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Drug	Compound	Product Approval Date	Indication	Instruments	Verbatim Text from Label OR PRO-related language
Abilify	aripiprazole	11/15/2002	Major Depressive Disorder	Sheehan Disability Scale	In the two trials (n=381, n=362), ABILIFY was superior to placebo in reducing mean MADRS total scores. In one study, ABILIFY was also superior to placebo in reducing the mean SDS score.
Accupril	quinapril hydro-chloride	11/19/1991	Heart failure	Not specified	A significant dose response relationship for improvement in maximal exercise tolerance has been observed with ACCUPRIL therapy. Beneficial effects on the severity of heart failure as measured by New York Heart Association (NYHA) classification and Quality of Life and on symptoms of dyspnea, fatigue, and edema were evident after 6 months in a double-blind, placebo-controlled study. Favorable effects were maintained for up to two years of open label therapy. The effects of quinapril on long-term mortality in heart failure have not been evaluated.
Actemra	tocilizumab	1/8/2010	Arthritis	Childhood Health Assessment Ques-tionnaire Disability Index	Physical function and disability were assessed using the Childhood Health Assessment Questionnaire Disability Index (CHAQ-DI). Seventy-seven percent (58 out of 75) of patients in the ACTEMRA treatment group achieved a minimal clinically important improvement in CHAQ-DI (change from baseline of ≥ 0.13 units) at week 12 compared to 19% (7 out of 37) in the placebo treatment group.
Actemra	tocilizumab	1/8/2010	Arthritis	Health Assessment Questionnaire - Disability Index	In studies SC-I and SC-II, the mean decrease from baseline to week 24 in HAQ-DI was 0.6, 0.6, 0.4 and 0.3, and the proportion of patients who achieved a clinically relevant improve-ment in HAQ-DI (change from baseline of ≥ 0.3 units) was 65%, 67%, 58% and 47%, for the SC every week, IV 8 mg/kg, SC every other week, and placebo treatment groups, respective-ly.
Acuvail	ketorolac trometh-amine	7/22/2009	Pain	Not specified	ACUVAIL® was also significantly superior to vehicle in resolving ocular pain. On Day 1 post cataract surgery, 72% (233/322) of patients in the ACUVAIL® group were pain free com-pared to 40% (62/156) of patients in the vehicle group.
Aczone	dapsone	2/24/2016	Acne vulgaris	Global Acne As-sessment Score	Treatment response was defined at Week 12 as the proportion of subjects who were rated "none" or "minimal" with at least a two-grade improvement from baseline on the Global Acne Assessment Score (GAAS), and mean absolute change from baseline in both inflam-matory and non-inflammatory lesion counts. A GAAS score of "none" corresponded to no evidence of facial acne vulgaris. A GAAS score of "minimal" corresponded to a few non-in-flammatory lesions (comedones) being present and to a few inflammatory lesions (papules/ pustules) that may be present. The GAAS success rate, mean reduction, and percent reduction in acne lesion counts from baseline after 12 weeks of treatment are presented in the following table.

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Addyi	flibanserin	8/18/2015	hypoactive sexual desire disorder	Female Sexual Function Index	The three trials had a secondary endpoint that measured bother (a component of distress) related to sexual desire using Question 13 of the Female Sexual Distress Scale-Revised (FSDS-R). This question asks "How often did you feel: Bothered by low sexual desire?" Patients assessed their sexual distress over a 7-day recall period and responded on a scale of 0 (never) to 4 (always). The efficacy results from Studies 1, 2, and 3 are summarized in Table 6. In all three trials, ADDYI resulted in statistically significant improvement compared to placebo in the change from baseline in monthly SSEs at Week 24. In Study 1 and 2, there were no statistically significant differences between ADDYI and placebo for the eDiary sexual desire endpoint (change in baseline to Week 24). In contrast, in Study 3 there was statistically significant improvement in the change from baseline to Week 24 in sexual desire (using the FSFI Desire Domain) with ADDYI compared to placebo. The FSFI Desire Domain findings were consistent across all three trials as were the findings for the secondary endpoint that assessed distress using Question 13 of the FSDS-R. Results in Table 6
Advair Diskus	fluticasone propionate and salmeterol inhalation powder	8/24/2000	Asthma	Asthma Quality of Life Questionnaire	The subjective impact of asthma on subjects' perception of health was evaluated through 1320 use of an instrument called the Asthma Quality of Life Questionnaire (AQLQ) (based on a 71321 point scale where 1 = maximum impairment and 7 = none). Subjects receiving ADVAIR 1322 DISKUS 100/50 had clinically meaningful improvements in overall asthma-specific quality of 1323 life as defined by a difference between groups of ≥0.5 points in change from baseline AQLQ 1324 scores (difference in AQLQ score of 1.25 compared with placebo).
Advair HFA	fluticasone propionate; salmeterol xinafoate	6/8/2006	Asthma	Asthma Quality of Life Questionnaire	The subjective impact of asthma on patients' perceptions of health was evaluated through 1157 use of an instrument called the Asthma Quality of Life Questionnaire (AQLQ) (based on a 1158 7-point scale where 1 = maximum impairment and 7 = none). Patients receiving ADVAIR HFA 1159 45/21 had clinically meaningful improvements in overall asthma-specific quality of life as 1160 defined by a difference between groups of ≥0.5 points in change from baseline AQLQ scores 1161 (difference in AQLQ score of 1.14 [95% CI: 0.85, 1.44] compared with placebo).
Advate	Antihemophilic Factor	7/25/2003	Hemophilia A and B	SF-36	As a secondary endpoint, the study assessed all Short Form Health Survey (SF-36v1) domains. The SF-36v1 is a valid and reliable measure of health-related quality of life that is comprised of 8 domain and 2 summary scores (Table 13).
Adzenys XR-ODT	amphetamine	1/28/2016	ADHD	ADHD RS-IV, SKAMP, PERMP: Completed by teachers	Significant improvements on the ADHD-RS-IV, based upon teacher ratings of attention and hyperactivity, were observed for all doses compared to patients who received placebo, for all three weeks, including the first week of treatment, when all subjects were receiving a dose of 10 mg/day. Patients who received MAS ER showed improvements on the ADHD-RS-IV total score in both morning and afternoon assessments compared to patients on placebo. In a classroom analogue study, patients (N=51) receiving fixed doses of 10 mg, 20 mg or 30 mg MAS ER demonstrated statistically significant improvements on teacher-rated Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) scale Attention and Deportment variables and Permanent Product Measure of Performance (PERMP) scales compared to patients treated with placebo. SKAMP is a validated 13-item teacher-rated scale that assesses manifestations of ADHD in a classroom setting. PERMP is a skill-adjusted math test that measure attention in ADHD.

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Adzenys XR-ODT	amphetamine	1/28/2016	ADHD	ADHD-RS	Improvements, measured with the Attention Deficit Hyperactivity Disorder-Rating Scale (ADHD-RS) were observed at endpoint for MAS ER 20, 40 and 60 mg, compared to patients who received placebo for all four weeks. However, there was not adequate evidence that doses greater than 20 mg/day conferred additional benefit.
Aemcolo	rifamycin	11/16/18	Travelers' Diarrhea	Diarrhea scale-not specified	The clinical efficacy of AEMCOLO was assessed using an endpoint of time to last unformed (watery or soft) stool (TLUS) before achieving clinical cure. The endpoint of clinical cure was defined as two or fewer soft stools and minimal enteric symptoms at the beginning of a 24-hour period or no unformed stools at the beginning of a 48-hour period. Kaplan-Meier estimates of TLUS for the intent-to-treat (ITT) Population, which includes all randomized subjects, in Trial 1 (Figure 1) show that AEMCOLO significantly reduced the TLUS compared to placebo (p=0.0008). Table 1 displays the median TLUS and the number of patients who achieved clinical cure for the ITT population in Trial 1. The median duration of diarrhea was significantly shorter in patients treated with AEMCOLO than in the placebo group. More patients treated with AEMCOLO were classified as clinical cures than were those in the placebo group. The results of Trial 2 supported the results presented for Trial 1. In addition, this trial provided evidence that AEMCOLO-treated subjects with fever and/or bloody diarrhea at baseline had prolonged TLUS.

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Aimovig	erenumab-aooe	05/17/18	Migraine	Migraine days; Migraine Physical Function Impact Diary (MPFID)	Secondary endpoints included the achievement of a ≥ 50% reduction from baseline in mean monthly migraine days over months 4 to 6 ("≥ 50% MMD responders"), the change from baseline in mean monthly acute migraine-specific medication days over months 4 to 6, and the change from baseline in mean Migraine Physical Function Impact Diary (MPFID) over months 4 to 6. The MPFID measures the impact of migraine on everyday activities (EA) and physical impairment (PI) using an electronic diary administered daily. Monthly MPFID scores are averaged over 28 days, including days with and without migraine; scores are scaled from 0 to 100. Higher scores indicate worse impact on EA and PI. Reductions from baseline in MPFID scores indicate improvement. AIMOVIG treatment demonstrated statistically significant improvements for key efficacy endpoints compared to placebo, as summarized in Table 3. Compared to placebo, patients treated with AIMOVIG 70 mg once monthly and 140 mg once monthly showed greater reductions from baseline in mean monthly MPFID everyday activity scores averaged over months 4 to 6 [difference from placebo: -2.2 for AIMOVIG 70 mg and -2.6 for AIMOVIG 140 mg; p-value < 0.001 for both], and in mean monthly MPFID physical impairment scores averaged over months 4 to 6 [difference from placebo: -1.9 for AIMOVIG 70 mg and -2.4 for AIMOVIG 140 mg; p-value < 0.001 for both]. Secondary endpoints included the achievement of a = 50% reduction from baseline in monthly migraine days ("= 50% MMD responders"), the change from baseline in monthly acute migraine-specific medication days at month 3, and the proportion of patients with at least a 5-point score reduction from baseline in MPFID at month 3. AIMOVIG treatment demonstrated statistically significant improvements for key efficacy endpoints compared to placebo, as summarized in Table 4. The pre-specified analysis for the MPFID was based on at least a 5-point reduction within-patient responder definition. AIMOVIG 70 mg once monthly was not significantly better than placebo for the proportion of responders for everyday activity [difference from placebo: 4.7%; odds ratio = 1.2; p-value = 0.26] and physical impairment [difference from placebo: 5.9%; odds ratio = 1.3; p-value = 0.13]. In an exploratory analysis of the change from baseline in the mean MPFID scores at month 3, patients treated with AIMOVIG 70 mg, as compared to placebo, showed nominally greater reductions of physical impairment scores [difference from placebo: -1.3; p-value = 0.021], but not of everyday activities scores [difference from placebo: -1.1; p-value = 0.061].
Alamast	pemirolast potassium	9/24/1999	Allergic conjunctivitis	Daily Ocular Itching and Redness from Subject Diary	From Label: In clinical environmental studies, Alamast was significantly more effective than placebo after 28 days in preventing ocular itching associated with allergic conjunctivitis. From Medical Review posted on FDA web site: The primary efficacy variables in this study were daily ocular itching and redness recorded in subject diary, and ocular itching and redness recorded at the office visits. Daily Ocular Itching and Redness from Subject Diary: The following subject diary variables were recorded using 9 point scales (0 - 4 scale with half grades allowed): Worst Itching During the Day ... Bedtime Itching ... Bedtime Redness.

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Allegra	fexofenadine hydrochloride (oral suspension)	10/16/2006	Allergic rhinitis	Not specified	In three 2-week, multicenter, randomized, double-blind, placebo-controlled trials in subjects 12 to 68 years of age with seasonal allergic rhinitis (n=1634), fexofenadine hydrochloride 60 mg twice daily significantly reduced total symptom scores (the sum of the individual scores for sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes) compared to placebo. Statistically significant reductions in symptom scores were observed following the first 60 mg dose, with the effect maintained throughout the 12-hour interval. In these studies, there was no additional reduction in total symptom scores with higher doses. In one 2-week, multicenter, randomized, double-blind clinical trial in subjects 12 to 65 years of age with seasonal allergic rhinitis (n=863), fexofenadine hydrochloride 180 mg once daily significantly reduced total symptom scores (the sum of the individual scores for sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes) compared to placebo.
Allegra	fexofenadine hydrochloride (oral suspension)	10/16/2006	Chronic Idiopathic Urticaria	Not specified	Efficacy was demonstrated by a significant reduction in mean pruritus scores (MPS), mean number of wheals (MNW), and mean total symptom scores (MTSS, the sum of the MPS and MNW score). Although all 4 doses were significantly superior to placebo, symptom reduction was greater and efficacy was maintained over the entire 4-week treatment period with fexofenadine hydrochloride doses of ≥60 mg twice daily. However, no additional benefit of the 120 or 240 mg fexofenadine hydrochloride twice daily dose was seen over the 60 mg twice daily dose in reducing symptom scores. In one 4-week, multicenter, randomized, double-blind, placebo-controlled clinical trial in subjects 12 years of age and older with chronic idiopathic urticaria (n=259), fexofenadine hydrochloride 180 mg once daily significantly reduced the mean number of wheals (MNW), the mean pruritus score (MPS), and the mean total symptom score (MTSS, the sum of the MPS and MNW scores). Similar reductions were observed for mean number of wheals and mean pruritus score at the end of the 24-hour dosing interval. Symptom reduction was greater with fexofenadine hydrochloride180 mg than with placebo. Improvement was demonstrated within 1 day of treatment with fexofenadine hydrochloride 180 mg and was maintained over the entire 4week treatment period.
Alprolix	coagulation factor IX	3/28/2014	Hemophilia A and B	Unknown	Efficacy in control of bleeding episodes is summarized in Table 6. Table 6: Efficacy in Control of Bleeding *Excellent: abrupt pain relief and/or improvement in signs of bleeding; Good: definite pain relief and/or improvement in signs of bleeding but possibly requiring another injection in 1-2 days; Moderate: probable or slight beneficial effect and requiring more than one injection; No response: no improvement, or worsening. Response evaluated at approximately 8 hours after treatment.
Alvesco	Ciclesonide	1/10/2008	Asthma	Not specified	Additional efficacy variables were asthma symptoms, use of albuterol for rescue, AM PEF, nighttime awakenings, and withdrawal due to asthma worsening. Other measures of asthma control AM PEF, and need for rescue albuterol also improved in all the ALVESCO treatment groups compared to placebo but the improvement was greatest with the ALVESCO 80 mcg twice daily treatment arm. Discontinuations from the study for lack of efficacy were lower in the ALVESCO treatment groups compared to placebo. Fewer patients receiving ALVESCO experienced asthma worsening than did patients receiving placebo.

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Amerge	naratriptan hydrochloride	2/10/1998	Migraine	Not specified	Headache response, defined as a reduction in headache severity from moderate or severe pain to mild or no pain, was assessed up to 4 hours after dosing. In all 3 trials, the percentage of patients achieving headache response 4 hours after treatment, the primary outcome measure, was significantly greater among patients receiving AMERGE compared with those who received placebo. In all trials, response to 2.5 mg was numerically greater than response to 1 mg and in the largest of the 3 trials, there was a statistically significant greater percentage of patients with headache response at 4 hours in the 2.5-mg group compared with the 1-mg group. The results are summarized in Table 2. For patients with migraine-associated nausea, photophobia, and phonophobia at baseline, there was a lower incidence of these symptoms 4 hours following administration of 1-mg and 2.5-mg AMERGE compared with placebo.
Amevive	Alefacept	1/30/2003	Plaque psoriasis	Physician Global Assessment	Other treatment responses included the proportion of patients who achieved a scoring of "almost clear" or "clear" by Physician Global Assessment (PGA) and the proportion of patients with a reduction in PASI of at least 50% from baseline two weeks after the 12-week treatment period.
Amitiza	Lubiprostone	1/31/2006	Constipation	Not specified	Chronic idiopathic constipation was defined as, on average, less than 3 spontaneous bowel movements (SBMs) per week (a SBM is a bowel movement occurring in the absence of laxative use) along with one or more of the following symptoms of constipation for at least 6 months prior to randomization: 1) very hard stools for at least a quarter of all bowel movements; 2) sensation of incomplete evacuation following at least a quarter of all bowel movements; and 3) straining with defecation at least a quarter of the time. The primary endpoint of the studies was SBM frequency. In both studies, Amitiza demonstrated increases in the percentage of patients who experienced SBMs within the first 24 hours after administration when compared to placebo (56.7% vs. 36.9% in Study 1 and 62.9% vs. 31.9% in Study 2, respectively). Similarly, the time to first SBM was shorter for patients receiving Amitiza than for those receiving placebo. Signs and symptoms related to constipation, including abdominal bloating, abdominal discomfort, stool consistency, and straining, as well as constipation severity ratings, were also improved with Amitiza versus placebo. The results were consistent in subpopulation analyses for gender, race, and elderly patients (≥ 65 years of age).
Amitiza	Lubiprostone	1/31/2006	Constipation	Brief Pain Inventory - Short Form	The Brief Pain Inventory-Short Form (BPI-SF) questionnaire was administered to patients at baseline and monthly during the treatment period to assess pain control.

