va.gov)

New Drug Update

Xacduro® (sulbactam/durlobactam)

Trate DeVolld, PharmD, PGY-2 Infectious Diseases Resident at Cleveland Clinic
Janet Wu, PharmD, BCIDP, AAHIVP, Infectious Diseases Clinical Pharmacy Specialist at Cleveland Clinic
Samantha Loutzenheiser, PharmD, BCPS, Infectious Diseases Clinical Pharmacy Specialist at Cleveland Clinic
Kaitlyn Rivard, PharmD, BCPS, BCIDP, Infectious Diseases Clinical Pharmacy Specialist at Cleveland Clinic

Xacduro® (sulbactam/durlobactam) is a beta-lactam/beta-lactamase inhibitor combination that was approved by the FDA for adult patients with hospital-acquired bacterial pneumonia (HAP), ventilator-associated bacterial pneumonia (VAP), or ventilated pneumonia (VP) caused by Acinetobacter baumannii-calcoaceticus complex (ABC) in May 2023. [1] ABC is a highly resistant organism that often possesses broad antimicrobial resistance, including to carbapenems. With a high rate of mortality associated with these infections, development of new agents to treat these highly resistant pathogens has become increasingly important. [2]

Sulbactam/durlobactam is unique to other beta-lactam/beta-lactamase inhibitor combinations. Although sulbactam has historically been used as a beta-lactamase inhibitor in combination with other agents (e.g., ampicillin/sulbactam), it also possesses independent antimicrobial activity to Acinetobacter isolates. However, Acinetobacter spp. often produce beta-lactamases that degrade sulbactam and render it ineffective. Combined with durlobactam, the sulbactam activity is preserved through the inhibition of Ambler Class A, Class C, and Class D beta-lactamases. Durlobactam possesses no independent antimicrobial activity or activity against Ambler Class B Metallo-β-lactamases.

This agent has undergone evaluation in 380 adult participants across six phase 1 trials, one phase 2 trial, and one phase 3 trial. [2-4] The ATTACK trial was a phase 3, randomized, multi-national, non-inferiority trial that evaluated sulbactam/durlobactam vs colistin, both in combination with imipenem/cilastatin, for the treatment of HAP, VAP, VP, and bloodstream infections caused by ABC. Patients were randomized 1:1 and stratified based on indication, severity of illness (APACHE II, SOFA, or qSOFA score), and geography. The primary outcome of 28-day all-cause mortality in patients with laboratory-confirmed carbapenem-resistant ABC found non-inferiority between the two regimens at 19% in the sulbactam/durlobactam arm versus 32.3% in the colistin arm (Difference, -13.2% [95% CI, -30.0 to 3.5]). Due to an insufficient number of patients enrolled, sulbactam/durlobactam did not receive FDA approval for the indication of bloodstream infection. However, outcomes in the limited number of patients with bloodstream infections included in the ATTACK trial indicate potential efficacy. [4]

The most common adverse drug events (ADE) in the ATTACK trial were liver test abnormalities (19%), diarrhea (17%), anemia (13%), hypokalemia (12%), arrythmia (9%), acute kidney injury (6%), thrombocytopenia (6%), and constipation (6%). All ADEs were comparable or lower with sulbactam-durlobactam when compared to colistin. There was a reduction in the risk of nephrotoxicity with sulbactam/durlobactam, with a combined risk of injury, failure, or loss of function of 13% versus 38% ($P < 0.001$). [4]

Xacduro® is contraindicated in patients with a severe hypersensitivity to sulbactam or durlobactam, or a hypersensitivity to other beta-lactam antimicrobials. Susceptibility tests have recently received FDA approval and will be available for purchase by the end of 2023. Reference labs will also be available for testing. [5]

New Drug Update - Xacduro [cont.]

Summary of Xacduro® Pharmacokinetics [4]			
		Sulbactam	Durlobactam
Absorption	Cmax (µg/mL)	32.4 ± 24.7	29.2 ± 13.2
	Time to peak	3.2 ± 0.6 hours	3.1 ± 0.5 hours
	AUC0-24 (h*µg/mL)	515 ± 458	471 ± 240
Distribution	Vd (L)	25.4 ± 11.3	30.3 ± 12.9
	Protein binding	38%	10%
Metabolism	Minimally metabolized		
Elimination	t1/2 (h)	2.15 ± 1.16	2.52 ± 0.77
	CL (L/h)	11.6 ± 5.64	9.96 ± 3.11
		Urine (75 to 85% as unchanged drug)	Urine (78% as unchanged drug)

