

## Zelnorm<sup>™</sup> (tegaserod) – Market re-introduction, updated indication

- On April 1, 2019, <u>US WorldMeds announced</u> the <u>FDA approval</u> of <u>Zelnorm (tegaserod)</u>, for the treatment of adult women less than 65 years of age with irritable bowel syndrome with constipation (IBS-C).
  - The safety and effectiveness of Zelnorm in men with IBS-C have not been established.
- Zelnorm was originally approved on July 24, 2002, for the short-term treatment of women with IBS-C. However, in 2007, Zelnorm was withdrawn from the U.S. market due to an imbalance in cardiovascular adverse events occurring with Zelnorm that had not been previously identified.
  - Zelnorm has remained available in the U.S. through an expanded access program.
- The approval to reintroduce Zelnorm comes after a complete safety review by the FDA and an FDAassembled Gastrointestinal Drugs Advisory Committee (GIDAC). A positive GIDAC vote and FDA review both supported the reintroduction of Zelnorm for appropriate IBS-C patients.
- Zelnorm was also previously approved for the treatment of patients less than 65 years of age with chronic idiopathic constipation (CIC). This indication has been removed.
- Zelnorm is an agonist of serotonin type-4 (5-HT<sub>4</sub>) receptors that stimulates the peristaltic reflex and intestinal secretion, inhibits visceral sensitivity, enhances basal motor activity, and normalizes impaired motility throughout the gastrointestinal tract.
- No new efficacy studies were added in support of the indication to the prescribing information; however, approval to reintroduce Zelnorm comes after a complete safety review by the FDA and an FDA-assembled Gastrointestinal Drugs Advisory Committee (GIDAC). The review focused on a retrospective analysis of the pooled clinical trial database data (involving 18,645 patients) of 29 placebo-controlled trials of IBS-C and other gastrointestinal motility disorders of at least four weeks duration.
  - An external adjudication of the reported cardiovascular ischemic (CVI) events identified an imbalance in patients taking Zelnorm (13 events, 0.1%) vs. placebo (1 event, 0.01%).
  - A second external adjudication was conducted with additional patient-level information, and used a comprehensive pre-specified methodology regarding both case selection and assessment. This adjudication confirmed seven CVI events (0.06%) in patients taking Zelnorm vs. one event (0.01%) in placebo-treated patients.
  - An imbalance in MACE events (defined as cardiovascular death, non-fatal MI, non-fatal stroke) was observed in patients taking Zelnorm vs. placebo, as reported in both external adjudications. The rate of MACE events for Zelnorm-treated patients ranged from 0.03% to 0.06% in the overall population and 0.01% to 0.03% in the female population less than 65 years of age without a history of CVI disease vs. zero in the placebo-treated group.
- Zelnorm is contraindicated in patients with a history of a history of myocardial infarction, stroke, transient ischemic attack, or angina; a history of ischemic colitis or other forms of intestinal ischemia; severe renal impairment (eGFR < 15 mL/min/1.73 m²) or end-stage renal disease; moderate and severe hepatic impairment (Child-Pugh B or C); a history of bowel obstruction, symptomatic gallbladder disease, suspected sphincter of Oddi dysfunction, or abdominal adhesions; and hypersensitivity to tegaserod.</li>

- In addition, the *Warnings and Precautions* section of the labeling was updated to include cardiovascular ischemic events (including MACE) and suicidal ideation and behavior.
- Other warnings and precautions include ischemic colitis and volume depletion associated with diarrhea.
- The most common adverse reactions (> 2%) with Zelnorm use were headache, abdominal pain, nausea, diarrhea, flatulence, dyspepsia, and dizziness.
- The recommended dosage of Zelnorm in adult women less than 65 years of age is 6 mg taken twice daily orally at least 30 minutes before meals. Zelnorm should be discontinued in patients who have not had adequate control of symptoms after 4 to 6 weeks of treatment.
- US WorldMeds' plans for reintroduction of Zelnorm are pending. Zelnorm will be available as a 6 mg tablet.



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