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ACCREDITATION INFORMATION:

ACCME: The Medical Letter is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Medical Letter designates this enduring material for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This CME activity was planned and produced in accordance with the ACCME Essentials and Policies.

ABIM MOC: Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. Your participation information will be shared with ABIM through PARS.

AAFP: The AAFP has reviewed The Medical Letter Continuing Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 01/01/2022 to 12/31/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session (Issue 1642) is approved for 2.00 Enduring Materials, Self-Study AAFP Prescribed Credit(s).

AAPA: This activity has been reviewed by the AAPA Review Panel and is compliant with AAPA CME Criteria. This activity is designated for 52 AAPA Category 1 CME credits. Approval is valid from 5/2/2021 to 12/31/2022 . PAs should only claim credit commensurate with the extent of their participation. AAPA reference number: CME-202250. Successful completion of the post-test is required to earn AAPA Category 1 CME credit. Successful completion is defined as a cumulative score of at least 70 percent correct.

ACPE: The Medical Letter is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This exam is acceptable for 2.0 hour(s) of knowledge-based continuing education credit (0.2 CEU).

AOA: This activity, being ACCME (AMA) accredited, is acceptable for Category 2-B credit by the **American Osteopathic Association (AOA).**

The **American Nurses Credentialing Center (ANCC)** and the **American Academy of Nurse Practitioners (AANP)** accept *AMA PRA Category 1 Credit™* from organizations accredited by the ACCME.

Physicians in Canada: Members of The College of Family Physicians of Canada are eligible to receive Mainpro-M1 credits (equivalent to AAFP Prescribed credits) as per our reciprocal agreement with the American Academy of Family Physicians.

MISSION:

The mission of The Medical Letter's Continuing Medical Education Program is to support the professional development of healthcare providers including physicians, nurse practitioners, pharmacists, and physician assistants by providing independent, unbiased drug information and prescribing recommendations that are free of industry influence. The program content includes current information and unbiased reviews of FDA-approved and off-label uses of drugs, their mechanisms of action, clinical trials, dosage and administration, adverse effects, and drug interactions. The Medical Letter delivers educational content in the form of self-study material.

The expected outcome of the CME program is to increase the participant's ability to know, or apply knowledge into practice after assimilating, information presented in materials contained in *The Medical Letter*. The Medical Letter will strive to continually improve the CME program through periodic assessment of the program and activities. The Medical Letter aims to be a leader in supporting the professional development of healthcare providers through Core Competencies by providing continuing medical education that is unbiased and free of industry influence. The Medical Letter does not sell advertising or receive any commercial support.

GOAL:

Through this program, The Medical Letter expects to provide the healthcare community with unbiased, reliable, and timely educational content that they will use to make independent and informed therapeutic choices in their practice.

DISCLOSURE:

Principal Faculty for this Activity:

Mark Abramowicz, M.D., President: no disclosure or potential conflict of interest to report.
Jean-Marie Pflomm, Pharm.D., Editor in Chief: no disclosure or potential conflict of interest to report.
Brinda M. Shah, Pharm.D., Consulting Editor: no disclosure or potential conflict of interest to report.

In addition to the Principal Faculty above, the following have also contributed to this activity:
Cynthia Covey has disclosed that her spouse is employed by a company that has pharmaceutical companies as clients and his work relates to the development of marketing materials for companies such as Merck and BMS.
Michael Viscusi, Pharm.D., Associate Editor: no disclosure or potential conflict of interest to report.

LEARNING OBJECTIVES FOR THIS ACTIVITY:

Activity participants will read and assimilate unbiased reviews of FDA-approved and off-label uses of drugs and other treatment modalities. Activity participants will be able to select and prescribe, or confirm the appropriateness of the prescribed usage of, the drugs and other therapeutic modalities discussed in *The Medical Letter* with specific attention to clinical trials, pathophysiology, dosage and administration, drug metabolism and interactions, and patient management. Activity participants will make independent and informed therapeutic choices in their practice.