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Amitiza	Lubiprostone	1/31/2006	Irritable bowel syndrome	Global Symptom Relief Item	The primary efficacy endpoint was assessed weekly utilizing the patient's response to a global symptom relief question based on a 7-point, balanced scale ("significantly worse" to "significantly relieved"): "How would you rate your relief of IBS symptoms (abdominal discomfort/pain, bowel habits, and other IBS symptoms) over the past week compared to how you felt before you entered the study?" The percentage of patients in Study 1 qualifying as an "overall responder" was 13.8% in the group receiving Amitiza 8 mcg twice daily compared to 7.8% of patients receiving placebo twice daily. In Study 2, 12.1% of patients in the Amitiza 8 mcg group were "overall responders" versus 5.7% of patients in the placebo group. In both studies, the treatment differences between the placebo and Amitiza groups were statistically significant. During a 4-week randomized withdrawal period following Study 1, patients who received Amitiza during the 12-week treatment period were re-randomized to receive either placebo or to continue treatment with Amitiza. In Amitiza-treated patients who were "overall responders" during Study 1 and who were re-randomized to placebo, SBM frequency rates did not result in worsening compared to baseline.
Ampyra	Dalfampridine	1/22/2010	Multiple sclerosis	Timed 25-Foot Walk Test	The primary measure of efficacy in both trials was walking speed (in feet per second) as measured by the Timed 25-foot Walk (T25FW), using a responder analysis. A responder was defined as a patient who showed faster walking speed for at least three visits out of a possible four during the double-blind period than the maximum value achieved in the five non-double-blind no treatment visits (four before the double-blind period and one after). A significantly greater proportion of patients taking AMPYRA 10 mg twice daily were responders, compared to patients taking placebo, as measured by the T25FW (Trial 1: 34.8% vs. 8.3%; Trial 2: 42.9% vs. 9.3%). The increased response rate in the AMPYRA group was observed across all four major types of MS disease course. During the double-blind treatment period, a significantly greater proportion of patients taking AMPYRA 10 mg twice daily had increases in walking speed of at least 10%, 20%, or 30% from baseline, compared to placebo (Figure 1 and Figure 2).
Ampyra	Dalfampridine	1/22/2010	Multiple sclerosis	12-Item Multiple Sclerosis Walking Scale	In Trial 1 and Trial 2, consistent improvements in walking speed were shown to be associated with improvements on a patient self-assessment of ambulatory disability, the 12-item Multiple Sclerosis Walking Scale (MSWS-12), for both drug and placebo treated patients. However, a drug-placebo difference was not established for that outcome measure.

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Amrix	Cyclobenzaprine Hydrochloride	2/1/2007	Muscle spasm	Patient's Rating of Medical Helpfulness Patient-Rated Relief from Local Pain Patient-Rated Restriction of Movement Patient-Rated Global Impression of Change Patient-Rated Restriction in Activities of Daily Living Patient-Rated Quality of Nighttime Sleep	There were significant differences in the primary efficacy analysis, the patient's rating of medication helpfulness, between the AMRIX 15 mg group and the placebo group at Days 4 and 14 in one study and between the AMRIX 30 mg group and the placebo group at Day 4 in the second study [Data presented in a Table]. In addition, one of the two studies demonstrated significant differences between the AMRIX 30 mg group and the placebo group in terms of patient-rated relief from local pain due to muscle spasm at Day 4 and Day 8, in patient-rated restriction of movement at Day 4 and Day 8, and in patient-rated global impression of change at Day 4, Day 8, and Day 14. In both studies, there were no significant treatment differences between the AMRIX treatment groups and the placebo group in physician's global assessment, patient-rated restriction in activities of daily living, or quality of nighttime sleep.
Anaprox	naproxen	9/4/1980	Ankylosing spondylitis; Arthritis; Gout; Osteoarthritis; Pain; Rheumatoid arthritis	Not specified	Improvement in patients treated for rheumatoid arthritis was demonstrated by a reduction in joint swelling, a reduction in duration of morning stiffness, a reduction in disease activity as assessed by both the investigator and patient, and by increased mobility as demonstrated by a reduction in walking time. In patients with osteoarthritis, the therapeutic action of naproxen has been shown by a reduction in joint pain or tenderness, an increase in range of motion in knee joints, increased mobility as demonstrated by a reduction in walking time, and improvement in capacity to perform activities of daily living impaired by the disease. In clinical studies in patients with rheumatoid arthritis, osteoarthritis, and juvenile arthritis, naproxen has been shown to be comparable to aspirin and indomethacin in controlling the aforementioned measures of disease activity, but the frequency and severity of the milder gastrointestinal adverse effect (nausea, dyspepsia, heartburn) and nervous system adverse effects (tinnitus, dizziness, lightheadedness) were less in naproxen-treated patients than in those treated with aspirin or indomethacin. In patients with ankylosing spondylitis, naproxen has been shown to decrease night pain, morning stiffness and pain at rest. In double-blind studies the drug was shown to be as effective as aspirin, but with fewer side effects. In patients with acute gout, a favorable response to naproxen was shown by significant clearing of inflammatory changes (eg, decrease in swelling, heat) within 24 to 48 hours, as well as by relief of pain and tenderness. Naproxen has been studied in patients with mild to moderate pain secondary to postoperative, orthopedic, postpartum episiotomy and uterine contraction pain and dysmenorrhea. Onset of pain relief can begin within 1 hour in patients taking naproxen and within 30 minutes in patients taking naproxen sodium. Analgesic effect was shown by such measures as reduction of pain intensity scores, increase in pain relief scores, decrease in numbers of patients requiring additional analgesic medication, and delay in time to remedication.

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AndroGel	testosterone gel	2/28/2000	Hypogonadism	Not specified	AndroGel 1% treatment at 50 mg/day and 100 mg/day for 90 days produced significant improvement in libido (measured by sexual motivation, sexual activity and enjoyment of sexual activity as assessed by patient responses to a questionnaire). The degree of penile erection as subjectively estimated by the patients, increased with AndroGel 1% treatment, as did the subjective score for "satisfactory duration of erection." AndroGel 1% treatment at 50 mg/day and 100 mg/day produced positive effects on mood and fatigue. Similar changes were seen after 180 days of treatment and in the group treated with the 75 mg dose.
Anzemet	dolasetron mesylate	9/11/1997	Nausea and vomiting	Visual Analog Scale [0 - 100]	Oral Anzemet at a dose of 100 mg prevents nausea and vomiting associated with moderately emetogenic cancer therapy as shown by 24 hour efficacy data from two double-blind studies. Efficacy was based on complete response (ie, no vomiting, no rescue medication) [Data presented in Table]. Nausea Score = Median 24-h change from baseline nausea score using visual analog scale (VAS): Score range 0 = 'none' to 100 = 'nausea as bad as it could be.'
Arava	leflunomide	9/10/1998	Rheumatoid arthritis	Health Assessment Questionnaire SF-36	The Health Assessment Questionnaire (HAQ) assesses a patient's physical function and degree of disability. The mean change from baseline in functional ability as measured by the HAQ Disability Index (HAQ DI) in the 6 and 12 month placebo and active controlled trials is shown in Figure 4. ARAVA was statistically significantly superior to placebo in improving physical function. Superiority to placebo was demonstrated consistently across all eight HAQ DI subscales (dressing, arising, eating, walking, hygiene, reach, grip and activities) in both placebo controlled studies. The Medical Outcomes Survey Short Form 36 (SF-36), a generic health-related quality of life questionnaire, further addresses physical function. In US301, at 12 months, ARAVA provided statistically.
Arcalyst	rilonacept	2/27/2008	Cryopyrin-associated periodic syndromes	Daily Diary	Using a daily diary questionnaire, patients rated the following five signs and symptoms of CAPS: joint pain, rash, feeling of fever/chills, eye redness/pain, and fatigue, each on a scale of 0 (none, no severity) to 10 (very severe). The study evaluated the mean symptom score using the change from baseline to the end of treatment. The changes in mean symptom scores for the randomized parallel-group period (Part A) and the randomized withdrawal period (Part B) of the study are shown in Table 2. ARCALYST-treated patients had a larger reduction in the mean symptom score in Part A compared to placebo-treated patients. In Part B, mean symptom scores increased more in patients withdrawn to placebo compared to patients who remained on ARCALYST. [Data presented in Table].
Arcapta Neohaler	indacaterol maleate	7/1/2011	COPD	St. George's Respiratory Questionnaire	Health-related quality of life was measured using the St. George's Respiratory Questionnaire (SGRQ) in all six confirmatory COPD clinical trials. SGRQ is a disease-specific patient reported instrument which measures symptoms, activities, and its impact on daily life. At week 12, pooled data from these trials demonstrated an improvement over placebo in SGRQ total score of -3.8 with a 95% CI of (-5.3, -2.3) for the ARCAPTA NEOHALER 75 mcg dose, -4.6 with a 95% CI of (-5.5, -3.6) for 150 mcg, and -3.8 with a 95% CI of (-4.9, -2.8) for 300 mcg. The confidence intervals for this change are widely overlapping with no dose ordering. Results from individual studies were variable, but are generally consistent with the pooled data results.

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Aredia	Pamidronate Disodium	9/22/1998	Hypercalciemia	Spitzer QoL Index	In addition, decreases in pain scores from baseline occurred at the last measurement for those Aredia patients with pain at baseline (P=.026) but not in the placebo group. At the last measurement, a worsening from baseline was observed in the placebo group for the Spitzer quality of life variable (P<.001) and ECOG performance status (P<.011) while there was no significant deterioration from baseline in these parameters observed in Aredia-treated patients. Pain and analgesic scores, ECOG performance status and Spitzer quality of life index were measured at baseline and periodically during the trials. The changes from baseline to the last measurement carried forward are shown in the table below [Data presented in Table].
Aredia	Pamidronate Disodium	9/22/1998	Hypercalciemia	Not specified	In addition, decreases in pain scores from baseline occurred at the last measurement for those Aredia patients with pain at baseline (P=.026) but not in the placebo group. At the last measurement, a worsening from baseline was observed in the placebo group for the Spitzer quality of life variable (P<.001) and ECOG performance status (P<.011) while there was no significant deterioration from baseline in these parameters observed in Aredia-treated patients. Pain and analgesic scores, ECOG performance status and Spitzer quality of life index were measured at baseline and periodically during the trials. The changes from baseline to the last measurement carried forward are shown in the table below [Data presented in Table].
Aricept	donepezil hydrochloride	11/25/1996	Alzheimer's disease	Clinician's Interview based impression of Change Plus	The ability of ARICEPT® to produce an overall clinical effect was assessed using a Clinician's Interview Based Impression of Change that required the use of caregiver information, the CIBIC plus. The CIBIC plus is not a single instrument and is not a standardized instrument like the ADAS-cog. Clinical trials for investigational drugs have used a variety of CIBIC formats, each different in terms of depth and structure. The CIBIC plus used in ARICEPT® trials was a semi-structured instrument that was intended to examine four major areas of patient function: General, Cognitive, Behavioral and Activities of Daily Living. It represents the assessment of a skilled clinician based upon his/her observations at an interview with the patient, in combination with information supplied by a caregiver familiar with the behavior of the patient over the interval rated.
Aristada	aripiprazole	10/05/2015	Schizophrenia	Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression Improvement Scale (CGI-I)	The primary efficacy variable was the change from baseline to endpoint (Day 85) in PANSS total score. Statistically significant separation from placebo on PANSS total score change was observed in each ARISTADA dose group (Table 11). The visit-wise mean change from baseline on PANSS total score change for each treatment group is shown in Figure 6. The secondary efficacy endpoint was defined as the CGI-I score at Day 85. Both ARISTADA treatment groups demonstrated statistically significantly better CGI-I scores versus placebo.
Asclera	polidocanol	3/30/2010	Varicose veins	Patient-Rated Treatment Success Patient-Rated Treatment Satisfaction	The secondary efficacy criterion was the rate of treatment success, pre-defined as a score of 4 or 5 with patients scoring 1, 2, or 3 considered treatment failures; results are shown in Table 3. [Data presented in Table]. At 12 and 26 weeks, patients' judgment of the results was assessed by showing them the digital images of their treatment area taken at baseline and asking them to rate their satisfaction with their treatment using a verbal rating scale (1 = very unsatisfied; 2 = somewhat unsatisfied; 3 = slightly satisfied; 4 = satisfied and 5 = very satisfied); results are shown in Table 4 [Data presented in Table].

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Austedo	deutetrebenazine	04/03/2017	Chorea associated with Huntington's disease	Unified Huntington's Disease Rating Scale (UHDRS)	The primary efficacy endpoint was the Total Maximal Chorea Score, an item of the Unified Huntington's Disease Rating Scale (UHDRS). Total Maximal Chorea Scores for patients receiving AUSTEDO improved by approximately 4.4 units from baseline to the maintenance period (average of Week 9 and Week 12), compared to approximately 1.9 units in the placebo group. The treatment effect of -2.5 units was statistically significant (p<0.0001). The Maintenance Endpoint is the mean of the Total Maximal Chorea Scores for the Week 9 and Week 12 visits. At the Week 13 follow-up visit (1 week after discontinuation of the study medication), the Total Maximal Chorea Scores of patients who had received AUSTEDO returned to baseline.
Austedo	deutetrabenazine	04/03/2017	Chorea associated with Huntington's disease	Patient-rated Global Impression of Change (PGIC)	A patient-rated global impression of change assessed how patients rated their overall Huntington's disease symptoms. Fifty-one percent of patients treated with AUSTEDO rated their symptoms as "Much Improved" or "Very Much Improved" at the end of treatment, compared to 20% of placebo-treated patients.
Austedo	duetetrabenazine	04/03/2017	Chorea associated with Huntington's disease	Physician-rated clinical Global Impression of Change	In a physician-rated clinical global impression of change, 42% percent of patients treated with AUSTEDO rated their symptoms as "Much Improved" or "Very Much Improved" at the end of treatment compared to 13% of placebo-treated patients.
Avinza	morphine sulfate	3/20/2002	Pain	WOMAC OA Index Pain VAS Subscale Score	Thirty-milligrams AVINZA capsules administered once-daily, either in the morning or the evening, were more effective than placebo in reducing pain [Data presented in Table].
Avodart	dutasteride	11/20/2001	Benign prostatic hyperplasia	American Urological Association Symptom Index International Prostate Symptom Score	Symptoms were quantified using the AUA-SI, a questionnaire that evaluates urinary symptoms (incomplete emptying, frequency, intermittency, urgency, weak stream, straining, and nocturia) by rating on a 0 to 5 scale for a total possible score of 35, with higher numerical total symptom scores representing greater severity of symptoms. The baseline AUA-SI score across the 3 trials was approximately 17 units in both treatment groups. Subjects receiving dutasteride achieved statistically significant improvement in symptoms versus placebo by Month 3 in 1 trial and by Month 12 in the other 2 pivotal trials. At Month 12, the mean decrease from baseline in AUA-SI total symptom scores across the 3 trials pooled was 3.3 units for dutasteride and -2.0 units for placebo with a mean difference between the 2 treatment groups of -1.3 (range: -1.1 to -1.5 units in each of the 3 trials, P<0.001) and was consistent across the 3 trials. At Month 24, the mean decrease from baseline was -3.8 units for dutasteride and 1.7 units for placebo with a mean difference of -2.1 (range: -1.9 to -2.2 units in each of the 3 trials, P<0.001). [Data presented in Figure]. Combination therapy was statistically superior to each of the monotherapy treatments in decreasing symptom score at Month 24, the primary time point for this endpoint. At Month 24 the mean changes from baseline (SD) in IPSS total symptom scores were -6.2 (7.14) for combination, -4.9 (6.81) for AVODART, and -4.3 (7.01) for tamsulosin, with a mean difference between combination and AVODART of -1.3 units (P<0.001; [95% CI: -1.69, -0.86]), and between combination and tamsulosin of -1.8 units (P<0.001; [95% CI: -2.23, -1.40]). A significant difference was seen by Month 9 and continued through Month 48. At Month 48 the mean changes from baseline (SD) in IPSS total symptom scores were -6.3 (7.40) for combination, -5.3 (7.14) for AVODART, and -3.8 (7.74) for tamsulosin, with a mean difference between combination and AVODART of -0.96 units (P<0.001; [95% CI: -1.40, -0.52]), and between combination and tamsulosin of -2.5 units (P<0.001; [95% CI: -2.96, -2.07]) [Data presented in Figure].

