

NEWS FROM THE FDA

Lurasidone Gets Nod Based on Short-Term Data

BY ELIZABETH MEHCATIE

Another atypical antipsychotic, lurasidone, has been approved for treating adults with schizophrenia. The approval was based on the results of four short-term studies, the Food and Drug Administration announced.

In the four 6-week placebo-controlled studies of almost 1,300 adults with schizophrenia, those treated with lurasidone had a greater response to treatment than did those on placebo, as measured by different scales used to evaluate response to treatment in patients with schizophrenia, according to the drug's prescribing information.

Lurasidone, which comes in a tablet formulation, will be marketed by Sunovion Pharmaceuticals Inc. as Latuda. It will be available in February 2011, according to the company, previously called Sepracor Inc.

An initial dose of 40 mg is recommended; the maximum recommended dose is 80 mg once a day.

In the studies, the most common adverse events associated with treatment were drowsiness, akathisia, nausea, movement abnormalities, and agitation, according to the FDA's statement announcing the approval. In the statement, Dr. Thomas Laughren, director of the division of psychiatry products in the FDA's Center for Drug Evaluation and Research, referred to the importance of having multiple treatment options available for treating schizophrenia, because "some patients do not respond well to certain types of drug therapy."

In an interview, psychiatrist Rakesh

Karmacharya said that although lurasidone is "not drastically different from a mechanistic or a scientific viewpoint" from other atypical antipsychotics, it is "certainly helpful" to have another drug available to treat schizophrenia, since some patients respond to one drug and not to another, and patients might experience side effects with one drug but not another.

More experience and longer term use should determine whether lurasidone is associated with less weight gain and sedation than some of the other atypicals, noted Dr. Karmacharya, the medical director of the schizophrenia and bipolar disorder research clinic, McLean Hospital, Belmont, Mass.

He referred to preclinical data indicating that lurasidone binds weakly to receptors implicated in antipsychotic-induced weight gain, sedation, and cognitive effects, which might lead to a more favorable side-effect profile with long-term use, when compared to some of the other atypicals.

The preclinical data found that lurasidone binds weakly to histamine H1 receptors, which have been implicated in weight gain and sedation, to the 5HT2C receptor, which has also been implicated in weight gain, and to muscarinic receptors, which might be involved in some of the cognitive effects associated with antipsychotics, said Dr. Karmacharya, also of Harvard University.

He added that in the short-term clinical studies, lurasidone was not associated with weight gain but said that more experience with the drug is needed.

Dr. Karmacharya had no conflicts relevant to the approval. ■

Botox, Botox Cosmetic Approved as Prophylaxis for Chronic Migraine

The Food and Drug Administration has approved onabotulinumtoxinA for the prevention of chronic migraine in adults.

OnabotulinumtoxinA (Botox and Botox Cosmetic) is approved to be administered to patients with chronic migraine (defined as having migraine pain for more than 14 days per month) approximately every 12 weeks in multiple injections around the neck and head to dull future headache symptoms, the FDA has announced.

The most common adverse events reported by this population were neck pain and headache.

Botox has not been shown to be effective for treating migraine headache occurring 14 or fewer days per month or for other kinds of headache.

"[Chronic migraine] can greatly affect

family, work, and social life, so it is important to have a variety of effective treatment options available," Dr. Russell Katz, director of the division of neurology products at the FDA's Center for Drug Evaluation and Research in Silver Spring, Md., said in a statement.

Labels for Botox and Botox Cosmetic contain a boxed warning stating that botulinum toxin may spread from the injection site and cause potentially life-threatening symptoms that resemble botulism. No confirmed reports have been made of serious toxin spread when Botox has been used at the recommended dose to treat chronic migraine, hyperhidrosis, blepharospasm, or strabismus or when Botox Cosmetic has been used at the recommended dose to treat frown lines, the agency said.

—Teresa Lassman

FDA Warns About Unapproved OTC Chelation Products

BY ELIZABETH MEHCATIE

The Food and Drug Administration is encouraging health care professionals to report any adverse events associated with over-the-counter products marketed to patients as chelation treatments for various diseases. These products have not been approved by the FDA for any indication and are potentially dangerous.

During a media briefing, FDA officials said warning letters had been sent to eight manufacturers of these products, saying that they are considered unapproved drugs and devices and that making unproven claims about the products violates federal law.

If the companies fail to comply, they might be subjected to further legal action, including seizure of the products.

The FDA has not received any formal reports of severe adverse events associated with these products. Dr. Charles Lee, a medical officer in the division of new drugs and labeling compliance in the FDA's Center for Drug Evaluation and Research, said the risks of these products include dehydration, kidney failure, and death.

The companies have made claims that their products treat a variety of diseases by removing toxic chemicals and heavy metals from the body. Some of the com-

panies also make tests that they claim can detect the presence of heavy metals to determine whether chelation therapy is needed, the agency said.

Despite these claims, "the effectiveness in treating any of the diseases listed is unsubstantiated," the statement said.

The products – which are widely available on the Internet and come in trans-mucosal sprays, suppositories, capsules, liquid drops, clay baths, and other formulations – are marketed to treat the following conditions, including: autism spectrum disorder, Alzheimer's disease, cardiovascular diseases, macular degeneration, and Parkinson's disease.

FDA-approved chelation therapies are approved only as prescription products; screening tests are considered devices and also require FDA approval.

The products covered in the warning letter include "Advanced Formula EDTA Oral Chelation," which the manufacturer claims can unclog arteries, dissolve plaque, lower cholesterol, and prevent heart attacks. ■

More information about the products is available at

www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm229320.htm.

Adverse events associated with these products should be reported to the FDA's MedWatch program at 800-332-1088 or www.fda.gov/medwatch/.

Long-Acting Opioid Antagonist OK'd for Relapse Prevention

BY ELIZABETH MEHCATIE

The injectable extended-release formulation of naltrexone, marketed as Vivitrol, has been approved as a treatment for preventing relapses in people who have undergone opioid detoxification, the Food and Drug Administration has announced.

Vivitrol, approved in 2006 for the treatment of alcohol dependence, is administered in an intramuscular injection once a month, in patients who have no opioids remaining in their system. If opioids are present, patients may experience withdrawal symptoms, according to the FDA statement. Naltrexone is an opioid antagonist.

Approval was based on the results of a 6-month study of 250 patients who were completing or had recently completed detoxification and were no longer physically dependent on opioids. Between the 5th week and the end of the study, 36% of those treated with Vivitrol (one 380-mg injection once a month) had not used opioids at all, compared with 23% of those on placebo, a significant difference. All patients received psy-

chosocial support during the study.

Side effects associated with Vivitrol treatment include nausea, fatigue, headache, dizziness, vomiting, reduced appetite, painful joints, and muscle cramps, the FDA statement said. Serious side effects include injection site reactions, allergic reactions, hepatotoxicity, and depression, as well as suicide and suicidal thoughts and behavior.

Customized needles provided in the Vivitrol package must be used to inject the medication as an intramuscular gluteal injection, according to the FDA and Alkermes Inc., the manufacturer of Vivitrol.

In the FDA statement, Dr. Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, described the approval as "a significant advancement in addiction treatment."

The FDA has asked the company to conduct postmarketing pharmacokinetic and efficacy studies of Vivitrol in patients aged 12-16 years. ■

Serious adverse reactions associated with Vivitrol should be reported to the FDA's MedWatch program at 800-332-1088 or www.fda.gov/medwatch/.