Upon completion of this activity, the participant will be able to:

1. Review the efficacy and safety of nirmatrelvir copackaged with ritonavir *(Paxlovid)* for treatment of COVID-19.
2. Review the efficacy and safety of molnupiravir for treatment of COVID-19.
3. Discuss the new requirements for prescribing and dispensing mifepristone for pregnancy termination.
4. Review the efficacy and safety of ruxolitinib 1.5% cream *(Opzelura)* for treatment of atopic dermatitis.
5. Review the efficacy and safety of intraoperative administration of the fixed-dose combination of bupivacaine and meloxicam *(Zynrelef)* for treatment of postsurgical pain.
6. Discuss the efficacy of monoclonal antibodies against the Omicron variant of SARS-CoV-2.

CREDIT:

Participants who complete this activity and achieve a score of 70% or higher on the post-activity exam will be awarded 2 credits.

Privacy and Confidentiality: The Medical Letter guarantees our firm commitment to your privacy. We do not sell any of your information. Secure server software (SSL) is used for commerce transactions through VeriSign, Inc. No credit card information is stored.
IT Requirements: Windows 7/8/10, Mac OS X+; current version of Microsoft IE/Edge, Mozilla Firefox, Google Chrome, Safari, or any other compatible web browser; high-speed connection.

Have any questions? Call us at 800-211-2769 or 914-235-0500 or e-mail us at: custserv@medicalletter.org

Questions on next page

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Note: The participant should read the post-activity questions prior to beginning the activity. After careful review of the text, tables, and cited references, the participant should take time to reflect on how the newly acquired knowledge will be applied to clinical practice, affect patient care, and improve outcomes.

Issue 1642 Post-Activity Questions

(Correspond to questions #11-20 in Comprehensive Activity #86, available July 2022)

***Paxlovid* for Treatment of COVID-19**

1. In the antiviral combination *Paxlovid*, ritonavir:
   a. adds activity against the Omicron variant
   b. inhibits CYP3A-mediated metabolism of nirmatrelvir
   c. prevents denaturation of nirmatrelvir in the stomach
   d. improves the tolerability of nirmatrelvir

2. In unvaccinated outpatients with COVID-19 at high risk of progression to severe disease, *Paxlovid* decreased COVID-19-related hospitalization or death through day 28 by about:
   a. 30%
   b. 50%
   c. 70%
   d. 90%

Molnupiravir for Treatment of COVID-19

3. In unvaccinated outpatients with mild to moderate COVID-19 at high risk of progression to severe disease, molnupiravir decreased all-cause hospitalization or death through day 29 by:
   a. 30%
   b. 50%
   c. 70%
   d. 90%

4. Molnupiravir is not recommended for use in patients who are:
   a. <18 years old
   b. pregnant
   c. at low risk of progression to severe disease
   d. any of the above

In Brief: Mifepristone by Mail for Pregnancy Termination

5. Mifepristone is FDA-approved for medical termination of pregnancies of up to:
   a. 7 weeks' gestation
   b. 10 weeks' gestation
   c. 14 weeks' gestation
   d. 24 weeks' gestation

Ruxolitinib *(Opzelura)* for Atopic Dermatitis

6. Which of the following statements about FDA approval of topical ruxolitinib for treatment of atopic dermatitis is true?
   a. it is approved for use in children ≥6 years old
   b. it is approved for first-line treatment
   c. it is only approved for short-term, noncontinuous use
   d. all of the above

7. Application of ruxolitinib was associated with significant reductions in itching within:
   a. 30 minutes of applying the first dose
   b. 12 hours of applying the first dose
   c. 1 week of applying the first dose
   d. 2 weeks of applying the first dose

8. The oral JAK inhibitor tofacitinib has been associated with development of:
   a. lymphoma
   b. serious infection
   c. major adverse cardiac events
   d. all of the above

Bupivacaine/Meloxicam *(Zynrelef)* for Postsurgical Pain

9. In patients undergoing bunionectomy, a single intraoperative dose of bupivacaine/meloxicam:
   a. reduced pain intensity scores more than bupivacaine HCl alone over the first 72 hours
   b. reduced pain intensity scores more than placebo over the first 96 hours
   c. did not reduce opioid consumption compared to placebo
   d. all of the above

COVID-19 Update: Monoclonal Antibodies for COVID-19

10. Which of the following monoclonal antibody treatments retains activity against the Omicron variant of SARS-CoV-2?
    a. casirivimab plus imdevimab
    b. bamlanivimab plus etesevimab
    c. sotrovimab
    d. all of the above

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