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Axert	almotriptan	5/7/2001	Migraine	Not specified	In these studies, the percentage of patients achieving a response (mild or no pain) 2 hours after treatment was significantly greater in patients who received either AXERT 6.25 mg or 12.5 mg, compared with those who received placebo. A higher percentage of patients reported pain relief after treatment with the 12.5 mg dose than with the 6.25 mg dose. Doses greater than 12.5 mg did not lead to significantly better response. These results are summarized in Table 3 [Data presented in Table].
Axid Oral solution	nizatidine	5/25/2004	GERD	Not specified	In these studies in patients 12 years and older, nizatidine was found to reduce the severity and frequency of GERD symptoms, improve physical well-being, and reduce the frequency of supplemental antacid consumption. No efficacy in pediatric patients <12 years of age has been established. Clinical studies in patients 2 to 12 years of age with GERD, demonstrated no difference in either symptom improvements or healing rates between nizatidine and placebo or between different doses of nizatidine.
Azilect	rasagiline	5/16/2006	Parkinson's disease	Unified Parkinson's Disease Rating Scale	AZILECT (1 or 2 mg once daily) was superior to placebo on the primary measure of effectiveness in patients receiving six months of treatment and not on dopaminergic therapy.The effectiveness of AZILECT 1 mg and 2 mg was comparable.Table 4 shows the results of Study 1. There were no differences in effectiveness based on age or gender between AZILECT 1 mg/day and placebo [Data presented in Table].
Azilect	rasagiline	5/16/2006	Parkinson's disease	Daily Diary	Patients kept home Parkinson's disease diaries just prior to baseline and at specified intervals during the trial. Diaries recorded one of the following four conditions for each half-hour interval over a 24-hour period: "ON" (period of relatively good function and mobility) as either "ON" with no dyskinesia or without troublesome dyskinesia, or "ON" with troublesome dyskinesia, "OFF" (period of relatively poor function and mobility) or asleep. In Study 3 and Study 4, the primary measure of effectiveness was the change in the mean number of hours spent in the "OFF" state at baseline compared to the mean number of hours spent in the "OFF" state during the treatment period.
Banzel	rufinamide	11/14/2008	Seizures	Parent/Guardian Global Evaluation	Seizure severity from the Parent/Guardian Global Evaluation of the patient's condition. This was a 7-point assessment performed at the end of the Double-blind Phase. A score of +3 indicated that the patient's seizure severity was very much improved, a score of 0 that the seizure severity was unchanged, and a score of -3 that the seizure severity was very much worse. The results of the three primary endpoints are shown in Table 7 below.
Belbuca	buprenorphine hydrocholoride	10/23/2015	Pain	0 to 10 numeric rating scale (NRS)	Of the patients who were randomized, the mean pain (SD) scores on a 0 to 10 numeric rating scale (NRS) were 7.1 (1.06) and 7.2 (1.05) prior to open-label titration and 2.8 (1.01) and 2.8 (1.12) at the beginning of the double-blind period for BELBUCA and placebo, respectively. The change from double-blind baseline to week 12 in mean pain (SD) NRS score was statistically significant favoring patients treated with BELBUCA, compared with patients treated with placebo. A higher proportion of BELBUCA patients (62%) had at least a 30% reduction in pain score from prior to open-label titration to study endpoint when compared to patients who received placebo buccal film (47%). A higher proportion of BELBUCA patients (41%) also had at least a 50% reduction in pain score from prior to open-label titration to study endpoint compared to patients who received placebo (33%). The proportion of patients with various degrees of improvement, from prior to open-label titration (Titration-Baseline) to study endpoint, is shown in Figure 1 below.

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Belsomra	suvorexant	8/13/2014	Insomnia	Unknown; subjective report of patient-estimated sleep latency and patient-estimated total sleep.	In Study 1 and Study 2, BELSOMRA 15 mg or 20 mg was superior to placebo for sleep latency as assessed both objectively by polysomnography (Table 3) and subjectively by patient-estimated sleep latency (Table 4). BELSOMRA 15 mg or 20 mg was also superior to placebo for sleep maintenance, as assessed both objectively by polysomnography (Table 5) and subjectively by patient-estimated total sleep time (Table 6). The effects of BELSOMRA at night 1 (objective) and week 1 (subjective) were generally consistent with later time points. The efficacy of BELSOMRA was similar between women and men and, based on limited data, between Caucasians and non-Caucasians. Data presented in Tables
Bepreve	bepotastine besilat	9/8/2009	Allergic conjunctivitis	Unclear	Bepreve (bepotastine besilate ophthalmic solution) 1.5% was more effective than its vehicle for relieving ocular itching induced by an ocular allergen challenge, both at CAC 15 minutes post-dosing and a CAC 8 hours post dosing of Bepreve.
Betaseron	Interferon Beta 1B	7/23/1993	Multiple sclerosis	Kurtzke expanded disability status scale (EDSS).	The primary outcome measure was progression of disability, defined as a 1.0 point increase in the Kurtzke expanded disability status scale (EDSS) score, or a 0.5 point increase for patients with baseline EDSS ≥ 6.0. In Study 2, time to progression in EDSS was longer in the Betaseron treatment group (p=0.005), with estimated annualized rates of progression of 16% and 19% in the Betaseron and placebo groups, respectively. In Study 3, the rates of progression did not differ significantly between treatment groups, with estimated annualized rates of progression of 12%, 14%, and 12% in the Betaseron fixed dose, surface area-adjusted dose, and placebo groups, respectively.
Bextra	Valdecoxib	11/16/2001	Osteoarthritis	WOMAC OA Index; Patient assessment of pain; Overall patient global assessment	BEXTRA was evaluated for treatment of the signs and symptoms of osteoarthritis of the knee or hip, in five double-blind, randomized, controlled trials in which 3918 patients were treated for 3 to 6 months. BEXTRA was shown to be superior to placebo in improvement in three domains of OA symptoms: (1) the WOMAC (Western Ontario and McMaster Universities) osteoarthritis index, a composite of pain, stiffness and functional measures in OA, (2) the overall patient assessment of pain, and (3) the overall patient global assessment. The two 3-month pivotal trials in OA generally showed changes statistically significantly different from placebo, and comparable to the naproxen control, in measures of these domains for the 10 mg/day dose. No additional benefit was seen with a valdecoxib 20-mg daily dose.
Bidil	isosorbide dinitrate and hydralazine hydrochloride	6/23/2005	Heart failure	Minnesota Living with Heart Failure	The primary end point was a composite score consisting of all-cause mortality, first hospitalization for heart failure, and responses to the Minnesota Living with Heart Failure questionnaire, with the individual components of the composite examined as separate endpoints. The trial was terminated early, at a mean follow-up of 12 months, primarily because of a statistically significant 43% reduction in all-cause mortality in the BiDil-treated group (p=0.012; see Table 1 and Figure 1). The primary endpoint was also statistically in favor of BiDil. The BiDil-treated group also showed a statistically significant improvement in response to the Minnesota Living with Heart Failure questionnaire, a self-report of the patient's functional status, at most time points (see Figure 3). Patients in both treatment groups had mean baseline questionnaire scores of 51 (out of a possible 105).
Bonjesta	Doxylamine succinate; pyridoxine hydrochloride	11/07/2016	Nausea and vomiting in pregnant women	PUQE: Pregnancy Unique - Quantification of Emesis	The primary efficacy endpoint was the change from baseline at Day 15 in the Pregnancy Unique-Quantification of Emesis (PUQE) score. The PUQE score incorporates the number of daily vomiting episodes, number of daily heaves, and length of daily nausea in hours, for an overall score of symptoms rated from 3 (no symptoms) to 15 (most severe). At baseline, the mean PUQE score was 9.0 in the 10 mg doxylamine succinate and 10 mg pyridoxine hydrochloride tablets arm and 8.8 in the placebo arm. There was a 0.7 (95% confidence interval 0.2 to 1.2 with p-value 0.006) mean decrease (improvement in nausea and vomiting symptoms) from baseline in PUQE score at Day 15 with 10 mg doxylamine succinate and 10 mg pyridoxine hydrochloride tablets compared to placebo (see Table 6).

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Botox	Botulinum Toxin Type A	12/21/2000	Blepharospasm	Not specified (self-assessment score)	Twenty-five of the 27 patients treated with botulinum toxin reported improvement within 48 hours. One patient was controlled with a higher dosage at 13 weeks post initial injection and one patient reported mild improvement but remained functionally impaired. In another study, 12 patients with blepharospasm were evaluated in a double-blind, placebo-controlled study. Patients receiving botulinum toxin (n=8) improved compared with the placebo group (n=4). The mean dystonia score improved by 72%, the self-assessment score rating improved by 61%, and a videotape evaluation rating improved by 39%. The effects of the treatment lasted a mean of 12.5 weeks.
Botox	Botulinum Toxin Type A	7/19/2004	Cervical dystonia	Pain rating scale (4 points)	Pain is also an important symptom of cervical dystonia and was evaluated by separate assessments of pain frequency and severity on scales of 0 (no pain) to 4 (constant in frequency or extremely severe in intensity). Study results on the primary endpoints and the pain-related secondary endpoints are shown in Table 1.
Botox	Botulinum Toxin Type A	7/20/2004	Hyperhidrosis	Hyperhidrosis Disease Severity Scale (HDSS).	HDSS is a 4-point scale with 1= 'underarm sweating is never noticeable and never interferes with my daily activities'; to 4 = 'underarm sweating is intolerable and always interferes with my daily activities'. Study responders were defined as patients who showed at least a 2-grade improvement from baseline value on the HDSS 4 weeks after both of the first two treatment sessions or had a sustained response after their first treatment session and did not receive re-treatment during the study.
Breo Ellipta	Fluticasone Furoate; Vilanterol Trifenatate	5/10/2013	COPD	Unknown (symptom measure)	In these 2 trials, exacerbations were defined as worsening of 2 or more major symptoms (dyspnea, sputum volume, and sputum purulence) or worsening of any 1 major symptom together with any 1 of the following minor symptoms: sore throat, colds (nasal discharge and/or nasal congestion), fever without other cause, and increased cough or wheeze for at least 2 consecutive days. COPD exacerbations were considered to be of moderate severity if treatment with systemic corticosteroids and/or antibiotics was required and were considered to be severe if hospitalization was required.
Breo Ellipta	Fluticasone Furoate; Vilanterol Trifenatate	5/10/2013	COPD	St. George's Respiratory Questionnaire for COPD patients (SGRQ-C)	Secondary efficacy endpoints included the rate of decline in FEV1, annual rate of moderate/severe COPD exacerbations, and health-related quality of life as measured by the St. George's Respiratory Questionnaire for COPD patients (SGRQ-C). Health-Related Quality of Life: The St. George's Respiratory Questionnaire (SGRQ) is a disease-specific patient-reported instrument that measures symptoms, activities, and impact on daily life. The SGRQ-C, a shorter version derived from the original SGRQ, was used in this trial. Results were transformed to the SGRQ for reporting purposes. In a subset of 4,443 subjects, the on-treatment SGRQ responder rates at 1 year (defined as a change in score of 4 or more as threshold) were 49% for BREO ELLIPTA 100/25, 47% for placebo, 48% for fluticasone furoate, and 48% for vilanterol (odds ratio 1.18; 95% CI: 0.97, 1.44 for BREO ELLIPTA 100/25 compared with placebo).

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Brineura	cerliponase alfa	4/27/2017	Cceroid Lipofuscinosis type 2	Ceroid Lipofuscinosis type 2 (CLN2) Clinical Rating Scale	In an unadjusted non-randomized comparison, of the 22 patients treated with Brineura and evaluated for efficacy at week 96, 21 (95%) did not decline, and only the patient who terminated early was deemed to have a decline in the Motor domain of the CLN2 Clinical Rating Scale. Results from the natural history cohort demonstrated progressive decline in motor function; of the 42 patients in the natural history cohort, 21 (50%) experienced an unreversed (sustained) 2-category decline or unreversed score of 0 in the Motor domain of the CLN2 Clinical Rating Scale over 96 weeks. To further assess efficacy, the 22 patients from the Brineura clinical study with a baseline combined Motor plus Language CLN2 score less than 6 were matched to 42 patients in the natural history cohort. Patients were matched based on the following covariates: baseline age at time of screening within 3 months, genotype (0, 1, or 2 key mutations), and baseline Motor domain CLN2 score at time of screening. Using the Motor domain of the CLN2 Clinical Rating Scale, decline was defined as having an unreversed 2-category decline or an unreversed score of 0At 96 weeks, the matched analysis based on 17 pairs demonstrated fewer declines in the Motor domain for Brineura-treated patients compared to untreated patients in the natural history cohort
Brintellix	vortioxetine	9/30/2013	Depression	HAMD and MADRS	The primary efficacy measures were the Hamilton Depression Scale (HAMD-24) total score in Study 2 and the Montgomery-Asberg Depression Rating Scale (MADRS) total score in all other studies. Results presented in Table 4, Figure 4, and Figure 5.
Butrans	buprenorphine	6/30/2010	Pain	11-pt NRS for pain	After three days, if adverse events were tolerated but the pain persisted (≥5 on an 11-point, 0 to 10 Numerical Rating Scale), the dose was increased to Butrans 10 mcg/hour. Of the patients who were randomized, the mean pain (SE) NRS scores were 7.2 (0.08) and 7.2 (0.07) at screening and 2.6 (0.08) and 2.6 (0.07) at pre-randomization (beginning of double-blind phase) for the Butrans and placebo groups, respectively.
Cambia	diclofenac potassium	6/17/2009	Migraine	Unclear; symptom measure	Patients evaluated their headache pain 2 hours later. Associated symptoms of nausea, photophobia, and phonophobia were also evaluated. In addition, the proportion of patients who were "sustained pain free", defined as a reduction in headache severity from moderate or severe pain to no pain at 2 hours post-dose without a return of mild, moderate, or severe pain and no use of rescue medication for 24 hours post-dose, was also evaluated.
Camptosar injection	irinotecan hydrochloride	4/20/2000	Colorectal cancer	EORTC QLQ-C30	In the two randomized studies, the EORTC QLQ-C30 instrument was utilized. At the start of each cycle of therapy, patients completed a questionnaire consisting of 30 questions, such as 'Did pain interfere with daily activities?' (1 = Not at All, to 4 = Very Much) and 'Do you have any trouble taking a long walk?' (Yes or No). The answers from the 30 questions were converted into 15 subscales, that were scored from 0 to 100, and the global health status subscale that was derived from two questions about the patient's sense of general well being in the past week. In addition to the global health status subscale, there were five functional (i.e., cognitive, emotional, social, physical, role) and nine symptom (i.e., fatigue, appetite loss, pain assessment, insomnia, constipation, dyspnea, nausea/vomiting, financial impact, diarrhea) subscales. The results as summarized in Table 5 are based on patients' worst post-baseline scores. In Study 1, a multivariate analysis and univariate analyses of the individual subscales were performed and corrected for multivariate testing. Patients receiving irinotecan reported significantly better results for the global health status, on two of five functional subscales, and on four of nine symptom scales. As expected, patients receiving irinotecan noted significantly more diarrhea than those receiving best supportive care.

