

TITLE: IQ DILI CONSENSUS OPINION: BEST PRACTICES FOR RECHALLENGE FOLLOWING SUSPECTED DRUG-INDUCED LIVER INJURY IN CLINICAL TRIALS

JOURNAL: Drug Safety

Klaudia Steplewski,¹ Lucy Walker,² Nefeteria Coffee,³ Maura Fallon,⁴ Rie Yonemochi,⁵ David Alpers,⁶ Don Rockey,⁷ James Lewis,⁸ Eric Cohen,⁹ John Caminis,¹⁰ Judith Hey-Hadavi,¹¹ Raul Jesus Andrade,¹² Melissa Palmer¹³

From: *GSK Collegeville, PA, United States,¹ GSK HQ 79 New Oxford Street London WC1A 1DG² Sanofi, Cambridge, MA,³ Daiichi Sankyo UK Ltd. Uxbridge, UB8 1DH, United Kingdom,⁴ Daiichi Sankyo (China) Holdings Co., LTD,⁵ Washington University School of Medicine, St Louis, MO,⁶ Digestive Disease Research Center, Charleston, SC,⁷ Division of Gastroenterology, Georgetown University, Washington, DC,⁸ AbbVie Inc., Pharmacovigilance and Patient Safety, North Chicago, IL, USA,⁹ Gilead Oncology., Patient Safety, US Parsippany,¹⁰ Pfizer, New York,¹¹ Gastroenterology Service, University Hospital-IBIMA, CIBERehd, Málaga, Spain,¹² Liver Consulting LLC New York,¹³

Address Correspondence:

Nefeteria Coffee Sanofi, Cambridge, MA Nefeteria.Coffee@sanofi.com

Electronic Supplementary Materials # 1

Table 1 Oncology drugs with Liver Monitoring Guidelines in the Label

Oncology – Kinase Inhibitors				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
Votrient (pazopanib) <i>USPI December/2021</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/022465s031s032lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None Not recommended in patients with moderate (total bilirubin > 1.5 to 3 × ULN and any ALT value) and severe (total bilirubin > 3 × ULN and any ALT value) Recommended Rechallenge Dosage Reduced dose no more than 400 mg QD
BOSULIF (bosutinib) <i>USPI October/2021</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/203341s020lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: Child-Pugh A, B, or C starting dose reduced to 200 mg daily Recommended Rechallenge Dosage Reduced dose 400 mg QD
ZYDELIG (idelalisib) <i>USPI October /2020</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/205858s014lbl.pdf	✓	✓	✓	Pre-existing Hepatic Impairment Recommended Dosage Modification at initiation of treatment: None Recommended Rechallenge Dosage Reduced dose 100 mg BID

Oncology – Kinase Inhibitors				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
NEXAVAR (sorafenib) USPI July/2020 https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/021923s024lbl.pdf	✓	✓	-	Pre-existing Hepatic Impairment - Recommended Dosage Modification at initiation of treatment: Child-Pugh A or B hepatic impairment: None Child-Pugh C: pharmacokinetics not studied
TASIGNA (nilotinib) USPI September/2021 https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/022068s035s036lbl.pdf	✓	✓	✓	Pre-existing Hepatic Impairment - Recommended Dosage Modification at initiation of treatment: If possible, consider alternative therapies. If TASIGNA must be administered, consider reduced dose Recommended Rechallenge Dosage Reduced dose - Adults 400 mg QD - Pediatric 230 mg QD
STIVARGA (regorafenib) USPI June/2020 https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/203085s013lbl.pdf	✓	✓	✓	Pre-existing Hepatic Impairment- Recommended Dosage Modification at initiation of treatment: Mild or moderate hepatic impairment: None Severe hepatic impairment: Not recommended Recommended Rechallenge Dosage Reduced dose 120 mg QD

Oncology – Kinase Inhibitors				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
GLEEVEC (imatinib mesylate) USPI August/2022 https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/021588s062lbl.pdf	✓	✓	✓	Pre-existing hepatic Impairment -Recommended Dosage Modification at initiation of treatment: Mild or Moderate hepatic impairment: None Severe hepatic impairment: Reduce recommended dose by 25% Recommended Rechallenge Dosage Reduced dose - Adults reduced daily dose (dose varies based on prior dose per indication) - Pediatrics reduced dose to 260mg/m²/day
TARCEVA (erlotinib) USPI October/2016 https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021743s025lbl.pdf	✓	✓	✓	Pre-existing hepatic Impairment- Recommended Dosage Modification at initiation of treatment: None Recommended Rechallenge Dosage Reduced dose by 50 mg decrements
TYKERB (lapatinib) USPI March/2022 https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/0222059s031lbl.pdf	✓	✓	-	Pre-existing hepatic Impairment- Recommended Dosage Modification at initiation of treatment: dose reduction should be considered in patients with severe preexisting hepatic impairment, Recommended Rechallenge Dosage Not specified Discontinue and do not restart TYKERB if patients experience severe changes in liver function tests