Xacduro® is a renally dose adjusted medication that is prepared in 100 mL of NaCl 0.9% solution and given as sulbactam 1 g and durlobactam 1 g intravenously every 6 hours over 3 hours for normal renal function. [4] This agent may be given in the setting of augmented or insufficient renal function with dose adjustments provided in the manufacturers labeling. No hepatic dose adjustments have been studied, and there is no data available for use in pediatric populations. [4]

Summary of Xacduro® Renal Dose Adjustments [1]		
Dose	Estimated CrCl (mL/min)	Frequency
Sulbactam 1 g + durlobactam 1 g	≥130	Every 4 Hours
	45-129	Every 6 hours
	30-44	Every 8 hours
	15-29	Every 12 hours
	<15 or on intermittent hemodialysis	If initiating therapy: Every 12 hours for the first 3 doses (0, 12, and 24 hours), followed by every 24 hours after the third dose For continuation if CrCl declines to < 15 mL/min: Every 24 hours

With an estimated acquisition cost per vial of $456, the estimated cost for a 14-day course in a patient with normal renal function would be $25,544. Beginning in 2024, the Centers for Medicare and Medicaid Services will provide enhanced reimbursement for admissions where sulbactam/durlobactam is administered if hospitals submit for a New Technology Add-on Payment (NTAP). [5] Alternative regimens for the treatment of ABC infections, including cefiderocol, polymyxin B, and glycycline antibiotics may also represent a high-cost burden, particularly when used in combination.

In conclusion, available literature suggests Xacduro® (sulbactam/durlobactam) is a safe and effective new option for the management of difficult to treat Acinetobacter baumannii-calcoaceticus complex pneumonia. Additional studies assessing the clinical efficacy in different infection types are needed, but no ongoing clinical trials exist.

References

1. Xacduro (sulbactam and durlobactam) [prescribing information]. Waltham, MA: La Jolla Pharmaceutical Company; May 2023.
2. Tamma PD, Aitken SL, Bonomo RA, et al. IDSA Antimicrobial-Resistant Treatment Guidance: Gram-Negative Bacterial Infections. Infectious Diseases Society of America 2023; Version 3.0. Available at https://www.idsociety.org/practice-guideline/amr-guidance/. Accessed 2 August 2023.
3. Sagan O, Yakubsevitch R, Yanev K, et al. Pharmacokinetics and tolerability of intravenous sulbactam-durlobactam with imipenem-cilastatin in hospitalized adults with complicated urinary tract infections, including acute pyelonephritis. Antimicrob Agents Chemother. 2020;64(3):e01506-19. doi:10.1128/AAC.01506-19[PubMed 31843995]
4. Kaye KS, Shorr AF, Wunderink RG, et al. Efficacy and safety of sulbactam-durlobactam versus colistin for the treatment of patients with serious infections caused by Acinetobacter baumannii-calcoaceticus complex: a multicentre, randomised, active-controlled, phase 3, non-inferiority clinical trial (ATTACK). Lancet Infect Dis. Published online May 11, 2023. doi:10.1016/S1473-3099(23)00184-6[PubMed 37182534]
5. Greenfeld C. Personal communication; Innoviva Specialty Therapeutics, July 25, 2023.

New Drug Update

Fezolinetant (Veozah®) For Treatment of Vasomotor Symptoms Associated with Menopause

Katie Marrison, PharmD, PGY1 Pharmacy Resident
Sandra Axtell, PharmD, BCPS, BCACP
Kelsey Hill, PharmD, BCPS, BCPPS
Cleveland Clinic Hillcrest Hospital

Background

Up to 80% of women experience vasomotor symptoms (VMS), including hot flashes and night sweats, during perimenopause and menopause. [1] Most women experience moderate to severe VMS, which may negatively impact their quality of life. Symptoms can begin months to years before the last menstrual cycle and continue for a median of 7.4 years. While hormone replacement therapy (HRT) effectively decreases VMS, many choose not to or cannot take HRT. Furthermore, HRT is contraindicated in an estimated 10% of women globally and is declined by half or more of eligible women. Non-hormonal treatment options are limited and primarily rely on off-label prescribing. Fezolinetant (Veozah®) is a first-in-class, non-hormonal, neurokinin 3 receptor antagonist indicated for the treatment of moderate to severe VMS due to menopause. [1-3]

