Optum Rx®

Igalmi™ (dexmedetomidine) – New drug approval

- On April 6, 2022, BioXcel Therapeutics announced the FDA approval of Igalmi (dexmedetomidine), for the acute treatment of agitation associated with schizophrenia or bipolar I or II disorder in adults.
    - The safety and effectiveness of Igalmi have not been established beyond 24 hours from the first dose.
- Igalmi is an alpha-2 adrenergic receptor agonist. The mechanism of action of Igalmi in the acute treatment of agitation associated with schizophrenia or bipolar I or II disorder is thought to be due to activation of presynaptic alpha-2 adrenergic receptors.
- The efficacy of Igalmi for acute treatment of agitation associated with schizophrenia or bipolar I or II disorder was established in two randomized, double-blind, placebo-controlled studies. Study 1 included 380 adult patients with schizophrenia, schizoaffective or schizophreniform disorder. Study 2 included 378 adult patients with bipolar I or II disorder. Patients were randomized to receive a single sublingual dose of 180 mcg of Igalmi, 120 mcg of Igalmi, or placebo. The primary efficacy endpoint in both studies was the change from baseline in the Positive and Negative Syndrome Scale-Excited Component (PEC) score, assessed two hours following the initial dose.
    - The mean change from baseline in the PEC total score at two hours after the first dose in patients treated with 180 mcg and 120 mcg of Igalmi was statistically greater than patients who received placebo.

Study	Treatment group	Mean baseline PEC score (standard deviation)	Least-squares (LS) mean change from baseline to 2-hour post first dose (standard error)	LS mean difference (95% CI)
Study 1	Igalmi 180 mcg	17.6 (2.7)	-10.3 (0.4)	-5.5 (-6.5, -4.4)
	Igalmi 120 mcg	17.5 (2.5)	-8.5 (0.4)	-3.7 (-4.8, -2.7)
	Placebo	17.6 (2.3)	-4.8 (0.4)	--
Study 2	Igalmi 180 mcg	18.0 (3.0)	-10.4 (0.4)	-5.4 (-6.5, -4.3)
	Igalmi 120 mcg	18.0 (2.7)	-9.1 (0.4)	-4.1 (-5.1, -3.0)
	Placebo	17.9 (2.9)	-5.0 (0.4)	--

- Warnings and precautions for Igalmi include hypotension, orthostatic hypotension, and bradycardia; QT interval prolongation; somnolence; risk of withdrawal reactions; and tolerance and tachyphylaxis.
- The most common adverse reactions (incidence ≥ 5% and at least twice the rate of placebo) with Igalmi use were somnolence, paresthesia or oral hypoesthesia, dizziness, dry mouth, hypotension, and orthostatic hypotension.
- The recommended initial dose of Igalmi is based on agitation severity, hepatic function, and age. Lower dosages are recommended for patients with hepatic impairment and geriatric patients. If agitation persists after the initial dose, up to two additional doses may be administered at least two hours apart. The dosage recommendations for additional doses vary depending upon the patient population and agitation severity. Refer to the drug label for complete dosing information.

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  - Igalmi is for sublingual or buccal administration.
  - Igalmi should be administered under the supervision of a healthcare provider. A healthcare provider should monitor vital signs and alertness after Igalmi administration to prevent falls and syncope.

- BioXcel Therapeutics plans to launch Igalmi in the second quarter of 2022. Igalmi will be available as 120 mcg and 180 mcg sublingual films.