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Canasa rectal suppositories	mesalamine	1/5/2001	Ulcerative proctitis	Daily diary	Daily diary records indicated significant improvement in rectal bleeding in the first week of therapy while tenesmus and diarrhea improved significantly within two weeks. Investigators rated patients receiving mesalamine much improved compared to patients receiving placebo ($p<0.001$).
Cardura	doxazosin mesylate	11/2/1990	Benign prostatic hyperplasia	Boyarsky Questionnaire	In three placebo-controlled studies of 14-16 weeks duration obstructive symptoms (hesitation, intermittency, dribbling, weak urinary stream, incomplete emptying of the bladder) and irritative symptoms (nocturia, daytime frequency, urgency, burning) of BPH were evaluated at each visit by patient-assessed symptom questionnaires. the bothersomeness of symptoms was measured with a modified Boyarsky questionnaire. Symptom severity/frequency was assessed using a modified Boyarsky questionnaire or an AUA-based questionnaire.
Casodex	bicalutamide	10/4/1995	Prostate cancer	Unknown; Assessment of quality of life questionnaires	Quality of life was assessed with self-administered patient questionnaires on pain, social functioning, emotional well-being, vitality, activity limitation, bed disability, overall health, physical capacity, general symptoms, and treatment related symptoms. Assessment of the Quality of Life questionnaires did not indicate consistent significant differences between the two treatment groups.
Cayston	aztreonam	2/22/2010	Cystic Fibrosis	Cystic Fibrosis Questionnaire - Revised	The primary efficacy endpoint was improvement in respiratory symptoms on the last day of treatment with CAYSTON or placebo. Respiratory symptoms were also assessed two weeks after the completion of treatment with CAYSTON or placebo. Changes in respiratory symptoms were assessed using a questionnaire that asks patients to report on symptoms like cough, wheezing, and sputum production. Improvement in respiratory symptoms was noted for CAYSTON-treated patients relative to placebo-treated patients on the last day of drug treatment. Statistically significant improvements were seen in both adult and pediatric patients, but were substantially smaller in adult patients. Two weeks after completion of treatment, a difference in respiratory symptoms between treatment groups was still present, though the difference was smaller.
Celebrex	celecoxib	12/21/1998	Osteoarthritis	WOMAC	CELEBREX has demonstrated significant reduction in joint pain compared to placebo. CELEBREX was evaluated for treatment of the signs and the symptoms of OA of the knee and hip in placebo- and active-controlled clinical trials of up to 12 weeks duration. In patients with OA, treatment with CELEBREX 100 mg BID or 200 mg QD resulted in improvement in WOMAC (Western Ontario and McMaster Universities) osteoarthritis index, a composite of pain, stiffness, and functional measures in OA.
Celebrex	celecoxib	12/21/1998	Ankylosing spondylitis	Visual Analog Scale (VAS) for global pain intensity and global disease activity; Bath Ankylosing Spondylitis Functional Index	CELEBREX was evaluated in AS patients in two placebo- and active-controlled clinical trials of 6 and 12 weeks duration. CELEBREX at doses of 100 mg BID, 200 mg QD and 400 mg QD was shown to be statistically superior to placebo in these studies for all three co-primary efficacy measures assessing global pain intensity (Visual Analogue Scale), global disease activity (Visual Analogue Scale) and functional impairment (Bath Ankylosing Spondylitis Functional Index). In the 12-week study, there was no difference in the extent of improvement between the 200 mg and 400 mg celecoxib doses in a comparison of mean change from baseline, but there was a greater percentage of patients who responded to celecoxib 400 mg, 53%, than to celecoxib 200 mg, 44%, using the Assessment in Ankylosing Spondylitis response criteria (ASAS 20). The ASAS 20 defines a responder as improvement from baseline of at least 20% and an absolute improvement of at least 10 mm, on a 0 to 100 mm scale, in at least three of the four following domains: patient global, pain, Bath Ankylosing Spondylitis Functional Index, and inflammation. The responder analysis also demonstrated no change in the responder rates beyond 6 weeks.

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Celexa	citalopram hydro-bromide	07/17/1998	Depression	Hamilton Depres-sion Rating Scale (HAMD); Clinical Global Impression (CGI) Severity scale	Patients treated with Celexa showed significantly greater improvement than placebo pa-tients on the HAMD total score, HAMD item 1, and the CGI Severity score
Chantix	varenicline	5/10/2006	Smoking cessation	Brief Questionnaire of Smoking Urges	Based on responses to the Brief Questionnaire of Smoking Urges and the Minnesota Nico-tine Withdrawal scale "urge to smoke" item, CHANTIX reduced urge to smoke compared to placebo.
Cialis	tadalafil	11/21/2003	Erectile dysfunction	International Index of Erectile Function (IIEF), Sexual Encounter Profile (SEP) questions 2 and 3	Several assessment tools were used to evaluate the effect of CIALIS on erectile function. The 3 primary outcome measures were the Erectile Function (EF) domain of the International Index of Erectile Function (IIEF) and Questions 2 and 3 from Sexual Encounter Profile (SEP). The IIEF is a 4-week recall questionnaire that was administered at the end of a treat-ment-free baseline period and subsequently at follow-up visits after randomization. The IIEF EF domain has a 30-point total score, where higher scores reflect better erectile function. SEP is a diary in which patients recorded each sexual attempt made throughout the study. SEP Question 2 asks, 'Were you able to insert your penis into your partner's vagina?' SEP Question 3 asks, 'Did your erection last long enough for you to have successful intercourse?' The overall percentage of successful attempts to insert the penis into the vagina (SEP2) and to maintain the erection for successful intercourse (SEP3) is derived for each patient. ...In addition, there were improvements in EF domain scores, success rates based upon SEP Ques-tions 2 and 3, and patient-reported improvement in erections across patients with ED of all degrees of disease severity while taking CIALIS, compared to patients on placebo.
Cimzia	certolizumab pegol	4/22/2008	Psoriatic arthritis	Health Assessment Questionnaire (HAQ-DI)	In Study PsA001, CIMZIA-treated patients showed improvement in physical function as as-sessed by the Health Assessment Questionnaire – Disability Index (HAQ-DI) at Week 24 as compared to placebo (estimated mean change from baseline was 0.19 in the placebo group compared with 0.54 in the CIMZIA 200 mg group; 95% CI for the difference was (-0.47, -0.22) and 0.46 in the CIMZIA 400 mg group; 95% CI for the difference was (-0.39, -0.14)).
Cimzia	certolizumab pegol	4/22/2008	Rheumatoid arthritis	Health Assessment Questionnaire – Disability Index (HAQ-DI)	In studies RA-I, RA-II, RA-III, and RA-IV, CIMZIA-treated patients achieved greater improve-ments from baseline than placebo-treated patients in physical function as assessed by the Health Assessment Questionnaire – Disability Index (HAQ-DI) at Week 24 (RA-II, RA-III and RA-IV) and at Week 52 (RA-I).
Cinqair	reslizumab	3/23/2016	Asthma	The Asthma Control Question-naire-7 (ACQ-7), Asthma Quality of Life Questionnaire (AQLQ)	The Asthma Control Questionnaire-7 (ACQ-7) and Asthma Quality of Life Questionnaire (AQLQ) were both assessed in Studies I, II, and III. The responder rate for both measures was defined as an improvement in score of 0.5 or more as threshold over 16 weeks. • For ACQ-7, the responder rate for those randomized to CINQAIR vs. placebo was 69% vs. 65% for Study I, 70% vs. 58% for Study II, and 64% vs. 58% for Study III. • For AQLQ, the responder rate for those randomized to CINQAIR vs. placebo was 66% vs. 58% for Study I, 67% vs. 55% for Study II, and 64% vs. 48% for Study III.
Clinoril	Sulindac	1/24/2006	Ankylosing spondylitis	Unknown	In patients with ankylosing spondylitis, the anti-inflammatory and analgesic activity of CLINORIL was demonstrated by clinical measurements that included: assessments by both patient and investigator of overall response; decrease in disease activity as assessed by both patient and investigator; improvement in ARA Functional Class; improvement in patient and investigator evaluation of spinal pain, tenderness and/or spasm; reduction in the duration of morning stiffness; increase in the time to onset of fatigue; relief of night pain; increase in chest expansion; and increase in spinal mobility evaluated by fingers-to-floor distance, occiput to wall distance, the Schober Test, and the Wright Modification of the Schober Test.

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Clinoril	Sulindac	1/24/2006	Gouty arthritis	Unkown	In patients with acute gouty arthritis, the anti-inflammatory and analgesic activity of CLINORIL was demonstrated by clinical measurements that included: assessments by both the patient and investigator of overall response; relief of weight-bearing pain; relief of pain at rest and on active and passive motion; decrease in tenderness; reduction in warmth and swelling; increase in range of motion; and improvement in ability to function.
Clinoril	Sulindac	1/24/2006	Osteoarthritis	Unknown	In patients with osteoarthritis of the hip and knee, the anti-inflammatory and analgesic activity of CLINORIL was demonstrated by clinical measurements that included: assessments by both patient and investigator of overall response; decrease in disease activity as assessed by both patient and investigator; improvement in ARA Functional Class; relief of night pain; improvement in overall evaluation of pain, including pain on weight bearing and pain on active and passive motion; improvement in joint mobility, range of motion, and functional activities; decreased swelling and tenderness; and decreased duration of stiffness following prolonged inactivity.
Clinoril	Sulindac	1/24/2006	Pain	Unknown	In patients with acute painful shoulder (acute subacromial bursitis/supraspinatus tendinitis), the anti-inflammatory and analgesic activity of CLINORIL was demonstrated by clinical measurements that included: assessments by both patient and investigator of overall response; relief of night pain, spontaneous pain, and pain on active motion; decrease in local tenderness; and improvement in range of motion measured by abduction, and internal and external rotation
Clinoril	Sulindac	1/24/2006	Rheumatoid arthritis	Unknown	In patients with rheumatoid arthritis, the anti-inflammatory and analgesic activity of CLINORIL was demonstrated by clinical measurements that included: assessments by both patient and investigator of overall response; decrease in disease activity as assessed by both patient and investigator; reduction in overall joint pain; reduction in duration and severity of morning stiffness; reduction in day and night pain; decrease in time required to walk 50 feet; decrease in general pain as measured on a visual analog scale; improvement in the Ritchie articular index; decrease in proximal interphalangeal joint size; improvement in ARA Functional Class; increase in grip strength; reduction in painful joint count and score; reduction in swollen joint count and score; and increased flexion and extension of the wrist.
Colazal	balsalazide disodium	7/18/2000	Ulcerative colitis	physician's global assessment	The primary efficacy endpoint was reduction of rectal bleeding and improvement of at least one of the other assessed symptoms (stool frequency, patient functional assessment, abdominal pain, sigmoidoscopic grade, and physician's global assessment (PGA).
Colcrys	colchicine	7/30/2009	Gout	Patient diary; 11-point Likert Scale	Patients took the first dose within 12 hours of the onset of the flare and recorded pain intensity (11-point Likert scale) and adverse events over 72 hours. The efficacy of colchicine was measured based on response to treatment in the target joint, using patient self assessment of pain at 24 hours following the time of first dose as recorded in the diary.
Comtan	entacapone	10/19/1999	Parkinson's disease	Unified Parkinson's Disease Rating Scale (UPDRS)	In addition to the primary outcome measure, the amount of time spent in the 'Off' state was evaluated, and patients were also evaluated by subparts of the Unified Parkinson's Disease Rating Scale (UPDRS), a frequently used multi-item rating scale intended to assess mentation (Part I), activities of daily living (Part II), motor function (Part III), complications of therapy (Part IV), and disease staging (Part V & VI); an investigator's and patient's global assessment of clinical condition, a 7-point subjective scale designed to assess global functioning in Parkinson's Disease; and the change in daily levodopa/carbidopa dose.

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Coreg	carvedilol	11/1/2001	Congestive Heart Failure	Patient's Global Assessment	Patients' global assessments, in which carvedilol-treated patients were compared to placebo, were based on pre-specified, periodic patient self-assessments regarding whether clinical status post-treatment showed improvement, worsening or no change compared to baseline. Patients treated with carvedilol showed significant improvements in global assessments compared with those treated with placebo in COPERNICUS. ...Quality of life, as measured with a standard questionnaire (primary end point in 1 study) was unaffected by carvedilol. However, patients' and investigators' global assessments showed significant improvement in most studies.
Coreg CR	carvedilol phosphate	10/20/2006	Heart failure	Unknown	Subjective Measures: Quality of life, as measured with a standard questionnaire (a primary end point in 1 study), was unaffected by carvedilol. However, patients' and investigators' global assessments showed significant improvement in most studies.
Cosentyx	secukinumab	01/21/2015	Plaque psoriasis	Investigator's Global Assessment	The IGA is a 5category scale including "0 = clear" "1 = almost clear", "2 = mild", "3 = moderate" or "4 = severe" indicating the physician's overall assessment of the psoriasis severity focusing on induration, erythema and scaling. Treatment success of "clear" or "almost clear" consisted of no signs of psoriasis or normal to pink coloration of lesions, no thickening of the plaque and none to minimal focal scaling. Trial 1 subjects who were clear or almost clear on the IGA at Week 12 also maintained their responses in 74% (119/160) of subjects treated with COSENTYX 300 mg and in 59% (74/125) of subjects treated with COSENTYX 150 mg. Trial 2 subjects who were clear or almost clear on the IGA also maintained their responses in 80% (161/202) of subjects treated with COSENTYX 300 mg and in 68% (113/167) of subjects treated with COSENTYX 150 mg.
Cosentyx	secukinumab	01/21/2015	Plaque psoriasis	Psoriasis Symptom Diary	Among the subjects who chose to participate (39%) in assessments of patient reported outcomes, improvements in signs and symptoms related to itching, pain, and scaling, at Week 12 compared to placebo (Trials 1 and 2) were observed using the Psoriasis Symptom Diary.
Cymbalta	duloxetine	8/3/2004	Generalized Anxiety Disorder	Sheehan Disability Scale; Hamilton Anxiety Scale	In all 3 studies, Cymbalta demonstrated superiority over placebo as measured by greater improvement in the Hamilton Anxiety Scale (HAM-A) total score and by the Sheehan Disability Scale (SDS) global functional impairment score. The SDS is a composite measurement of the extent emotional symptoms disrupt patient functioning in 3 life domains: work/school, social life/leisure activities, and family life/home responsibilities.
Cymbalta	duloxetine (capsule, delayed release, oral)	8/3/2004	Fibromyalgia	Fibromyalgia Impact Questionnaire; Patient Global Impression of Change	Improvement was also demonstrated on measures of function (Fibromyalgia Impact Questionnaires) and 977 patient global impression of change (PGI). Neither study demonstrated a benefit of 120 mg compared to 60 978 mg, and a higher dose was associated with more adverse reactions and premature discontinuations of 979 treatment.
Cymbalta	duloxetine	8/3/2004	Major Depressive Disorder	Hamilton Depression Rating Scale (HAMD-17)	In all 4 studies, CYMBALTA demonstrated superiority over placebo as measured by improvement in the 17-item Hamilton Depression Rating Scale (HAMD-17) total score.

