

Drugs recently approved or pending approval

FROVA

Elan Corporation plc (Dublin, Ireland) received approval to market Frova (frovatriptan succinate) for the acute treatment of migraine attacks with or without aura in adults. The efficacy of Frova was shown in 5 randomized, double blind, placebo-controlled trials. In these short-term trials, subjects treated a moderate to severe headache. Associated symptoms (eg, nausea, vomiting, photophobia, phonophobia) were also evaluated. In all 5 trials, the percentage of subjects achieving a headache response 2 hours after treatment was significantly greater for the Frova (compared with the placebo) group. The data showed that lower doses of Frova (1 mg or 0.5 mg) were ineffective, and high doses (5–40 mg) caused a greater incidence of adverse events without being more effective than a 2.5-mg dose. Additionally, subjects with migraine-associated nausea, photophobia, and phonophobia at baseline treated with Frova had a decreased incidence of these symptoms compared with subjects receiving placebo. Common adverse effects of Frova include dizziness, fatigue, headache, paresthesia, flushing, and dry mouth. Frova is contraindicated in patients with uncontrolled hypertension, heart disease, hemiplegic or basilar migraine, history of stroke, or circulation problems. The recommended dosage of Frova for the acute treatment of migraine is a single 2.5-mg tablet taken orally with fluids. If the headache recurs after initial relief, a second tablet may be taken, providing there is an interval of at least 2 hours between doses. The daily dose of Frova should not exceed 3 tablets.



KINERET

Approval was granted to Amgen Inc (Thousand Oaks, CA) to market Kineret (anakinra) for the reduction in signs and symptoms of moderately to severely active rheumatoid arthritis (RA) in patients age 18 years or older who have failed treatment with 1 or more disease-modifying antirheumatic drugs (DMARDs). The safety and efficacy of Kineret were evaluated in 3 randomized, double-blind, placebo-controlled trials of 1392 patients age 18 years or older with active RA. Kineret was studied in combination with other DMARDs (studies 1 and 2) or as a monotherapy (study 3). In all 3 studies, improvement in signs and symptoms of RA was assessed using the American College of Rheumatology (ACR) response criteria (ACR₂₀, ACR₅₀, ACR₇₀). Patients treated with Kineret were more likely to achieve an ACR₂₀ or higher magnitude of response (ACR₅₀ and ACR₇₀) than were patients receiving placebo. Most clinical responses, in both the placebo and Kineret groups, occurred within 12 weeks

of enrollment. The most common adverse effect of Kineret use is an injection-site reaction, which is usually mild and characterized by redness, swelling, and pain. Kineret has been associated with an increased incidence of serious infection (2%) vs placebo (< 1%). Kineret administration should be discontinued if a patient develops a serious infection. Kineret is contraindicated in patients with known hypersensitivity to *Escherichia coli* proteins. The recommended dosage of Kineret for the treatment of patients with RA is 100 mg daily administered by a single subcutaneous injection at approximately the same time each day.

XIGRIS

The US Food and Drug Administration has approved marketing of Xigris (drotrecogin alfa [activated]) by Eli Lilly and Company (Indianapolis, IN) for the reduction of mortality in adult patients with severe sepsis (ie, sepsis associated with acute organ dysfunction) who are at high risk for death (as determined by acute physiology and chronic health evaluation). Approval was based on results from the Recombinant Human Activated Protein C Worldwide Evaluation in Severe Sepsis (PROWESS) trial, a multicenter, placebo-controlled, randomized clinical trial of 1690 patients with severe sepsis. Patients received a 96-hour infusion of Xigris at 24 µg/kg body weight

per hour or placebo starting within 48 hours after the onset of the first sepsis-induced organ dysfunction. During the 28-day PROWESS trial, the overall mortality rate from sepsis was reduced from 31% to 25%. Although treatment with Xigris did not lower mortality rates in less severely ill study patients, mortality was reduced by 13% (from 44% to 31%) among patients at higher risk for dying. The most common serious adverse reaction associated with Xigris is bleeding. Xigris is contraindicated in patients with active internal bleeding; patients who have had a recent hemorrhagic stroke, intracranial or intraspinal surgery, or severe head trauma; patients who have an epidural catheter; and patients with intracranial neoplasm, mass lesion, or evidence of cerebral herniation. Xigris should be administered intravenously at an infusion rate of 24 µg/kg per hour for 96 hours. Dose adjustment based on clinical or laboratory parameters is not recommended.

Compiled from press reports and pharmaceutical company press releases. For more information, contact Jennifer Vander Bush, Hospital Physician, 125 Strafford Avenue, Suite 220, Wayne, PA 19087-3391.