Oncology - Immunomodulators				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
REVLIMID (lenalidomide) <i>USPI: May/2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/021880s065lbl.pdf	✓	✓	✓	Pre-existing hepatic impairment – Recommended Dosage Modification at initiation of treatment: None Recommended Rechallenge Dosage Reduced dose (restart at next lower dose)
Pomalyst (pomalidomide). <i>USPI December/2020</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/204026s028lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment Dosage Recommended Dosage Modification at initiation of treatment: Child-Pugh A, B or C hepatic impairment: Reduced starting dose Recommended Rechallenge Dosage Reduced dose
KEYTRUDA® (pembrolizumab) <i>USPI December/ 2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/125514s127lbl.pdf	✓ ✓	✓ ✓	✓ ✓	Pre-existing hepatic impairment - Recommended Dosage Modification at initiation of treatment: Mild- No clinically important effect on CL. Moderate or severe unknown Recommended Rechallenge Dosage KEYTRUDA + Axitinib Single drug or sequential rechallenge with both drugs

Oncology – Checkpoint Inhibitors				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
YERVOY (Ipilimumab) <i>USPI May/2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/125377s130lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment -Recommended Dosage Modification at initiation of treatment: None specified Recommended Rechallenge Dosage Dose reductions not recommended – withhold or discontinue as appropriate Clinical Trial Experience with Rechallenge Additional information on rechallenge with Vervoy as single agent and in combination with nivolumab in clinical trials provided on label
Oncology – Miscellaneous				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
GEMZAR (gemcitabine) Neucloside metabolic inhibitor <i>USPI August/2019</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020509s082lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None specified Recommended Rechallenge Dosage Not specified
MYLOTARG (gemtuzumab) CD33- antibody <i>USPI September/2017</i>	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None specified Recommended Rechallenge Dosage

https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761060lbl.pdf				Not specified; withhold or discontinue as appropriate
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
Methotrexate <i>USPI</i> <i>March/2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/214121s001lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: Not specified; Avoid in patients with chronic liver disease, unless benefits clearly outweigh the risks. Recommended Rechallenge Dosage Not specified; Withhold or discontinue as appropriate.
Cyclophosphamide Alkylating Agent <i>USPI September/2021</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212501s002lbl.pdf	-	-	-	Pre-existing Hepatic impairment – Recommended Dosage Modification at initiation of treatment: Not specified
SOLTAMOX (tamoxifen) selective estrogen receptor modulator (SERM) <i>USPI: September 2018</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021807s005lbl.pdf	✓	-	-	Pre-existing Hepatic impairment – Recommended Dosage Modification at initiation of treatment: Not specified

USPI: United States prescribing information

ULN: upper limit of normal

ALT: alanine aminotransferase

QDL: once daily

BID: twice daily

Table 2 Liver Disease Treatments with Liver Monitoring Guidelines in the Label

Liver Disease (non-oncology)				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
OCALIVA (obeticholic acid) farnesoid X receptor (FXR) agonist) for PCB USPI February 2022 https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/207999s008lbl.pdf	✓	✓	-	Pre-existing Hepatic impairment – Recommended Dosage Modification at initiation of treatment : None specified Contraindicated for -decompensated cirrhosis (e.g., Child-Pugh Class B or C) - a prior decompensation event - compensated cirrhosis with evidence of portal hypertension - complete biliary obstruction
URSO (ursodiol) – Bile Acid Primary biliary cholangitis (PBC). USPI January 2023 https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020675s028lbl.pdf	✓	✓	-	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None specified Contraindicated for complete biliary obstruction
CHOLBAM (cholic acid) - Bile acid USPI October 2020 https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/205750s003lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None specified Recommended Rechallenge Dosage Consider restarting at a lower dose when

Liver Disease (non-oncology)				
Product	Routine Monitoring	Stopping Rules	Rechallenge	Comment
BYLVAY (odevixibat) - Ileal bile acid transporter (IBAT) inhibitor <i>USPI October/2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/215498s002lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: None specified Recommended Rechallenge Dosage consider restarting at the lowest dose of 40 mcg/kg and increase as tolerated if appropriate.
Viekira Pak (dasabuvir, ombitasvir, paritaprevir, ritonavir and ribavirin) <i>USPI December 2014</i>	✓	✓	-	Pre-existing Hepatic impairment – Recommended Dosage Modification at initiation of treatment : None specified Contraindicated in patients with severe hepatic impairment (Child-Pugh C) Liver Transplant Recipients: In liver transplant recipients with normal hepatic function and mild fibrosis (Metavir fibrosis score ≤2), the recommended duration of VIEKIRA PAK with ribavirin is 24 weeks.

Table 3 Drugs for Other Indications with Liver Monitoring Guidelines in the Label

Other Indications				
Product/ Dose	Routine Monitoring	Stopping Rules	Rechallenge	Comment
Zocor (simvastatin) <i>USPI May/2022</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/019766s102lbl.pdf	✓	✓	-	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: Not specified contraindicated in patients with acute liver failure or decompensated cirrhosis

Isoniazid <i>USPI July 2016</i> https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/008678s028lbl.pdf	✓	✓	✓	Pre-existing Hepatic impairment - Recommended Dosage Modification at initiation of treatment: Not specified contraindicated in patients acute liver disease of any etiology Recommended Rechallenge Dosage Very small and increasing doses
--	---	---	---	--

USPI: United States prescribing information

ULN: upper limit of normal

ALT: alanine aminotransferase

QDL: once daily

BID: twice daily