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Cymbalta	duloxetine	8/3/2004	Major Depressive Disorder	Clinical Global Impressions of Severity (CGI-S)	In another study, 533 patients meeting DSM-IV criteria for MDD received CYMBALTA 60 mg once daily during an initial 12-week open-label treatment phase. Two hundred and seventy-eight patients who responded to open label treatment (defined as meeting the following criteria at weeks 10 and 12: a HAMD-17 total score ≤9, Clinical Global Impressions of Severity (CGI-S) ≤2, and not meeting the DSM-IV criteria for MDD) were randomly assigned to continuation of CYMBALTA at the same dose (N=136) or to placebo (N=142) for 6 months. Patients on CYMBALTA experienced a statistically significantly longer time to relapse of depression than did patients on placebo. Relapse was defined as an increase in the CGI-S score of ≥2 points compared with that obtained at week 12, as well as meeting the DSM-IV criteria for MDD at 2 consecutive visits at least 2 weeks apart, where the 2-week temporal criterion had to be satisfied at only the second visit.
Cymbalta	duloxetine	8/3/2004	Generalized Anxiety Disorder	Pediatric Anxiety Rating Scale (PARS)	In this study, CYMBALTA (N=135) demonstrated superiority over placebo (N=137) from baseline to endpoint as measured by greater improvement in the Pediatric Anxiety Rating Scale (PARS) for GAD severity score.
Cymbalta	duloxetine	8/3/2004	Diabetic Peripheral Neuropathic Pain	0 - 10 Numeric Pain Rating Scale	Treatment with CYMBALTA 60 mg one or two times a day statistically significantly improved the endpoint mean pain scores from baseline and increased the proportion of patients with at least a 50% reduction in pain scores from baseline.
Cymbalta	duloxetine	8/3/2004	Fibromyalgia	0 - 10 Numeric Pain rating Scale	Treatment with CYMBALTA 60 mg or 120 mg daily statistically significantly improved the endpoint mean pain scores from baseline and increased the proportion of patients with at least a 50% reduction in pain score from baseline. Pain reduction was observed in patients both with and without comorbid MDD. However, the degree of pain reduction may be greater in patients with comorbid MDD. Patients were initially treated with CYMBALTA 60 mg once daily for eight weeks in open-label fashion. Subsequently, completers of this phase were randomized to double-blind treatment with CYMBALTA at either 60 mg once daily or 120 mg once daily. Those patients who were considered non-responders, where response was defined as at least a 30% reduction in pain score from baseline at the end of the 8-week treatment, were no more likely to meet response criteria at the end of 60 weeks of treatment if blindly titrated to CYMBALTA 120 mg as compared to those who were blindly continued on CYMBALTA 60 mg.
Cymbalta	duloxetine	8/3/2004	Chronic Mucsuloskeletal Pain	0 - 10 Numeric Pain Rating Scale	Study CLBP-1: Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 13 weeks of treatment, patients taking CYMBALTA 60-120 mg daily had a significantly greater pain reduction compared to placebo. Study CLBP-3: Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 12 weeks of treatment, patients taking CYMBALTA 60 mg daily had significantly greater pain reduction compared to placebo.
Cymbalta	duloxetine	8/3/2004	Chronic Pain due to Osteoarthritis	0 - 10 Numeric Pain Rating Scale	Study OA-1: Patients had a mean baseline pain rating of 6 on a numerical rating scale ranging from 0 (no pain) to 10 (worst possible pain). After 13 weeks of treatment, patients taking CYMBALTA had significantly greater pain reduction.
Cymbalta	duloxetine	8/3/2004	Generalized Anxiety Disorder	Sheehan Disability Scale	In all 3 studies, Cymbalta demonstrated superiority over placebo as measured by greater improvement in the Hamilton Anxiety Scale (HAM-A) total score and by the Sheehan Disability Scale (SDS) global functional impairment score. The SDS is a widely used and well-validated scale that measures the extent emotional symptoms disrupt patient functioning in 3 life domains: work/school, social life/leisure activities, and family life/home responsibilities.

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Cymbalta	duloxetine	9/7/2004	Neuropathic pain	Daily diary	Patients recorded their pain daily in a diary. Both studies compared Cymbalta 60 mg once daily or 60 mg twice daily with placebo. Study 1 additionally compared Cymbalta 20 mg with placebo. A total of 457 patients (342 Cymbalta, 115 placebo) were enrolled in Study 1 and a total of 334 patients (226 Cymbalta, 108 placebo) were enrolled in Study 2. Treatment with Cymbalta 60 mg one or two times a day statistically significantly improved the endpoint mean pain scores from baseline and increased the proportion of patients with at least a 50% reduction in pain score from baseline. For various degrees of improvement in pain from baseline to study endpoint, Figures 1 and 2 show the fraction of patients achieving that degree of improvement. The figures are cumulative, so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%. Patients who did not complete the study were assigned 0% improvement. Some patients experienced a decrease in pain as early as Week 1, which persisted throughout the study.
Dantrium	dantrolene sodium	9/19/1979	Spasticity	Unknown	In isolated nerve-muscle preparation, Dantrium has been shown to produce relaxation by affecting the contractile response of the muscle at a site beyond the myoneural junction. In skeletal muscle, Dantrium dissociates the excitation-contraction coupling, probably by interfering with the release of Ca ++ from the sarcoplasmic reticulum. The administration of intravenous Dantrium to human volunteers is associated with loss of grip strength and weakness in the legs, as well as subjective CNS complaints.
Dayvigo	lemborexant	12/20/2019	Insomnia	Sleep diary (subjective sleep onset latency, sleep efficacy and wake after sleep onset)	The primary efficacy endpoint was the mean change from baseline to end of treatment at 6 months for log-transformed patient-reported (subjective) sleep onset latency (sSOL), defined as the estimated minutes from the time that the patient attempted to sleep until sleep onset. Pre-specified secondary efficacy endpoints for sleep maintenance were change from baseline to end of treatment at 6 months for patient-reported sleep efficiency (sSEF) and wake after sleep onset (sWASO). sSEF is defined as the proportion of time spent asleep per time in bed. sWASO is defined as the minutes of wake from the onset of sleep until wake time. The primary and pre-specified secondary efficacy endpoints were measured by sleep diary. In Study 1, DAYVIGO 5 mg and 10 mg demonstrated statistically significant superiority on the primary efficacy measure, sSOL, compared to placebo (Table 3). DAYVIGO 5 mg and 10 mg also showed statistically significant superiority in sSEF and sWASO. Special Safety Studies: Rebound Insomnia: Rebound insomnia was assessed by comparing sleep diary-recorded sSOL and sWASO from the screening period to the two weeks following treatment discontinuation in both Studies 1 and 2. Analyses of group means and the proportion of patients with rebound insomnia suggest that DAYVIGO was not associated with rebound insomnia following treatment discontinuation. Withdrawal Effects: In 12-month and 1-month controlled safety and efficacy trials (Studies 1 and 2, respectively), withdrawal effects were assessed by the Tyrer Benzodiazepine Withdrawal Symptom Questionnaire following discontinuation from study drug in patients who received DAYVIGO 5 mg or 10 mg. There was no evidence of withdrawal effects following DAYVIGO discontinuation at either dose.
DepoDur ER Injection		5/18/2004	Pain	Visual Analog Scale	In one study (N=194), single epidural administration of 15, 20, and 25 mg DepoDur provided superior analgesic efficacy compared to placebo (epidural saline injection followed by IV fentanyl PCA), as measured by decreased fentanyl use (Figure 1) and Visual Analog Scores (VAS) (Figure 2). The second clinical study in hip arthroplasty revealed similar results.

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Desvenlafaxine	desvenlafaxine	10/11/2013	Depression	Hamilton Rating Scale for Depression and Clinicial Global Scale - Improvement	Desvenlafaxine extended-release tablets showed superiority over placebo as measured by improvement in the 17-item Hamilton Rating Scale for Depression (HAM-D17) total score in four studies and overall improvement, as measured by the Clinical Global Impressions Scale - Improvement (CGI-I), in three of the four studies. Results presented in Table 8
Detrol	tolterodine tartrate	4/6/2001	Overactive bladder	Unknown	The efficacy endpoints for study 007 (see Table 2) included the change from baseline for: Number of incontinence episodes per week ; Number of micturitions per 24 hours (averaged over 7 days); Volume of urine voided per micturition (averaged over 2 days). The difference between DETROL and placebo was statistically significant.
Dexilant	Dexlansoprazole	1/30/2009	GERD	Daily diary	Dexilant 30 mg provided statistically significantly greater percent of days with heart-burn-free 24-hour periods over placebo as assessed by daily diary over 4 weeks.
Diastat Rectal Delivery System	diazepam rectal gel	7/29/1997	Epilepsy	Visual analog scale	Study A: All three categories of the global assessment (seizure frequency, seizure severity, and ""overall"") were also found to be statistically significant in favor of Diazepam rectal gel ($p < 0.0001$). The following histogram displays the results for the ""overall"" category of the global assessment [caregiver]. Study B: Overall, caregivers judged diazepam rectal gel to be more effective than placebo ($p = 0.018$), based on a 10 centimeter visual analog scale.
Diclegis	Doxylamine succinate; pyridoxine hydrochloride	4/8/2013	Nausea and vomiting in pregnant women	PUQE: Pregnancy Unique - Quantification of Emesis	At baseline, the mean PUQE score was 9.0 in the DICLEGIS arm and 8.8 in the placebo arm. There was a 0.7 (95% confidence interval 0.2 to 1.2 with p-value 0.006) mean decrease (improvement in nausea and vomiting symptoms) from baseline in PUQE score at Day 15 with DICLEGIS compared to placebo (see Table 6).
Duavee	Conjugated estrogens, bazedoxifene	10/3/2013	Vasomotor Symptoms associated with menopause	Daily diary	In Study 3, DUAVEE significantly reduced the number and severity of moderate to severe hot flushes, as measured by the daily severity score, compared with placebo at Weeks 4 and 12. The change from baseline in the number and severity of moderate to severe hot flushes observed and the difference from placebo in Study 3 are shown in Table 3.
Dulera	mometasone furmarate; formoterol fumurate	6/22/2010	Asthma	Asthma Quality of Life Questionnaire	The subjective impact of asthma on patients' health-related quality of life was evaluated by the Asthma Quality of Life Questionnaire (AQLQ(S)) (based on a 7-point scale where 1 = maximum impairment and 7 = no impairment). A change from baseline >0.5 points is considered a clinically meaningful improvement.
Dupixent	dupilumab	03/28/2017	Atopic dermatitis	Investigator Global Assessment (IGA)	All three trials assessed the primary endpoint, the change from baseline to Week 16 in the proportion of subjects with an IGA 0 (clear) or 1 (almost clear) and at least a 2-point improvement. Other endpoints included the proportion of subjects with EASI-75 (improvement of at least 75% in EASI score from baseline), and reduction in itch as defined by at least a 4 point improvement in the peak pruritus NRS from baseline to Week 16. (Results provided in Tables 2 and 3).
Dupixent	dupilumab	03/28/2017	Atopic dermatitis	Peak pruritus Numeric Rating Scale (NRS)	All three trials assessed the primary endpoint, the change from baseline to Week 16 in the proportion of subjects with an IGA 0 (clear) or 1 (almost clear) and at least a 2-point improvement. Other endpoints included the proportion of subjects with EASI-75 (improvement of at least 75% in EASI score from baseline), and reduction in itch as defined by at least a 4 point improvement in the peak pruritus NRS from baseline to Week 16.
Dupixent	dupilumab	03/38/2017	Atopic dermatitis	Eczema Area and Severity Index (EASI)	All three trials assessed the primary endpoint, the change from baseline to Week 16 in the proportion of subjects with an IGA 0 (clear) or 1 (almost clear) and at least a 2-point improvement. Other endpoints included the proportion of subjects with EASI-75 (improvement of at least 75% in EASI score from baseline), and reduction in itch as defined by at least a 4 point improvement in the peak pruritus NRS from baseline to Week 16.

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Duragesic Transdermal System	fentanyl transdermal system	5/20/2003	Pain	Visual analog scale (VAS)	At one month after initiation of DURAGESIC® therapy, patients generally reported lower pain intensity scores as compared to a prestudy analgesic regimen of oral morphine (see graph). Graph: Visual Analogue Score of Pain Intensity Ratings at Entry in the Study and After One Month of Duragesic Use
Durezol	difluprednate	6/23/2008	Pain	Unknown	In the intent-to-treat analyses of both studies, a significant benefit was seen in the QID Durezol-treated group in ocular inflammation and reduction of pain when compared with placebo.
Dyanavel XR	amphetamine	10/19/2015	ADHD	Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) rating scale	The primary efficacy endpoint was change from pre-dose in the SKAMP-Combined score at 4 hours post-dosing. The key secondary efficacy parameters were onset and duration of clinical effect. The change scores from pre-dose SKAMP-Combined scores at post-dose time points (1, 2, 4, 6, 8, 10, 12 and 13 hours) were used to evaluate the key secondary efficacy. Results from the double-blind, placebo-controlled week of the study are summarized in Table 3 and Figure 1. SKAMP-Combined change scores from pre-dose demonstrated a statistically significant improvement at all time points (1, 2, 4, 6, 8, 10, 12, 13 hours) post-dosing with DYANAVEL XR compared to placebo.
Dysport	abobotulinumtoxinA	4/29/2009	Cervical dystonia	Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)	The primary assessment of efficacy was based on the total Toronto Western Spasmodic Torticolls Rating Scale (TWSTRS) change from baseline at Week 4 for both studies. The scale evaluates the severity of dystonia, patient perceived disability from dystonia, and pain.
Egrifta	Tesamorelin acetate	11/10/2010	Abdominal Fat in HIV Patients	9-pt NRS	Patients rated the degree of distress associated with their belly appearance on a 9-point rating scale that was then transformed to a score from 0 (extremely upsetting and distressing) to 100 (extremely encouraging). A score of 50 indicated neutral (no feeling either way). A positive change from baseline score indicated improvement, i.e., less distress.
Eligard	leuprolide acetate	1/23/2002	Prostate cancer	10-pt NRS	Other secondary efficacy endpoints evaluated included WHO performance status, bone pain, urinary pain and urinary signs and symptoms. At Baseline, patients experienced little bone pain, with a mean score of 1.22 (range 1-9) on a scale of 1 (no pain) to 10 (worst pain possible). At Month 6, the mean bone pain score was essentially unchanged at 1.26 (range 1-7). Urinary pain, scored on the same scale, was similarly low, with a mean of 1.12 at Baseline (range 1-5) and 1.07 at Month 6 (range 1-8). Urinary signs and symptoms were similarly low at Baseline and decreased modestly at Month 6. In addition, there was a reduction in patients with prostate abnormalities detected during physical exam from 102 (85%) at Screening to 77 (64%) at Month 6.
Eloctate	Antihemophilic factor	6/6/2014	Hemophilia A and B	Unknown	Efficacy in control of bleeding episodes is summarized in Table 6. Table 6: Summary of ELOCTATE Efficacy in Control of Bleeding *Excellent: abrupt pain relief and/or improvement in bleeding; Good: definite pain relief and/or improvement in signs of bleeding but possibly requiring more than one injection; Moderate: probable beneficial effect and requiring more than one injection; No response: no improvement or condition worsens. Response evaluated at approximately 8-12 hours after treatment.