Clinical Evidence

The Skylight 1 study, a 12-week, phase 3, randomized-controlled trial to evaluate the safety and efficacy of fezolinetant for the treatment of moderate to severe menopausal VMS, was conducted by Lederman and colleagues. [1] The trial included 527 women 40 to 65 years old who experienced seven or more moderate to severe hot flashes per day seeking treatment for relief of VMS. Select exclusion criteria include use of other VMS treatment or cytochrome P450 (CYP) 1A2 inhibitors, history of malignancy, high blood pressure (≥130/≥80 mmHg) or significant renal or hepatic dysfunction. Patients were assigned to placebo (n=175), fezolinetant 30 mg daily (n=176), or fezolinetant 45 mg daily (n=176) for 12 weeks. Patients who completed the 12-week placebo-controlled period could enroll in a 40-week active treatment extension receiving either the 30 mg or 45 mg dose of fezolinetant. The four co-primary endpoints were to evaluate the efficacy of fezolinetant 30 mg and 45 mg doses compared to placebo in reducing the frequency and severity of VMS at weeks 4 and 12. Both fezolinetant doses were more effective than placebo, significantly reducing daily frequency and severity of VMS at weeks 4 and 12 compared to placebo, as measured by the change in least squares mean from baseline:

Table 1. Primary Outcomes

	Fezolinetant 30 mg daily	Fezolinetant 45 mg daily
Change in frequency at week 4	-1.87 (SE 0.42; p<0.001)	-2.07 (SE 0.42, p<0.001)
Change in frequency at week 12	-2.39 (SE 0.44; p<0.001)	-2.55 (SE 0.43, p<0.001)
Change in severity at week 4	-0.15 (SE 0.06; p=0.012)	-0.24 (SE 0.08, p=0.002)
Change in severity at week 12	-0.19 (SE 0.06; p=0.002)	-0.20 (SE 0.08; p=0.007)

New Drug Update - Veozah [cont.]

Efficacy was maintained throughout the 40-week follow-up period in both active treatment groups. During the trial, five serious adverse events were reported, but only two were considered drug-related: increased transaminases and increased liver function tests. Other treatment-emergent adverse events were more common, with headache and liver test elevations most commonly reported at 3-7%; these did not differ significantly between treatment groups. The authors concluded that their data support the use of fezolinetant as a non-hormonal treatment option for moderate to severe menopausal VMS.

Neal-Perry and colleagues evaluated the safety and effect on endometrial health of fezolinetant versus placebo over 52 weeks of treatment in a double-blinded, phase 3, randomized-controlled trial. [3] Participants were 40–65-year-old women seeking treatment for post-menopausal VMS. Select exclusion criteria were use of other treatment for VMS or CYP1A2 inhibitors and certain abnormal endometrial biopsy findings. Participants were randomized to placebo (n=610), fezolinetant 30 mg daily (n=611), or fezolinetant 45 mg daily (n=609). The primary endpoints were treatment-emergent adverse effects, the percentage of those with endometrial hyperplasia and malignancy. Treatment-emergent adverse events which were mild to moderate in severity occurred in 391 patients (64.1%) in the placebo group compared with in 415 patients (67.9%) in the 30 mg treatment group and 389 patients (63.9%) in the 45 mg group. Liver test elevations occurred in 30 patients (4.9%) in the placebo group versus 35 (5.7%) in the fezolinetant 30 mg group and 32 (5.3%) in the fezolinetant 45 mg group. Only 2-3% of patients in each group experienced a severe adverse event.

Additionally, few patients had abnormal endometrial biopsies. Three patients (0.5%) treated with fezolinetant 45 mg were diagnosed with endometrial hyperplasia versus none in the other groups (upper limit of 95% CI 2.3%), and one patient (0.16%) in the fezolinetant 30 mg group (upper limit of 95% CI 2.2%) experienced endometrial malignancy with no cases in the other groups. Overall, this study supports the safety of fezolinetant to treat VMS.

Conclusion

Fezolinetant 45 mg daily received FDA approval in May 2023 to treat menopausal VMS. [2] Studies have demonstrated its efficacy and safety; however, its high cost of about $22 per tablet (or approximately $660 per month) may be a barrier for some women. This medication should be avoided in patients taking CYP1A inhibitors and those with elevated baseline liver enzymes. Overall, fezolinetant seems to be a safe and effective non-hormonal option for women seeking relief from menopausal VMS.

References

1. Lederman S, Ottery FD, Cano A, et al. Fezolinetant for treatment of moderate-to-severe vasomotor symptoms associated with menopause (SKYLIGHT 1): a phase 3 randomised controlled study. Lancet. 2023;401(10382):1091-1102. doi:10.1016/S0140-6736(23)00085-5
2. Fezolinetant. In: Lexi-Drugs. Lexicomp; 2023. Updated August 17, 2023. Accessed August 15, 2022. http://online.lexi.com.
3. VEOZAH (fezolinetant) [package insert]. Northbrook, IL: Astellas Pharma US Inc.; 2023.
4. Neal-Perry G, Cano A, Lederman S, et al. Safety of fezolinetant for vasomotor symptoms associated with menopause: A randomized controlled trial. Obstet Gynecol. 2023;141(4):737-747. doi:10.1097/AOG.0000000000005114