

### Drugs recently approved or pending approval

#### AVAPRO

The US Food and Drug Administration (FDA) granted approval to Bristol-Myers Squibb Co. of Princeton, NJ, and Sanofi-Synthelabo, Inc. of Paris, France, to market Avapro (irbesartan) for the treatment of diabetic nephropathy with elevated serum creatinine levels and proteinuria (> 300 mg/day) in patients with type 2 diabetes mellitus and hypertension. Avapro was previously indicated for the treatment of hypertension. The efficacy of Avapro was studied in the Irbesartan Diabetic Nephropathy Trial, a randomized, placebo- and active-controlled, double-blind, multicenter study of 1715 patients with type 2 diabetes mellitus, hypertension, and nephropathy. Patients were randomized to receive Avapro 75 mg, amlodipine 2.5 mg, or placebo once daily and were titrated to a maintenance dose of Avapro 300 mg or amlodipine 10 mg, as tolerated. Data from the trial showed that in patients treated with Avapro, the risk for progression of nephropathy or for death was 20% lower than in the placebo group ( $P = .02$ ) and 23% lower than in the group treated with amlodipine ( $P = .006$ ). Patients treated with Avapro reported symptoms of dizziness and orthostatic hypotension more often than did control patients. Other adverse effects of Avapro include diarrhea, dyspepsia/heartburn, and fatigue. When pregnancy is detected, Avapro should be discontinued as soon as possible. In patients with nephropathy and type 2 diabetes mellitus, the recommended target maintenance dosage of Avapro is 300 mg once daily.



At baseline, patients had a median total HAI score of 10, a median serum HBV DNA level (as measured by an experimental PCR assay) of  $7.08 \log_{10}$  copies/mL, and a median ALT level of 2.3 times the upper limit of normal. Improvement in liver histology was observed in 64% of patients receiving Hepsera, compared with 35% of patients receiving placebo. Adverse effects of Hepsera include asthenia, headache, abdominal pain, nausea, flatulence, diarrhea, and dyspepsia. The recommended dose of Hepsera in patients with chronic HBV infection and adequate renal function is 10 mg, taken orally once daily.

#### INSPIRA

The FDA has approved marketing of Inspira (eplerenone tablets) by Pharmacia Corp. of Peapack, NJ, for the treatment of hypertension. Two fixed-dose, placebo-controlled, 8- to 12-week monotherapy studies in patients with baseline diastolic blood pressures of 95 to 114 mm Hg were conducted to assess Inspira's antihypertensive effect. In these studies, 611 patients randomly received Inspira in doses of 25 to 400 mg daily as either a single daily dose or 2 daily doses, and 140 patients received placebo. Patients treated with Inspira 50 to 200 mg daily experienced significant decreases in sitting systolic and diastolic blood pressure at trough with differences from placebo of 6 to 13 mm Hg (systolic) and 3 to 7 mm Hg (diastolic). These effects were confirmed by assessments with 24-hour ambulatory blood pressure monitoring (ABPM). Data from 24-hour ABPM demonstrated that Inspira, administered once or twice daily, maintained antihypertensive efficacy over the entire dosing interval. Inspira is contraindicated in patients with serum potassium levels greater than 5.5 mEq/L, with type 2 diabetes mellitus and microalbuminuria, with serum creatinine levels greater than 2.0 mg/dL if male or 1.8 mg/dL if female, or with a creatinine clearance of less than 50 mL/min. The principal risk of Inspira is hyperkalemia, so concomitant use of potassium supplements and potassium-sparing diuretics is also contraindicated. The most common adverse effects associated with Inspira are dizziness, fatigue, flu-like symptoms, diarrhea, and cough. Inspira may be used alone or in combination with other antihypertensive agents. The recommended starting dose of Inspira is 50 mg administered once daily.

#### HEPSERA

Gilead Sciences, Inc. of Foster City, CA, received approval from the FDA to market Hepsera (adefovir dipivoxil) for the treatment of chronic hepatitis B virus (HBV) infection in adults with evidence of active viral replication and evidence of either persistent elevations in serum aminotransferase (ie, alanine aminotransferase [ALT], aspartate aminotransferase) levels or histologically active disease. A randomized, double-blind, placebo-controlled study in 329 patients with chronic HBV infection compared Hepsera 10 mg with a placebo. At baseline, patients had a median total Knodell Histology Activity Index (HAI) score of 10, a median serum HBV DNA level—as measured by an experimental polymerase chain reaction (PCR) assay—of  $8.36 \log_{10}$  copies/mL, and a median ALT level of 2.3 times the upper limit of normal. Improvement in liver histology was observed in 53% of patients receiving Hepsera, compared with 25% of patients receiving placebo. A similar study in 178 patients with chronic HBV infection also compared Hepsera 10 mg with

*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.*