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Emadine	emedastine difumarate	5/20/2003	Allergic conjunctivitis	Unknown	In an environmental study, patients with allergic conjunctivitis were treated with Emadine 0.05% for six weeks. The results demonstrated that Emadine 0.05% provides relief of the signs and symptoms of allergic conjunctivitis. ...In conjunctival antigen challenge studies, in which subjects were challenged with antigen both initially and up to four hours after dosing, Emadine 0.05% was demonstrated to be significantly more effective than placebo in preventing ocular itching associated with allergic conjunctivitis.
Embeda	morphine sulfate; naltrexone hydrochloride	8/13/2009	Pain	Brief Pain Inventory	Once their pain was controlled (Brief Pain Inventory Average 24hour Pain Intensity ≤ 4 AND at least a 2-point drop from screening baseline), they were randomized to either active treatment with EMBEDA or were tapered off EMBEDA using a double-dummy design and placed on placebo.
Emend	Fosaprepitant Dimeglumine - powder	1/25/2008	Nausea and vomiting	Functional Living Index-Emesis [FLIE]	The impact of nausea and vomiting on patients' daily lives was assessed in Cycle 1 of both Phase III studies using the Functional Living Index–Emesis (FLIE), a validated nausea and vomiting-specific patient-reported outcome measure. Minimal or no impact of nausea and vomiting on patients' daily lives is defined as a FLIE total score >108. In each of the 2 studies, a higher proportion of patients receiving the aprepitant regimen reported minimal or no impact of nausea and vomiting on daily life (Study 1: 74% versus 64%; Study 2: 75% versus 64%).
Emend	aprepitant	12/17/2015	Nausea and vomiting	Patient diaries; visual analogue scale [VAS] on a 0 to 100 mm scale	A summary of the key study results from each individual study analysis is shown in Table 14. In both studies, a statistically significantly higher proportion of patients receiving the EMEND regimen in Cycle 1 had a complete response in the overall phase (primary endpoint), compared with patients receiving standard therapy. A statistically significant difference in complete response in favor of the EMEND regimen was also observed when the acute phase and the delayed phase were analyzed separately.
Emend Capsules	aprepitant	3/27/2003	Nausea and vomiting	Visual analog scale (VAS); Functional Living Index-Emesis (FLIE)	Other prespecified (secondary and exploratory) endpoints: complete protection (defined as no emetic episodes, no use of rescue therapy, and a maximum nausea visual analogue scale [VAS] score <25 mm on a 0 to 100 mm scale); no emesis (defined as no emetic episodes regardless of use of rescue therapy); no nausea (maximum VAS <5 mm on a 0 to 100 mm scale); no significant nausea (maximum VAS <25 mm on a 0 to 100 mm scale). The impact of nausea and vomiting on patients' daily lives was assessed in Cycle 1 of both Phase III studies using the Functional Living Index-Emesis (FLIE), a validated nausea- and vomiting-specific patient-reported outcome measure. Minimal or no impact of nausea and vomiting on patients' daily lives is defined as a FLIE total score >108. In each of the 2 studies, a higher proportion of patients receiving the aprepitant regimen reported minimal or no impact of nausea and vomiting on daily life (Study 1: 74% versus 64%; Study 2: 75% versus 64%).
Emflaza	deflazacort	02/09/2017	Duchenne Muscular Dystrophy	modified Medical Research Council (MRC)	In Study 1, efficacy was evaluated by assessing the change between Baseline and Week 12 in average strength of 18 muscle groups. Individual muscle strength was graded using a modified Medical Research Council (MRC) 11-point scale, with higher scores representing greater strength. The change in average muscle strength score between Baseline and Week 12 was significantly greater for the deflazacort 0.9 mg/kg/day dose group than for the placebo group.

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Emflaza	deflazacort	02/09/2017	Duchenne Muscular Dystrophy	Unknown	The results of the analysis of the primary endpoint of average muscle strength scores in Study 2 (graded on a 0-5 scale) at 2 years were not statistically significant, possibly because of a limited number of patients remaining in the placebo arm (subjects were discontinued from the trial when they lost ambulation). Although not statistically controlled for multiple comparisons, average muscle strength scores at Months 6 and 12, as well as the average time to loss of ambulation, numerically favored deflazacort in comparison with placebo.
Emgality	galcanezumab-gn-lm	9/27/2018	Migraine;#Chronic Migraine	Migraine-Specific Quality of Life Questionnaire version 2.1 (MSQ v2.1)	The secondary endpoints were response rates (the mean percentages of patients reaching at least 50%, 75% and 100% reduction from baseline in the number of monthly migraine headache days over the 3-month treatment period), the mean change from baseline in the number of monthly migraine headache days with use of any acute headache medication during the 3-month treatment period, and the impact of migraine on daily activities as assessed by the mean change from baseline in the MSQ v2.1 Role Function-Restrictive domain score at Month 3. Scores are scaled from 0 to 100, with higher scores indicating less impact of migraine on daily activities. Patients treated with EMGALITY 120 mg showed a nominally greater reduction in the number of monthly migraine headache days that acute medication was taken (-4.7 for EMGALITY 120 mg vs. -2.2 for placebo; nominal p-value <0.001), and the mean change from baseline in the MSQ Role Function-Restrictive Domain score at Month 3 was nominally greater in patients treated with EMGALITY 120 mg than in patients on placebo (21.8 for EMGALITY 120 mg vs. 16.8 for placebo; nominal p-value <0.001).
Emgality	galcanezumab-gn-lm	9/27/2018	Episodic migraine	Migraine-Specific Quality of Life Questionnaire version 2.1 (MSQ v2.1)	Key secondary endpoints included response rates (the mean percentages of patients reaching at least 50%, 75%, and 100% reduction from baseline in the number of monthly migraine headache days over the 6-month treatment period), the mean change from baseline in the number of monthly migraine headache days with use of any acute headache medication during the 6-month treatment period, and the impact of migraine on daily activities, as assessed by the mean change from baseline in the average Migraine-Specific Quality of Life Questionnaire version 2.1 (MSQ v2.1) Role Function-Restrictive domain score during the last 3 months of treatment (Months 4 to 6). Scores are scaled from 0 to 100, with higher scores indicating less impact of migraine on daily activities. EMGALITY 120 mg demonstrated statistically significant improvements for efficacy endpoints compared to placebo over the 6-month period, as summarized in Table 2. EMGALITY treatment with the 240 mg once-monthly dose showed no additional benefit over the EMGALITY 120 mg once-monthly dose. (Data for MSQ in Table 2)

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Enbrel	Etanercept	11/2/1998	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ)	In Studies I, II, and III, physical function and disability were assessed using the Health Assessment Questionnaire (HAQ). Additionally, in Study III, patients were administered the SF-36 Health Survey. In Studies I and II, patients treated with 25 mg Enbrel twice weekly showed greater improvement from baseline in the HAQ score beginning in month 1 through month 6 in comparison to placebo ($p < 0.001$) for the HAQ disability domain (where 0 = none and 3 = severe). In Study I, the mean improvement in the HAQ score from baseline to month 6 was 0.6 (from 1.6 to 1.0) for the 25 mg Enbrel group and 0 (from 1.7 to 1.7) for the placebo group. In Study II, the mean improvement from baseline to month 6 was 0.6 (from 1.5 to 0.9) for the Enbrel/MTX group and 0.2 (from 1.3 to 1.2) for the placebo/MTX group. In Study III, the mean improvement in the HAQ score from baseline to month 6 was 0.7 (from 1.5 to 0.7) for 25 mg Enbrel twice weekly. All subdomains of the HAQ in Studies I and III were improved in patients treated with Enbrel. In Study III, patients treated with 25 mg Enbrel twice weekly showed greater improvement from baseline in SF-36 physical component summary score compared to Enbrel 10 mg twice weekly and no worsening in the SF-36 mental component summary score. In open-label Enbrel studies, improvements in physical function and disability measures have been maintained for up to 4 years. In Study IV, median HAQ scores improved from baseline levels of 1.8, 1.8, and 1.8 to 1.1, 1.0, and 0.6 at 12 months in the MTX, Enbrel, and Enbrel/MTX combination treatment groups, respectively (combination versus both MTX and Enbrel, $p < 0.01$). Twenty-nine percent of patients in the MTX alone treatment group had an improvement of HAQ of at least 1 unit versus 40% and 51% in the Enbrel alone and the Enbrel/MTX combination treatment groups, respectively.
Enbrel	Etanercept	11/2/1998	Psoriatic arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI) SF-36	In the PsA study, physical function and disability were assessed using the HAQ Disability Index (HAQ-DI) and the SF-36 Health Survey. Patients treated with 25 mg Enbrel twice weekly showed greater improvement from baseline in the HAQ-DI score (mean decreases of 54% at both months 3 and 6) in comparison to placebo (mean decreases of 6% at both months 3 and 6) ($p < 0.001$). At months 3 and 6, patients treated with Enbrel showed greater improvement from baseline in the SF-36 physical component summary score compared to patients treated with placebo, and no worsening in the SF-36 mental component summary score. Improvements in physical function and disability measures were maintained for up to 2 years through the open-label portion of the study.
Enstilar	betamethasone dipropionate; calcipotriene	10/16/2015	Plaque psoriasis	5-point Investigator's Global Assessment (IGA)	Efficacy was assessed with treatment success defined as the proportion of subjects at Week 4 who were "Clear" or "Almost Clear" according to the IGA. Subjects with "Mild" disease at baseline were required to be "Clear" to be considered a treatment success. Table 1 presents the efficacy results for these trials.
Entereg	alvimopan	5/20/2008	Gastrointestinal recovery	Visual analog scale	ENTEREG did not reverse opioid analgesia as measured by visual analog scale pain intensity scores and/or amount of postoperative opioids administered across all 5 studies.
Entocort EC Capsules	budesonide	10/2/2001	Crohn's disease	Crohn's Disease Activity Index (CDAI)	The Crohn's Disease Activity Index (CDAI) was the main clinical assessment used for determining efficacy in these 5 studies. The CDAI is a validated index based on subjective aspects rated by the patient (frequency of liquid or very soft stools, abdominal pain rating and general well-being) and objective observations…Clinical improvement, defined as a CDAI score of ≤ 150 assessed after 8 weeks of treatment, was the primary efficacy variable in these 5 comparative efficacy studies of ENTOCORT EC capsules.

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Entyvio	vedolizumab	5/20/2014	Ulcerative colitis	Mayo score	In UC Trial I, a greater percentage of patients treated with ENTYVIO compared to patients treated with placebo achieved clinical response at Week 6 (defined in Table 3). A greater percentage of patients treated with ENTYVIO compared to patients treated with placebo also achieved clinical remission at Week 6 (defined in Table 3).
Entyvio	vedolizumab	5/20/2014	Crohn's disease	Crohn's Disease Activity Index (CDAI)	In CD Trial I, a statistically significantly higher percentage of patients treated with ENTYVIO achieved clinical remission (defined as CDAI ≤150) as compared to placebo at Week 6 (Table 5). The difference in the percentage of patients who demonstrated clinical response (defined as a ≥100-point decrease in CDAI score from baseline), was however, not statistically significant at Week 6. In CD Trial III a greater percentage of patients in groups treated with ENTYVIO as compared to placebo were in clinical remission (defined as CDAI score ≤150) at Week 52. A greater percentage of patients in groups treated with ENTYVIO as compared to placebo had a clinical response (defined as ≥100 decrease in CDAI score from baseline) at Week 52 (Table 6). In the subgroup of patients who were receiving corticosteroids at baseline and who were in clinical response at Week 6 (defined as ≥70 decrease in CDAI score from baseline), a greater proportion of patients in groups treated with ENTYVIO as compared to placebo discontinued corticosteroids by Week 52 and were in clinical remission at Week 52 (Table 6).
Epidiolex	Cannabidiol	6/25/2018	Seizures associated with Lennox-Gastaut syndrome or Dravet syndrome	Subject/Caregiver Global Impression of Change (S/CGIC)	For Lennox–Gastaut Syndrome (LGS): In Studies 1 and 2, the median percent change from baseline (reduction) in the frequency of drop seizures was significantly greater for both dosage groups of EPIDIOLEX than for placebo. A reduction in drop seizures was observed within 4 weeks of initiating treatment with EPIDIOLEX, and the effect remained generally consistent over the 14-week treatment period. In Study 1, 3 of 85 (4%) patients in the EPIDIOLEX 20 mg/kg/day group reported no drop seizures during the maintenance period, compared to 0 patients in the placebo group. In Study 2, 3 of 73 (4%) patients in the EPIDIOLEX 10 mg/kg/day group, 5 of 76 (7%) patients in the EPIDIOLEX 20 mg/kg/day group, and 1 of 76 (1%) patients in the placebo group reported no drop seizures during the maintenance period. In LGS patients, EPIDIOLEX was associated with significant reductions in total seizure frequency (drop and non-drop seizures) versus placebo. During the treatment period in Study 1, the median percent reduction in total seizure frequency (per 28 days) was 41% in patients taking EPIDIOLEX 20 mg/kg/day compared to 14% in patients taking placebo ($p<0.01$). In Study 2, the median percent reduction in total seizure frequency (per 28 days) was 36% in the 10 mg/kg/day group, 38% in the 20 mg/kg/day group, and 18% in the placebo group ($p<0.01$ for both groups). A greater improvement on the Subject/Caregiver Global Impression of Change (S/CGIC) was reported in patients treated with EPIDIOLEX compared with placebo in Studies 1 and 2. In Study 1, the mean S/CGIC score at last visit was 3.0 in the 20 mg/kg/day EPIDIOLEX group (corresponding to "slightly improved") compared with 3.7 (most closely associated with "no change") in the placebo group ($p<0.01$). In Study 2, the mean S/CGIC score at last visit was 3.0 and 3.2 in the 10 mg/kg/day and 20 mg/kg/day EPIDIOLEX groups, respectively ("slightly improved"), compared with 3.6 ("no change") in the placebo group ($p<0.01$ and $p=0.04$, respectively).

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Epogen	epoetin alfa	7/26/1999	Renal failure	Unknown	Changes in the quality of life of adult patients treated with EPOGEN® were assessed as part of a phase 3 clinical trial. Once the target hematocrit (32% to 38%) was achieved, statistically significant improvements were demonstrated for most quality of life parameters measured, including energy and activity level, functional ability, sleep and eating behavior, health status, satisfaction with health, sex life, well-being, psychological effect, life satisfaction, and happiness. Patients also reported improvement in their disease symptoms.
Ethyol	amifostine	6/24/1999	Xerostomia	Unknown	These improvements in saliva production were supported by the patients' subjective responses to a questionnaire regarding oral dryness.
Eucrisa	crisaborole	12/14/2016	Atopic dermatitis	Investigator's Static Global Assessment [ISGA]	The primary efficacy endpoint was the proportion of subjects at Day 29 who achieved success, defined as an Investigator's Static Global Assessment [ISGA] grade of Clear (score of 0) or Almost Clear (score of 1) with a 2-grade or greater improvement from baseline, comparing EUCRISA-treated subjects to vehicle-treated subjects. Efficacy results from the two trials are summarized in Table 2.
Evoxac	cevimeline hydrochloride	1/11/2000	Xerostomia	Patient Global Improvement	Cevimeline has been shown to improve the symptoms of dry mouth in patients with Sjögren's Syndrome. ...Patients were evaluated by a measure called global improvement, which is defined as a response of 'better' to the question, 'Please rate the overall condition of your dry mouth now compared with how you felt before starting treatment in this study.' Patients also had the option of selecting 'worse' or 'no change' as answers. Seventy-six percent of the patients in the 30 mg tid group reported a global improvement in their dry mouth symptoms compared to 35% of the patients in the placebo group. A second 12-week, randomized, double-blind, placebo-controlled study was conducted in 212 patients (11 men, 201 women) with a mean age of 55.3 years (range 24-75). The racial distribution was Caucasian 88.7%, Black 1.9% and other 9.4%. The effects of cevimeline at 15 mg tid (45 mg/day) and 30 mg tid (90 mg/day) were compared to those of placebo. No statistically significant differences were noted in the patient global evaluations.
Exalgo	hydromorphine hydrochloride	3/1/2010	Pain	Daily dairy with NRS	There was a significant difference between the mean changes from Baseline to Week 12 or Final Visit in average weekly pain intensity NRS scores obtained from patient diary between the two groups.
Exelon	rivastigmine tartrate	4/21/2000	Alzheimer's disease	ADAS-cog; Clinician's Interview based impression of Change	The ability of Exelon to improve cognitive performance was assessed with the cognitive subscale of the Alzheimer's Disease Assessment Scale (ADAS-cog), a multi item instrument that has been extensively validated in longitudinal cohorts of Alzheimer's Disease patients. The ADAS-cog examines selected aspects of cognitive performance including elements of memory, orientation, attention, reasoning, language and praxis. The CIBIC-Plus used in the Exelon trials was a structured instrument based on a comprehensive evaluation at baseline and subsequent time-points of three domains: patient cognition, behavior and functioning, including assessment of activities of daily living. It represents the assessment of a skilled clinician using validated scales based on his/her observation at interviews conducted separately with the patient and the caregiver familiar with the behavior of the patient over the interval rated.
Exondys 51	eteplirsen	9/19/2016	Duchenne muscular dystrophy	6MWT	The primary endpoint was dystrophin production; a clinical outcome measure, the 6-minute walk test (6MWT), was also assessed. The 6MWT measures the distance that a patient can walk on a flat, hard surface in a period of 6 minutes. Patients had a mean age of 9.4 years, a mean 6-minute walk distance (6MWD) at baseline of 363 meters, and were on a stable dose of corticosteroids for at least 6 months. There was no significant difference in change in 6MWD between patients treated with EXONDYS 51 and those treated with placebo.

