RXADVANCE
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CLINICAL UPDATE

Brand Name	Zorvolex®
Generic Name	diclofenac submicronized
Drug Manufacturer	Iroko Pharmaceuticals LLC

Clinical Update

TYPE OF CLINICAL UPDATE

New formulation

FDA APPROVAL DATE

N/A

LAUNCH DATE

FDB addition date: September 16, 2020

REVIEW DESIGNATION

Unavailable

TYPE OF REVIEW

Unavailable

DISPENSING RESTRICTIONS

Unavailable

Overview

INDICATION(S) FOR USE

Zorvolex® is a nonsteroidal anti-inflammatory drug indicated for management of mild to moderate acute pain and osteoarthritis pain.

MECHANISMS OF ACTION

Diclofenac has analgesic, anti-inflammatory, and antipyretic properties.

The mechanism of action of Zorvolex®, like that of other NSAIDs, is not completely understood but involves inhibition of cyclooxygenase (COX-1 and COX-2).

Diclofenac is a potent inhibitor of prostaglandin synthesis in vitro. Diclofenac concentrations reached during therapy have produced in vivo effects. Prostaglandins sensitize afferent nerves and potentiate the action of bradykinin in inducing pain in animal models. Prostaglandins are mediators of inflammation. Because diclofenac is an inhibitor of prostaglandin synthesis, its mode of action may be due to a decrease of prostaglandins in peripheral tissues.

DOSAGE FORM(S) AND STRENGTH(S)

Capsules: 18 mg and 35 mg

CLINICAL UPDATE

DOSE & ADMINISTRATION

For Acute pain: 18 mg or 35 mg PO three times a day.

For Osteoarthritis pain: 35 mg PO three times a day.

EFFICACY

Acute Pain

The efficacy of Zorvolex® in the management of acute pain was demonstrated in a single multicenter, randomized, double-blind, placebo-controlled, parallel arm study comparing Zorvolex® 18 mg and 35 mg taken three times a day, placebo, and celecoxib in patients with pain following bunionectomy. The study enrolled 428 patients with a mean age of 40 years (range 18 to 65 years) and a minimum pain intensity rating of at least 40 mm on a 100 mm visual analog scale (VAS) during the 9-hour period after discontinuation of the anesthetic block following bunionectomy surgery. Patients were randomized equally across the treatment groups.

The mean and range (in parentheses) of pain intensities on the VAS at baseline were 74 mm (44 to 100 mm), 77 mm (41 to 100 mm), and 76 mm (40 to 100 mm) for the Zorvolex® 35 mg, Zorvolex® 18 mg, and placebo groups, respectively. One tablet of hydrocodone/acetaminophen 10 mg/325 mg was permitted every 4 to 6 hours as rescue medication. About 82% of patients in the Zorvolex® 35 mg group, 85% of the patients in the Zorvolex® 18 mg group, and 97% of patients in the placebo group took rescue medication for pain management during the study.

Both Zorvolex® 18 mg and 35 mg demonstrated efficacy in pain intensity reduction compared with placebo, as measured by the sum of pain intensity difference over 0 to 48 hours after the first dose.

Osteoarthritis Pain

The efficacy of Zorvolex® in the management of osteoarthritis pain was demonstrated in a single multicenter, randomized, double-blind, placebo-controlled, parallel-arm study comparing Zorvolex® 35 mg taken twice a day or three times a day and placebo in patients with osteoarthritis of the knee or hip. The study enrolled 305 patients with a mean age of 62 (range 41 to 90 years). Osteoarthritis pain was measured using the Western Ontario and McMaster University Osteoarthritis Index Pain Subscale (WOMAC Pain Subscale). Mean baseline WOMAC Pain Subscale Score across treatment groups was 75 mm using a 0 to 100 mm visual analog scale.

The primary efficacy parameter was the change from baseline at 12 weeks in the WOMAC Pain Subscale. Zorvolex® 35 mg three times a day reduced osteoarthritis pain compared with placebo, as measured by WOMAC Pain Subscale Score.