

Appendix A

aclidinium/ formoterol (Rx)

Duaklir Pressair

Func. class.: Respiratory agent

Chem. class.: Respiratory corticosteroid; long-acting β_2 agonist; respiratory long-acting muscarinic antagonist

USES: Maintenance treatment of chronic obstructive pulmonary disease (COPD)

CONTRAINDICATIONS: Hypersensitivity.

DOSAGE AND ROUTES

- **Adult:** INH 1 inhalation (400 mcg aclidinium and 12 mcg formoterol per actuation) inhaled bid (morning and evening). Max: 1 INH bid.

alpelisib

(al-peh-lih'-sib)

Piqray

Func. class.: Antineoplastic

Chem. class.: Small molecule antineoplastic phosphatidylinositol-3-kinase (PI3K) inhibitors

ACTION: In breast cancer cell lines, inhibits the phosphorylation of PI3K downstream targets, including Akt, and showed activity in cell lines harboring a *PI3KCA* mutation.

USES: Hormone receptor (HR)-positive, *HER2*-negative, *PIK3CA*-mutated, advanced or metastatic breast cancer in men and postmenopausal women after progression on or after an endocrine-based regimen, in combination with fulvestrant

CONTRAINDICATIONS: Hypersensitivity, pregnancy

Precautions: Breast feeding, chronic lung disorders, contraceptive requirement, diabetes mellitus, diarrhea, hyperglycemia, infertility, interstitial lung disease, male mediated teratogenicity

DOSAGE AND ROUTES

Males and postmenopausal females: PO 300 mg PO q day with food, in combination with fulvestrant (500 mg IM on days 1, 15, 29 and monthly thereafter) until disease progression or unacceptable toxicity.

Available forms: Tabs 200, 250, 300 mg

Administer:

- Give with food at approximately the same time each day.
- Do not crush, chew, or split; do not use any tablet that is broken, cracked, or otherwise not intact.
- If a dose is missed, it can be taken with food within 9 hrs after the time it is usually taken. After more than 9 hr, skip the dose for that day and resume dosing on the following day at the usual time.
- If vomiting occurs, do not administer an additional dose on that day. Resume dosing the following day at the usual time.

SIDE EFFECTS

CNS: *Fever, headache*

ENDO: Hypoglycemia, hyperglycemia

INTEG: *Rash, pruritus*

GU: Renal dysfunction

GI: *Nausea, vomiting, diarrhea, abdominal pain, anorexia, weight loss*

SYST: *Infection, anaphylaxis, Stevens-Johnson syndrome*

PHARMACOKINETICS

89% protein binding, half-life 8-9 hr; 81% excreted in feces (36% unchanged, 32% as metabolite), 14% excreted in urine (2% unchanged, 7.1% metabolite);