

Drugs recently approved or pending approval

ZONEGRAN

The United States Food and Drug Administration approved marketing of Zonegran (zonisamide) by Elan Pharmaceuticals (South San Francisco, CA). Zonegran is indicated as adjunctive therapy in the treatment of partial seizures in adults with epilepsy. Drug efficacy was evaluated in three placebo-controlled double-blind trials of 3 months' duration. In one study, patients ($n = 203$) with refractory partial-onset seizures with or without secondary generalization were observed for a 1-month baseline period before receiving placebo or Zonegran in one of two escalating dose regimens. The different dose regimens allowed comparison of placebo with Zonegran 100 mg/day over weeks 1 through 5, with Zonegran 200 mg/day over weeks 2 through 6, and with Zonegran 400 mg/day over weeks 8 through 12. The study's primary endpoint was median percent reduction from baseline in partial seizure frequency. The secondary endpoint was proportion of patients achieving a 50% or greater seizure reduction from baseline (responders). For weeks 8 through 12, the median percent reduction in partial seizures was 40.5% in the Zonegran arm ($n = 98$) compared with 9% in the placebo arm ($n = 72$), and the proportion of responders was 41.8% for the Zonegran arm compared with 22.2% for the placebo arm. Adverse reactions associated with Zonegran may include drowsiness, loss of appetite, dizziness, headache, nausea, agitation, and irritability. The recommended initial dose is 100 mg/day; doses may be increased after 2 weeks at a particular dose level, up to 400 mg/day.



SINGULAIR

Merck and Company (Whitehouse Station, NJ) received approval to market Singulair (montelukast sodium) 4-mg tablets for the prophylaxis and chronic treatment of asthma in pediatric patients age 2 to 5 years. Efficacy of Singulair in pediatric patients age 2 to 5 years was extrapolated from the demonstrated efficacy in adult and adolescent patients age 15 years or older and pediatric patients age 6 to 14 years with asthma, based on similar mean systemic exposure and a substantially similar disease course, pathophysiology, and drug effect among these populations. In pediatric patients age 6 to 14 years, drug efficacy was measured in one double-blind placebo-controlled study of 8 weeks' duration. Patients ($n = 336$) using an inhaled β -agonist on an "as needed" basis received 5 mg/day of Singulair ($n = 201$) or placebo

($n = 135$). The study's primary endpoint was improvement in mean morning forced expiratory volume in 1 second (FEV₁) from baseline. The study's secondary endpoint was the mean percentage change in daily use of "as-needed" inhaled β -agonist. The improvement in mean morning FEV₁ percent change from baseline was 8.7% in the Singulair arm compared with 4.2% in the placebo arm. Additionally, the Singulair arm demonstrated an 11.7% decrease in daily use of inhaled β -agonist from baseline compared with an 8.2% increase in the placebo arm. The safety profile of Singulair in patients age 2 to 5 years was generally similar to the safety profile in pediatric patients age 6 to 14 years. Potential adverse events in pediatric patients age 2 to 5 years include rhinorrhea, otitis, ear pain, bronchitis, leg pain, thirst, sneezing, rash, and urticaria. The recommended dose of Singulair in patients age 2 to 5 years is one 4-mg chewable tablet taken in the evening.

ZYPREXA

Eli Lilly and Company (Indianapolis, IN) received approval to market Zyprexa (olanzapine) for a new indication. Previously indicated for the management of the manifestations of psychotic disorders (schizophrenia), Zyprexa is also indicated for the short-term treatment of acute manic episodes associated with bipolar I disorder. Drug efficacy in the treatment of acute manic episodes was measured in two short-term placebo-controlled studies. In one study, patients ($n = 115$) who met the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria for bipolar I disorder with manic or mixed episodes received a dose range (5–20 mg/day, starting with 15/mg day) of Zyprexa or placebo for 4 weeks. The study's primary endpoint was change from baseline in the Young Mania Rating Scale (YMRS), an 11-item scale rated by clinicians and used to assess the degree of manic symptoms ranging from 0 (no manic features) to 60 (maximum score). Reductions in the YMRS scores were greater in the Zyprexa arm compared with the placebo arm. Potential adverse events associated with Zyprexa include somnolence, dry mouth, dizziness, and asthenia. The recommended dose of Zyprexa is 10 to 15 mg/day.

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