



## Managing Site Pain in Subcutaneous (SC) REMODULIN® (treprostinil sodium) Injection Therapy

For patients on SC drug therapy, injection site pain and reaction can be an issue. Setting patient expectations can help, as can a number of techniques and products. The following information is designed to assist you in counseling your patients to help them best manage injection site pain and reaction while on SC therapy.

### About SC infusion site pain and reaction

- The most common side effects of REMODULIN included those related to the method of infusion. For SC infusion, infusion site pain and infusion site reaction (redness and swelling) occurred in the majority of patients. These symptoms were often severe and could lead to treatment with narcotics or discontinuation of REMODULIN
- Infusion site pain is not related to dose
- Site pain varies by patient as well as by infusion site
- There are sometimes simply “good” sites and “bad” sites
- Site pain is often the worst 2 to 5 days into a new injection site

### Choosing the best SC administration sites

- Initiate therapy on abdomen, as it is easy for patients to self-administer the medication, monitor the site, and apply topical remedies
- Relocation sites (for increased patient comfort) include:
  - Upper buttocks
  - Lower flanks
  - Backs of upper arms
  - Thighs
- Avoid stretch marks, scar tissue, edema, old nodular sites, bruises, and waistbands of clothes

### Indications

REMODULIN is indicated for the treatment of pulmonary arterial hypertension in patients with NYHA Class II-IV symptoms to diminish symptoms associated with exercise. It may be administered as a continuous subcutaneous infusion or continuous intravenous infusion; however, because of the risks associated with chronic indwelling central venous catheters, including serious blood stream infections, continuous intravenous infusion should be reserved for patients who are intolerant of the subcutaneous route, or in whom these risks are considered warranted.

REMODULIN is indicated to diminish the rate of clinical deterioration in patients requiring transition from Flolan® (epoprostenol sodium) for Injection; the risks and benefits of each drug should be carefully considered prior to transition.

### Important Safety Information

Chronic intravenous infusions of REMODULIN are delivered using an indwelling central venous catheter. This route is associated with the risk of blood stream infections (BSI) and sepsis, which may be fatal.

REMODULIN is contraindicated in patients with hypersensitivity to REMODULIN, its ingredients, or similar drugs. REMODULIN is a potent vasodilator. It lowers blood pressure, which may be further lowered by other drugs that also reduce blood pressure. REMODULIN inhibits platelet aggregation and therefore, may increase the risk of bleeding, particularly in patients on anticoagulants. Abrupt withdrawal or sudden large reductions in dosage of REMODULIN may result in worsening of PAH symptoms and should be avoided. Caution should be used in patients with hepatic or renal problems. The most common side effects of REMODULIN included those related to the method of infusion. For subcutaneous infusion, infusion site pain and infusion site reaction (redness and swelling) occurred in the majority of patients. These symptoms were often severe and could lead to treatment with narcotics or discontinuation of REMODULIN. For intravenous infusion, line infections, sepsis, arm swelling, paresthesias, hematoma and pain were most common. General side effects (>5% more than placebo) were diarrhea, jaw pain, vasodilation, and edema.

**Please see attached full prescribing information.**

**REMODULIN**<sup>®</sup>  
(treprostinil sodium) Injection



The following approaches and products are some of the strategies that patients and their health care professionals have reported as helpful in managing site pain associated with SC REMODULIN® (treprostinil sodium) Injection. United Therapeutics does not recommend using health care products other than as prescribed. Patients should use these approaches and products only if directed by their health care professionals.

### Site pain care: nonpharmacologic approaches

- Encourage patients to change a “bad” site right away
- Allow patients to maintain a “good” site for several days
- Try alternative sites such as upper buttocks or backs of upper arms
- Remove any medication droplets on the end of the needle after priming
- For frequent topical medication application, thin duoderm prior to catheter insertion
- Try dry catheter replacement method before initiating medication
- Change to a more concentrated solution to allow for less volume infusion per hour

### Site pain care: local and topical approaches

- ❑ Ice/heat
- ❑ Warm bath with Epsom salt
- ❑ PLO gel compounds
- ❑ Lidocaine 5% patches (use on current or old site—daytime or nighttime use)
- ❑ Diphenhydramine HCl, topical
- ❑ Hemorrhoid ointment
- ❑ Aloe vera gel
- ❑ Triamcinolone acetonide
- ❑ Fluticasone propionate nasal spray
- ❑ Lidocaine/prilocaine cream
- ❑ Hydrocortisone cream
- ❑ Pimecrolimus cream 1% or clobetasol propionate

### Site pain care: systemic options

- ❑ Ibuprofen
- ❑ Gabapentin
- ❑ Pregabalin
- ❑ Loratadine
- ❑ Hydroxyzine pamoate—for severe itching
- ❑ Amitriptyline and other antidepressants
- ❑ Tramadol HCl
- ❑ Fexofenadine HCl or cetirizine HCl
- ❑ Ranitidine HCl or famotidine
- ❑ Fentanyl or other narcotics—for severe pain

### Important considerations

- Combining multiple approaches to managing injection site pain may be helpful
- Dose increases should generally not be limited because of site pain
- Managing patients’ expectations up front is important in addressing site pain

**Please see attached full prescribing information.**

**Always consult the individual pharmaceutical manufacturer’s PI for complete prescribing and safety information.**

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