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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.

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.

ABS CC: Successful completion of this activity enables the learner to earn credit toward the CME requirement of the American Board of Surgery's Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit.

AAFP: The AAFP has reviewed The Medical Letter Continuing Medical Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 01/01/2025 to 12/31/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session (Issue 1726) 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 2 AAPA Category 1 CME credits. Approval is valid from 4/3/2025 to 4/3/2026. PAs should only claim credit commensurate with the extent of their participation. AAPA reference number: CME-2012761.

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 hours 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 (CME) Program is to support the professional development of healthcare providers including physicians, nurse practitioners, pharmacists, and physician associates by providing independent, unbiased drug information and treatment recommendations that are free of industry influence. The content of the educational activities primarily includes comparative reviews of pharmacologic treatment for common conditions and unbiased reviews of newly FDA-approved drugs that focus on their pharmacology, efficacy in 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 knowledge about, 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 by providing continuing medical education that is unbiased and free of pharmaceutical 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 has disclosed no relevant financial relationships
Jean-Marie Pflomm, Pharm.D., Editor in Chief has disclosed no relevant financial relationships

In addition to the Principal Faculty above, the following have also contributed to this activity:
Michael P. Viscusi, Pharm.D., Associate Editor has disclosed no relevant financial relationships.
Brinda M. Shah, Pharm.D., Consulting Editor has disclosed no relevant financial relationships.

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 *Penmenvy*, a pentavalent meningococcal vaccine.
2. Review the efficacy and safety of benzgalantamine *(Zunveyl)* for treatment of mild to moderate dementia of Alzheimer's disease.
3. Review the efficacy and safety of palopegteriparatide *(Yorvipath)* for treatment of hypoparathyroidism.
4. Discuss the changes to the labels of all testosterone products.
5. Discuss the changes to the label of *Sublocade*, an extended-release formulation of buprenorphine.
6. Review the efficacy and safety of the newly-approved maintenance dosage regimen of lecanemab *(Leqembi)* for treatment of Alzheimer's disease.

CREDIT:

Participants who complete this activity and achieve a score of 70% or higher on the post-activity exam will be awarded 2 credits.
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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To earn credit, go to: medicalletter.org/CMEstatus

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 1726 Post-Activity Questions

(Correspond to questions #71-80 in Comprehensive Activity #92, available June 2025)

***Penmenvy* — A Second Pentavalent Meningococcal Vaccine**

1. *Penmenvy* is FDA-licensed for prevention of invasive meningococcal disease caused by which of the following serogroups of *Neisseria meningitidis*?
   a. ABCDE
   b. ABCXY
   c. ABCWY
   d. ACWYZ

2. A single dose of a MenACWY vaccine (*Menveo* or *MenQuadfi*) is recommended for which of the following groups?
   a. adults who travel to a country where meningococcal disease is endemic
   b. military recruits
   c. first-year college students living in dormitories who did not receive a dose at age ≥16 years
   d. all of the above

Benzgalantamine *(Zunveyl)* for Alzheimer's Disease

3. Compared to galantamine, benzgalantamine is claimed by the manufacturer to:
   a. be more effective
   b. cause fewer GI adverse effects
   c. have fewer drug interactions
   d. all of the above

4. FDA approval of benzgalantamine was based on the results of:
   a. a clinical efficacy trial comparing it with galantamine
   b. a clinical efficacy trial comparing it with placebo
   c. bioequivalence studies comparing it with galantamine formulations
   d. all of the above

5. Which of the following statements about benzgalantamine is correct?
   a. it should not be used in patients with severe hepatic impairment
   b. the tablets can be crushed and mixed with applesauce
   c. it is dosed once daily
   d. all of the above

Palopegteriparatide *(Yorvipath)* for Hypoparathyroidism

6. In the placebo-controlled PaTHway trial, more patients treated with palopegteriparatide achieved:
   a. normal albumin-adjusted serum calcium levels
   b. independence from active vitamin D
   c. independence from therapeutic doses of calcium
   d. all of the above

7. In the PaTHway trial, which of the following adverse effects occurred in ≥10% of patients treated with palopegteriparatide?
   a. paresthesia
   b. nephrolithiasis
   c. fractures
   d. all of the above

Label Changes for Testosterone Products

8. A boxed warning about an increased risk of which of the following was recently removed from the labels of all testosterone products?
   a. teratogenicity
   b. adverse cardiovascular outcomes
   c. acute renal failure
   d. all of the above

New Labeling for Once-Monthly Subcutaneous Buprenorphine *(Sublocade)*

9. New label changes allow *Sublocade* to be administered:
   a. in the upper arm
   b. in the thigh
   c. after a single test dose of transmucosal buprenorphine
   d. all of the above

Once-Monthly Lecanemab *(Leqembi)* for Alzheimer's Disease

10. Common adverse effects of lecanemab in clinical trials have included:
    a. amyloid-related imaging abnormalities
    b. headache
    c. infusion-related reactions
    d. all of the above

ACPE UPN: Per Issue Exam: 0379-0000-25-726-H01-P; Release: April 3, 2025, Expire: April 2, 2026
Comprehensive Exam 92: 0379-0000-25-092-H01-P; Release: July 2025, Expire: July 2026

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.