

Drugs recently approved or pending approval

NATRECOR

Scios Inc (Sunnyvale, CA) received approval to market Natrecor (nesiritide) for the intravenous treatment of patients with acutely decompensated congestive heart failure (CHF) who have dyspnea at rest or with minimal activity. Natrecor was evaluated in the randomized, double-blind Vasodilation in the Management of Acute Congestive Heart Failure (VMAC) trial, which included 489 patients who required hospitalization for management of dyspnea at rest because of acutely decompensated CHF. The VMAC trial compared the effects of Natrecor, placebo, and intravenously administered nitroglycerin when added to background therapy. The primary endpoints of the study were the change from baseline in pulmonary capillary wedge pressure (PCWP) and the change in patients' dyspnea, evaluated after 3 hours. Results demonstrated that patients receiving Natrecor reported greater improvement in their dyspnea at 3 hours than patients receiving placebo ($P = 0.034$). There was a greater reduction in mean PCWP for the patients in the Natrecor group, compared with those in the placebo and nitroglycerin groups. Natrecor should not be used as primary therapy for patients with cardiogenic shock or in patients with a systolic blood pressure less than 90 mm Hg. The most common adverse events associated with Natrecor include hypotension, ventricular tachycardia, headache, nausea, and abdominal and back pain. The recommended dose of Natrecor is an intravenously administered bolus of 2 $\mu\text{g}/\text{kg}$ body weight followed by a continuous infusion at a dose of 0.01 $\mu\text{g}/\text{kg}$ per min. Blood pressure should be monitored closely during Natrecor administration.



ULTRACET

The US Food and Drug Administration has approved marketing of Ultracet (tramadol hydrochloride/acetaminophen tablets) by Ortho-McNeil Pharmaceutical, Inc (Raritan, NJ) for the short-term (5 days or less) management of acute pain. Ultracet has been evaluated for efficacy and safety in pivotal single-dose studies in patients with acute pain. Results demonstrated that 2 tablets of Ultracet administered to patients with pain following oral surgical procedures provided greater relief than did placebo or either of the individual components given at the same dose. The onset of pain relief after administration of Ultracet was faster than with tramadol alone, with onset of analgesia occurring in less than 1 hour. The duration of pain relief after administration of Ultracet was longer than with acetaminophen alone. Analgesia was generally comparable to that of ibuprofen.

Ultracet is not recommended for patients with liver disease and should not be used concomitantly with alcohol. Because tramadol can reinstate physical dependence, Ultracet is not recommended for patients with a tendency to drug or alcohol abuse or a history of drug or alcohol dependence or chronic opioid use. Seizures have been reported in patients receiving tramadol within the recommended dosage range. This risk is increased with doses of tramadol above the recommended range and with concomitant use of selective serotonin reuptake inhibitors, tricyclic antidepressants, and opioids. The recommended dosage of Ultracet is 2 tablets every 4 to 6 hours as needed for pain relief up to a maximum of 8 tablets per day.

ZOMETA

Approval was granted to Novartis Pharmaceuticals Corporation (East Hanover, NJ) to market Zometa (zoledronic acid for injection) for the treatment of hypercalcemia of malignancy (HCM). Zometa's approval was based on data from 2 multicenter, randomized, double-blind studies comparing Zometa to pamidronate, the current treatment standard. Zometa 4 mg in a 5-minute intravenous infusion or pamidronate 90 mg in a 2-hour intravenous infusion was given to 185 patients with HCM. The results of a primary analysis revealed that 88% of patients in the Zometa group and 70% of patients in the pamidronate group experienced normalization of corrected serum calcium concentrations by day 10 of the study. In the patients taking Zometa, the median duration of complete response (maintaining normalized serum calcium levels) was 32 days for the Zometa group and 18 days for the pamidronate group. Time to relapse was 30 days for the Zometa group and 17 days for the pamidronate group. No additional benefit was seen for Zometa 8 mg over Zometa 4 mg; however, the risk of renal toxicity with Zometa 8 mg was significantly greater than that seen with Zometa 4 mg. The most common adverse reactions associated with Zometa include flu-like syndrome, gastrointestinal reactions, anemia, insomnia, and dyspnea. Because of the risk of deterioration in renal function, which can progress to renal failure, the maximum recommended dose of Zometa should not exceed 4 mg, and the duration of infusion should be no less than 15 minutes.

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.