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Fasenra	benralizumab	11/14/2017	Asthma	Asthma Control Questionnaire-6 (ACQ-6); Standardized Asthma Quality of Life Questionnaire for 12 Years and Older (AQLQ(S)+12)	The Asthma Control Questionnaire-6 (ACQ-6) and Standardized Asthma Quality of Life Questionnaire for 12 Years and Older (AQLQ(S)+12) were assessed in Trials 1, 2 and 3. The responder rate for both measures was defined as improvement in score of 0.5 or more as threshold at the end of Trials 1, 2, and 3 (48, 56, and 28 weeks, respectively). In Trial 1, the ACQ-6 responder rate for FASENRA was 60% vs 50% placebo (odds ratio 1.55; 95% CI: 1.10, 2.19). In Trial 2, the ACQ-6 responder rate for the FASENRA was 63% vs 59% placebo (odds ratio 1.16; 95% CI: 0.80, 1.68). In Trial 1, the responder rate for AQLQ(S)+12 for FASENRA was 57% vs 49% placebo (odds ratio 1.42; 95% CI: 0.99, 2.02), and in Trial 2, 60% FASENRA vs 59% placebo (odds ratio of 1.03; 95% CI: 0.70,1.51). Similar results were seen in Trial 3.
Felbatol	felbamate	7/29/1993	Lennox-Gastaut Syndrome	Unknown	Parent/guardian global evaluations based on impressions of quality of life with respect to alertness, verbal responsiveness, general well-being, and seizure control significantly (P<.001) favored Felbatol® over placebo.
Fentora	fentanyl buccal tablet	9/25/2006	Pain	11-pt NRS	Patients assessed pain intensity on a scale that rated the pain as scale 0=none to 10=worst possible pain.With each episode of breakthrough pain, pain intensity was assessed first and then treatment was administered. Pain intensity (0-10) was measured at 15, 30, 45 and 60 minutes after the start of administration.The sum of differences in pain intensity scores at 15 and 30 minutes from baseline (SPID30) was the primary efficacy measure.
Fetzima	levomilnacipran	7/25/2013	Depression	Montgomery-Asberg Depression Rating Scale and Sheehan Disability Scale	In all three studies, FETZIMA demonstrated superiority over placebo in the improvement of depressive symptoms as measured by the Montgomery-Asberg Depression Rating Scale (MADRS) total score (see Table 5). FETZIMA also demonstrated superiority over placebo as measured by improvement in the Sheehan Disability Scale (SDS) functional impairment total score. Results presented in Table 5.
Firazyr	icatibant acetate	8/25/2011	Hereditary angioedema	Visual analog scale	Response to therapy was primarily assessed using visual analog scores on a 100 mm scale and patient- and physician-reported symptom scores for abdominal and cutaneous pain and swelling. The primary endpoint was assessed using a 3-item composite visual analog score (VAS), comprised of averaged assessments of skin swelling, skin pain, and abdominal pain.

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Firdapse	amifampridine	11/28/2018	Lambert-Eaton myasthenic syndrome (LEMS)	Subject Global Impression (SGI)	The two co-primary measures of efficacy in both studies were the change from baseline to the end of the discontinuation period in the Quantitative Myasthenia Gravis (QMG) score and in the Subject Global Impression (SGI) score. The QMG is a 13-item physician-rated categorical scaleassessing muscle weakness.Each item is assessed on a 4-pointscale, where a score of 0 represents no weakness, and a score of 3 represents severe weakness (totalscore0-39). Higher scores represent greater impairment. The SGI is a 7-point scale on which patients rated their global impression of the effects of the study treatment on their physical well being. Lower scores on the SGI represent lower perceived benefit with the study treatment. Study 1: During the double-blind period (from Baseline to Day 14), the QMG scores tended to worsen in both treatment groups, but there was significantly greater worsening in the placebo group than in the FIRDAPSE group (p=0.045). Similarly, the SGI score tended to worsen in both treatment groups during the double-blind period, but there was significantly greater worsening in the placebo group than in the FIRDAPSE group (p=0.003), as summarized in Table 2. These results indicate that in Study 1, patients randomized to placebo had a significantly greater worsening of muscle weakness and of global impression of the effects of the study treatment on their physical well-being, compared to patients who continued FIRDAPSE in the double-blind period. Study 2: From Baseline to Day 4, there was significantly greater worsening in the QMG score in the placebo group than in the FIRDAPSE group (p=0.0004), and also significantly greater worsening in the SGI score in the placebo group than in the FIRDAPSE group (p=0.0003), as summarized in Table 3. These results indicate that in Study 2, patients randomized to placebo had a significantly greater worsening of muscle weakness and of global impression of the effects of the study treatment on their physical well-being, compared to patients who continued FIRDAPSE in the double-blind period.
Flector	diclofenac epolamine	1/31/2007	Pain	Unknown	Patients treated with Flector® Patch experienced a greater reduction in pain as compared to patients randomized to placebo patch as evidenced by the responder curves presented below.
Flexeril	Cyclobenzaprine Hydrochloride	2/3/2003	Muscle spasm	Global impression of change	Primary endpoints for both trials were determined by patient-generated data and included global impression of change, medication helpfulness, and relief from starting backache. Each endpoint consisted of a score on a 5-point rating scale (from 0 or worst outcome to 4 or best outcome). Secondary endpoints included a physician's evaluation of the presence and extent of palpable muscle spasm. Indications and Usage: Improvement is manifested by relief of muscle spasm and its associated signs and symptoms, namely, pain, tenderness, limitation of motion, and restriction in activities of daily living.

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Flolan	epoprostenol sodium	2/20/1995	Primary pulmonary hypertension	Chronic Heart Failure Questionnaire; Dyspnea Fatigue Index; Borg Dyspnea Index	Statistically significant improvement was observed in exercise capacity, as measured by the 6-minute walk test in patients receiving continuous intravenous FLOLAN plus conventional therapy (N = 52) for 8 or 12 weeks compared to those receiving conventional therapy alone (N = 54).Improvements were apparent as early as the first week of therapy. Increases in exercise capacity were accompanied by statistically significant improvement in dyspnea and fatigue, as measured by the Chronic Heart Failure Questionnaire and the Dyspnea Fatigue Index. Pulmonary hypertension with the scleroderma spectrum of diseases: Increases in exercise capacity were accompanied by statistically significant improvements in dyspnea and fatigue, as measured by the Borg Dyspnea Index and Dyspnea Fatigue Index.
Flolan	epoprostenol sodium	2/20/1995	Primary pulmonary hypertension	6-min walk test	Statistically significant improvement was observed in exercise capacity, as measured by the 6-minute walk test in patients receiving continuous intravenous FLOLAN plus conventional therapy (N = 52) for 8 or 12 weeks compared to those receiving conventional therapy alone (N = 54).Improvements were apparent as early as the first week of therapy. Increases in exercise capacity were accompanied by statistically significant improvement in dyspnea and fatigue, as measured by the Chronic Heart Failure Questionnaire and the Dyspnea Fatigue Index. Pulmonary hypertension with the scleroderma spectrum of diseases: Increases in exercise capacity were accompanied by statistically significant improvements in dyspnea and fatigue, as measured by the Borg Dyspnea Index and Dyspnea Fatigue Index.
Flonase nasal spray	Fluticasone propionate	5/1/2003	Rhinitis	Total nasal symptom scores (TNSS)	These trials evaluated the total nasal symptom scores (TNSS) that included rhinorrhea, nasal obstruction, sneezing, and nasal itching in known allergic patients who were treated for 2 to 24 weeks. Subjects treated with FLONASE Nasal Spray exhibited significantly greater decreases in TNSS than vehicle placebo-treated patients. Three randomized, double-blind, parallel-group, vehicle placebo-controlled trials were conducted in 1,191 patients to investigate regular use of FLONASE Nasal Spray in patients with perennial nonallergic rhinitis. These trials evaluated the patient-rated TNSS (nasal obstruction, postnasal drip, rhinorrhea) in patients treated for 28 days of double-blind therapy and in 1 of the 3 trials for 6 months of open-label treatment. Two of these trials demonstrated that patients treated with FLONASE Nasal Spray at a dose of 100 mcg twice daily exhibited statistically significant decreases in TNSS compared with patients treated with vehicle.
Frova	frovatriptan succinate	11/8/2001	Migraine	Unknown	Headache response, defined as a reduction in headache severity from moderate or severe pain to mild or no pain, was assessed for up to 24 hours after dosing. The associated symptoms nausea, vomiting, photophobia and phonophobia were also assessed. The percentage of patients achieving a headache response 2 hours after treatment was significantly greater for those taking Frova compared to those taking placebo. For patients with migraine-associated nausea, photophobia and phonophobia at baseline there was a decreased incidence of these symptoms.

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Gemzar Injection	gemcitabine hydrochloride	5/15/1996	Pancreatic cancer	Memorial Pain Assessment Card	The primary efficacy parameter in these studies was 'clinical benefit response,' which is a measure of clinical improvement based on analgesic consumption, pain intensity, performance status, and weight change. Definitions for improvement in these variables were formulated prospectively during the design of the 2 trials. A patient was considered a clinical benefit responder if either: i) the patient showed a >/=50% reduction in pain intensity (Memorial Pain Assessment Card) or analgesic consumption, or a 20-point or greater improvement in performance status (Karnofsky Performance Status) for a period of at least 4 consecutive weeks, without showing any sustained worsening in any of the other parameters. Sustained worsening was defined as 4 consecutive weeks with either any increase in pain intensity or analgesic consumption or a 20-point decrease in performance status occurring during the first 12 weeks of therapy OR ii) the patient was stable on all of the aforementioned parameters, and showed a marked, sustained weight gain (>/=7% increase maintained for >/=4 weeks) not due to fluid accumulation.
Gemzar Injection	gemcitabine hydrochloride	8/25/1998	Non small cell lung cancer	FACT-L, EORTC QLQ-C30, QLQ-LC13	QOL was a secondary endpoint in both randomized studies. In the Gemzar plus cisplatin versus cisplatin study, QOL was measured using the FACT-L, which assessed physical, social, emotional and functional well-being, and lung cancer symptoms. In the study of Gemzar plus cisplatin versus etoposide plus cisplatin, QOL was measured using the EORTC QLQ-C30 and LC13, which assessed physical and psychological functioning and symptoms related to both lung cancer and its treatment. In both studies no significant differences were observed in QOL between the Gemzar plus cisplatin arm and the comparator arm.
Gengraf	cyclosporine	5/12/2000	Rheumatoid arthritis	Patient global assessment	A summary of the results is presented for the 'responder' rates per treatment group, with a responder being defined as a patient having completed the trial with a 20% improvement in the tender and the swollen joint count and a 20% improvement in 2 of 4 of investigator global, patient global, disability, and erythrocyte sedimentation rates (ESR) for the Studies 651 and 652 and 3 of 5 of investigator global, patient global, disability, visual analog pain, and ESR for Studies 2008, 654, and 302.
Gleevec	imatinib mesylate	1/22/2002	Chronic Myeloid Leukemia	Functional Assessment of Cancer Therapy - Biologic Response Modifier	Physical, functional, and treatment-specific biologic response modifier scales from the FACT-BRM (Functional Assessment of Cancer Therapy - Biologic Response Modifier) instrument were used to assess patient-reported general effects of interferon toxicity in 1067 patients with CML in chronic phase. After one month of therapy to six months of therapy, there was a 13%-21% decrease in median index from baseline in patients treated with interferon, consistent with increased symptoms of interferon toxicity. There was no apparent change from baseline in median index for patients treated with Gleevec.
Grastek	timothy grass pollen allergen extract	4/11/2014	Allergic rhinitis	Rhinoconjunctivitis daily symptom score Daily medication score	Efficacy was established by self-reporting of rhinoconjunctivitis daily symptom scores (DSS) and daily medication scores (DMS). Daily rhinoconjunctivitis symptoms included four nasal symptoms (runny nose, stuffy nose, sneezing, and itchy nose), and two ocular symptoms (gritty/itchy eyes and watery eyes). The rhinoconjunctivitis symptoms were measured on a scale of 0 (none) to 3 (severe). Subjects in clinical trials were allowed to take symptom-relieving medications (including systemic and topical antihistamines and topical and oral corticosteroids) as needed. The daily medication score measured the use of standard open-label allergy medications. Predefined values were assigned to each class of medication. Generally, systemic and topical antihistamines were given the lowest score, topical steroids an intermediate score, and oral corticosteroids the highest score. The sums of the DSS and DMS were combined into the Total Combined Score (TCS) which was averaged over the entire grass pollen season.

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Hemlibra	emicizumab	11/16/2017	Haemophilia A	Haemophilia-specific Quality of Life (Haem-A-QoL) questionnaire	HAVEN 1: The study evaluated patient-reported hemophilia-related symptoms (painful swellings and presence of joint pain) and physical functioning (pain with movement and difficulty walking far) using the Physical Health Score of the Haemophilia-specific Quality of Life (Haem-A-QoL) questionnaire for patients aged ≥ 18 years. The weekly HEMLIBRA prophylaxis arm (Arm A) showed an improvement compared with the no prophylaxis arm (Arm B) in the Haem-A-QoL Physical Health Subscale score at the Week 25 assessment (Table 6). The improvement in the Physical Health Score was further supported by the Total Score as measured by the Haem-AQoL at Week 25.
Hetlioz	tasimelteon	01/31/2014	Sleep Dsiorder	Daily diary to assess nighttime sleep and daytime nap time	A responder analysis of patients with both ≥ 45 minutes increase in nighttime sleep and ≥ 45 minutes decrease in daytime nap time was conducted in Study 1: 29% (n=12) of patients treated with HETLIOZ, compared with 12% (n=5) of patients treated with placebo met the responder criteria.
Horizant	gabpentin enacarbil	4/6/2011	Restless Legs Syndrome	International Restless Legs Syndrome Rating Scale	Efficacy was evaluated using the IRLS Rating Scale and Clinical Global Impression of Improvement (CGI-I) scores.The IRLS Rating Scale contains 10 items designed to assess the severity of sensory and motor symptoms, sleep disturbance, daytime somnolence/sedation, and impact on activities of daily living and mood associated with RL.
Humatrope	somatropin	7/25/2003	Growth failure	Nottingham Health Profile	The primary efficacy measures were body composition ...and the Nottingham Health Profile. The Nottingham Health Profile is a general health-related quality of life questionnaire.... Adult-onset patients reported significant improvements as compared to placebo in the following 2 of 6 possible health-related domains: physical mobility and social isolation. Patients with childhood onset disease failed to demonstrate improvements in Nottingham Health Profile outcomes.
Humira	adalimumab	12/31/2002	Ankylosing spondylitis	Ankylosing Spondylitis Quality of Life Questionnaire SF-36	Patients treated with HUMIRA achieved improvement from baseline in the Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL) score (-3.6 vs. -1.1) and in the Short Form Health Survey (SF-36) Physical Component Summary (PCS) score (7.4 vs. 1.9) compared to placebo-treated patients at Week 24.
Humira	adalimumab	12/31/2002	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ-DI) SF-36	In studies RA-I through IV, HUMIRA showed significantly greater improvement than placebo in the disability index of Health Assessment Questionnaire (HAQ-DI) from baseline to the end of study, and significantly greater improvement than placebo in the health-outcomes as assessed by The Short Form Health Survey (SF 36). Improvement was seen in both the Physical Component Summary (PCS) and the Mental Component Summary (MCS). In Study RA-III, the mean (95% CI) improvement in HAQ-DI from baseline at week 52 was 0.60 (0.55, 0.65) for the HUMIRA patients and 0.25 (0.17, 0.33) for placebo/MTX ($p<0.001$) patients. Sixty-three percent of HUMIRA-treated patients achieved a 0.5 or greater improvement in HAQ-DI at week 52 in the double-blind portion of the study. Eighty-two percent of these patients maintained that improvement through week 104 and a similar proportion of patients maintained this response through week 260 (5 years) of open-label treatment. Mean improvement in the SF-36 was maintained through the end of measurement at week 156 (3 years). In Study RA-V, the HAQ-DI and the physical component of the SF-36 showed greater improvement ($p<0.001$) for the HUMIRA/MTX combination therapy group versus either the MTX monotherapy or the HUMIRA monotherapy group at Week 52, which was maintained through Week 104.

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Humira	adalimumab	12/31/2002	Psoriatic arthritis	Health Assessment Questionnaire (HAQ-DI) SF-36	In Study PsA-I, physical function and disability were assessed using the HAQ Disability Index (HAQ-DI) and the SF-36 Health Survey. Patients treated with 40 mg of HUMIRA every other week showed greater improvement from baseline in the HAQ-DI score (mean decreases of 47% and 49% at Weeks 12 and 24 respectively) in comparison to placebo (mean decreases of 1% and 3% at Weeks 12 and 24 respectively). At Weeks 12 and 24, patients treated with HUMIRA showed greater improvement from baseline in the SF-36 Physical Component Summary score compared to patients treated with placebo, and no worsening in the SF-36 Mental Component Summary score. Improvement in physical function based on the HAQ-DI was maintained for up to 84 weeks through the open-label portion of the study.
Hyalgan Solution	sodium hyaluro-nate	5/28/1997	Pain	Visual analog scale; Subjects' Categor-ical Assessment of pain	After meeting initial screening requirements NSAID therapy was discontinued. After 2 weeks, all subjects returned for baseline evaluations. The baseline evaluation included as-sessment of three primary effectiveness criteria; measurement of pain during a 50-foot walk test using a 100 mm Visual Analog Scale (VAS), a categorical assessment (0 = none to 5 = disabled) of pain, as assessed by a masked evaluator, during the 48 hours preceding the visit, and a categorical assessment (0 = none to 5 = disabled) of pain, as assessed by the subject, during the 48 hours preceding the visit. Table 4, Clinical Results: Subjects' Categorical Assessment of pain (0=none to 5=disabled) during the 48 hours preceding visits. Success Criteria: The number of Hyalgan®-treated sub-jects showing improvement at Week 26 was to be concordant with the VAS results; however, not required to be independently statistically significant. Results: At Week 26 the subjects' categorical assessment of pain indicated that the Hyalgan®-treated subjects experienced less pain than the placebo-treated subjects (Table 7).
Hycamtin for Injection	topotecan hydro-chloride	11/30/1998	Small cell lung cancer	Unknown; disease symptom scale	Changes on a disease-related symptom scale in patients who received HYCAMTIN or who received CAV are presented in Table 3. It should be noted that not all patients had all symp-toms, nor did all patients respond to all questions. Each symptom was rated on a 4 category scale with an improvement defined as a change in 1 category from baseline sustained over 2 courses. Limitations in interpretation of the rating scale and responses preclude formal statistical analysis. Table 3: Shortness of Breath, Interference with Daily Activity; Fatigue; Hoarseness; Cough; Insomnia; Anorexia; Chest Pain; Hemoptysis.
Hytrin	terazosin hydro-chloride	8/7/1987	Benign prostatic hyperplasia	Boyarsky Index	In three placebo-controlled studies, symptom evaluation and uroflowmetric measurements were performed approximately 24 hours following dosing. Symptoms were quantified using the Boyarsky Index. The questionnaire evaluated both obstructive (hesitancy, intermittency, terminal dribbling, impairment of size and force of stream, sensation of incomplete bladder emptying) and irritative (nocturia, daytime frequency, urgency, dysuria) symptoms by rating each of the 9 symptoms from 0-3, for a total score of 27 points. Results from these studies indicated that terazosin statistically significantly improved symptoms and peak urine flow rates over placebo.

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Ibsrela	tenapanor	9/12/2019	Irritable bowel syndrome	Daily diary (not specified); 11-point Abdominal Pain NRS	Efficacy of IBSRELA was assessed using responder analyses based on daily diary entries. The responder rates for the primary endpoint and components of the primary endpoint (CSBM and abdominal pain), which were pre-specified key secondary endpoints, are shown in Table 2. In Trials 1 and 2, the proportion of responders for 9 out of the first 12 weeks, including at least 3 of the last 4 weeks, was greater in IBSRELA-treated patients compared to placebo-treated patients. In addition, in Trial 1, the proportion of responders for 13 out of 26 weeks was greater in IBSRELA-treated patients compared to placebo-treated patients. In both trials, improvements from baseline in average weekly CSBMs and abdominal pain were observed by Week 1, with improvement maintained through the end of treatment. In IBSRELA-treated patients re-randomized to placebo in Trial 2, CSBM frequency and abdominal pain severity worsened on average over the 4-week period but remained improved compared to baseline. Patients who continued on IBSRELA maintained their response to therapy on average over the additional 4 weeks. Patients on placebo who were re-randomized to IBSRELA had an average increase in CSBM frequency and a decrease in abdominal pain.
Imcivree	setmelanotide	11/25/2020	Obesity	Daily Hunger Questionnaire	Effect of IMCIVREE on Hunger: Patients 12 years and older self-reported their daily maximal hunger in a diary, assessed by the Daily Hunger Questionnaire Item 2. Hunger was scored on an 11-point scale from 0 ("not hungry at all") to 10 ("hungriest possible"). Weekly means of daily hunger scores at Baseline and Week 52 are summarized in Table 4. Hunger scores generally worsened during the double-blind, placebo withdrawal period among those patients who had experienced an improvement from baseline, and scores improved when IMCIVREE was reinitiated.
Incruse Ellipta	Umeclidinium	5/1/2014	COPD	St. George's Respiratory Questionnaire (SGRQ)	Health-related quality of life was measured using St. George's Respiratory Questionnaire (SGRQ). Umeclidinium demonstrated an improvement in mean SGRQ total score compared with placebo treatment at Day 168: -4.69 (95% CI: -7.07,-2.31). The proportion of patients with a clinically meaningful decrease (defined as a decrease of at least 4 units from baseline) at Week 24 was greater for INCRUSE ELLIPTA 62.5 mcg (42%; 172/410) compared with placebo (31%; 86/274).
Ingrezza	valbenazine	04/11/2017	Tardive dyskinesia	Abnormal Involuntary Movement Scale (AIMS)	The change from baseline in the AIMS total dyskinesia score in the 80 mg INGREZZA group was statistically significantly different from the change in the placebo group. Subgroup analyses by gender, age, racial subgroup, underlying psychiatric diagnostic category, and concomitant antipsychotic medication did not suggest any clear evidence of differential responsiveness. Among subjects remaining in the study at the end of the 48-week treatment (N=123 [52.6%]), following discontinuation of INGREZZA, the mean AIMS dyskinesia total score appeared to return toward baseline (there was no formal hypothesis testing for the change following discontinuation).

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Inrebic	fedratinib	8/16/2019	Myelofibrosis	modified Myelofibrosis Symptom Assessment Form (MFSAF) V2 Diary	The modified MFSAF v2.0 is a patient diary capturing the 6 core symptoms of MF: night sweats, itching, abdominal discomfort, early satiety, pain under rigs on left side, and bone or muscle pain. The modified MFSAF diary was completed daily during the week prior to Day 1 of each treatment cycle, and at the End of Cycle 6. Symptom scores ranged from 0 ("absent") to 10 ("worst imaginable"). These scores were added to create the Total Symptom Score, which has a maximum score of 60. At baseline, the mean Total Symptom Score was 17.95 in the 400 mg group and 15.45 in the placebo group. The proportion of patients with a 50% or greater reduction in Total Symptom Score was 40% in the INREBIC 400 mg group and 9% in the placebo group (Table 6). Results are excluded for 22 patients: 6 patients with a baseline Total Symptom Score of zero (2 in the INREBIC 400 mg group and 4 in the placebo group) and 16 patients with missing baseline (5 in the INREBIC 400 mg group and 11 in the placebo group). Figure 2 shows the percent change in Total Symptoms Score from baseline at the End of Cycle 6 for each patient. Figure 3 displays the proportion of patients with at least a 50% improvement in each of the individual symptoms that comprised the Total Symptom Score indicating that all 6 of the symptoms contributed to the higher Total Symptom Score response rate in the group treated with INREBIC.
Intrarosa	prasterone	11/16/2016	Dyspareunia	Unknown (symptom measure)	All women were assessed for improvement from Baseline to Week 12 for four co-primary efficacy endpoints: most bothersome moderate to severe symptom of dyspareunia, the percentage of vaginal superficial cells, the percentage of parabasal cells, and vaginal pH.
Invega	paliperidone	12/19/2006	Schizophrenia	Personal and Social Performance (PSP) scale Hamilton Depression Rating Scale (HAM-D-21) Young Mania Rating Scale (YMRS)	The PSP is a validated clinician-rated scale that measures personal and social functioning in the domains of socially useful activities (e.g., work and study), personal and social relationships, self-care, and disturbing and aggressive behaviors. Numerical improvements in mood symptoms were also observed, as measured by the HAM-D21 and YMRS. In the lower dose group of the 2 dose-level study (6 mg/day with option to reduce to 3 mg/day).
Ionsys	fentanyl	5/22/2006	Pain	Verbal numerical rating scale 0-10; Visual analogue scale, 0-100 mm	After Study Hour 3, IONSYS alone or the placebo treatment alone was used to provide analgesia. Efficacy demonstrated in all three studies as demonstrated by the last mean pain intensity scores recorded during the 24-hour treatment period are presented in Table 6.
Jakafi	Ruxolitinib	11/16/2011	Myelofibrosis	Myelofibrosis Symptom Assessment Form v2.0 diary	At baseline, the mean Total Symptom Score was 18.0 in the Jakafi group and 16.5 in the placebo group. A higher proportion of patients in the Jakafi group had a 50% or greater reduction in Total Symptom Score than in the placebo group, with a median time to response of less than 4 weeks.

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Jalyn	dutasteride; tamsulosin HCL	1/20/2010	Benign prostatic hyperplasia	International Prostate Symptom Score	The primary efficacy endpoint evaluated during the first 2 years of treatment was change in IPSS. Symptoms were quantified using the first 7 questions of the IPSS. The baseline score was approximately 16.4 units for each treatment group. Coadministration therapy was statistically superior to each of the monotherapy treatments in decreasing symptom score at Month 24. This difference was seen by Month 9 and continued through Month 24. At Month 24, the mean changes from baseline (±SD) in IPSS symptom scores were -6.2 (±7.14) for the coadministration group, -4.9 (±6.81) for dutasteride, and -4.3 (±7.01) for tamsulosin, with a mean difference between combination and dutasteride of -1.3 units (P<0.001; [95% CI: -1.69, -0.86]), and between coadministration and tamsulosin of -1.8 units.
Jeaveau	prabotulinumtoxinA-xvfs	02/06/2019	Glabellar lines associated with corrugator and/or procerus muscle activity	Glabellar Line Scale (GLS)	The primary efficacy endpoint was measured at Day 30 and was defined as the proportion of subjects achieving ≥2-grade improvement from baseline at maximum frown, as assessed independently by both the investigator and the subject using the Glabellar Line Scale (GLS). The GLS is a 4-point grading scale (0=none, 1=mild, 2= moderate, 3=severe). The results of these two efficacy trials are presented below (See Table 3).
Kadian	morphine sulfate	7/3/1996	Pain	Patient global assessment	In two controlled studies, patients with moderate to severe cancer pain were titrated with immediate-release morphine (IRM) solution or tablets to a stable total daily dose of morphine for at least three consecutive days, then randomized to KADIAN® or 12-hour controlled-release morphine for seven days of observation. KADIAN® given once a day proved similar to the same total dose of morphine given in divided doses in a 12-hour dosage form, with respect to pain relief, use of rescue medication, patient and investigator global assessment, and quality of sleep. Individual patient differences in the pattern of pain control emphasize the need to individualize both dose and dosing interval.
Kadian	morphine sulfate	7/3/1996	Pain	Investigator Global Assessment	In two controlled studies, patients with moderate to severe cancer pain were titrated with immediate-release morphine (IRM) solution or tablets to a stable total daily dose of morphine for at least three consecutive days, then randomized to KADIAN® or 12-hour controlled-release morphine for seven days of observation. KADIAN® given once a day proved similar to the same total dose of morphine given in divided doses in a 12-hour dosage form, with respect to pain relief, use of rescue medication, patient and investigator global assessment, and quality of sleep. Individual patient differences in the pattern of pain control emphasize the need to individualize both dose and dosing interval.

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Kalbitor	ecallantide	11/27/2009	Hereditary angioedema	Mean Symptom Complex Severity (MSCS) Treatment Out-come Score (TOS)	In both trials, the effects of KALBITOR were evaluated using the Mean Symptom Complex Severity (MSCS) score and the Treatment Outcome Score (TOS). These measures evaluated the severity of attack symptoms at all anatomical locations (MSeS score) and response to therapy (TOS). MSCS score is a point-in-time measure of symptom severity. At baseline, 4 hours, and 24 hours, patients rated the severity on a categorical scale (0 = normal, 1 = mild, 2 = moderate, 3 = severe) for symptoms at each affected anatomical location. Ratings were averaged to obtain the Mses score. A decrease in MSCS score reflected an improvement in symptoms. TOS is a measure of symptom response to treatment. At 4 hours and 24 hours, patient assessment of response characterized by their change from baseline in symptom severity and collected by anatomic site of attack involvement, was recorded on a categorical scale (significant improvement (100), improvement (50), same (0), worsening (-50), significant worsening (- 1 00)). The response at each anatomic site was weighted by baseline severity and then the weighted scores across all involved sites were averaged to calculate the TOS. A TOS value; O reflected an improvement in symptoms from baseline. Patients treated with KALBITOR demonstrated a greater decrease from baseline in the MSCS than placebo and a greater TOS than patients with placebo and the results were statisti-cally significant (Table 2). At 24 hours, patients treated with KALBITOR also demonstrated a greater decrease from baseline in the MSCS than placebo (-1.5 vs. -1.1; P = 0.04) and a greater TOS (89 vs. 55, P = 0.03). the key secondary effcacy endpoint was the change from baseline in MSCS at 4 hours. As in EDEMA4, patients treated with KALBITOR demonstrated a greater decrease from baseline in the MSCS than placebo and a greater TOS than patients treated with placebo and the results were statistically significant (Table 2).
Kalydeco	Ivacaftor	1/31/2012	Cystic Fibrosis	Unknown; symp-tom scale	There were no meaningful differences between patients treated with KALYDECO compared to placebo for secondary endpoints (change in CF symptoms, change in weight, or change in sweat chloride concentration).
Kepivance	palifermin	12/15/2004	Oral mucositis	Daily Diary	In Study 1, patients used a daily diary to record the amount of mouth and throat soreness. Compared with placebo-treated patients, Kepivance treated patients reported less mouth and throat soreness.
Kevzara	sarilumab	05/22/2017	Rheumatoid arthritis	American College of Rheumatology (ACR criteria)	In both studies, patients treated with either 200 mg or 150 mg of KEVZARA every two weeks + MTX/DMARD had higher ACR20, ACR50, and ACR70 response rates versus placebo + MTX/DMARD-treated patients at Week 24. (See Tables 4 and 5)
Kevzara	sarilumab	05/22/2017	Rheumatoid arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI)	In Studies 1 and 2, physical function and disability were assessed by the Health Assessment Questionnaire Disability Index (HAQ-DI). Patients receiving KEVZARA 200 mg every two weeks + MTX/DMARD and KEVZARA 150 mg every two weeks + MTX/DMARD demonstrat-ed greater improvement from baseline in physical function compared to placebo + MTX/DMARD at Week 16 and Week 12 in Studies 1 and 2, respectively (Table 7 in label).
Kevzara	sarilumab	05/22/2017	Rheumatoid arthritis	Short Form health survey (SF-36)	General health status was assessed by the Short Form health survey (SF-36) in Studies 1 and 2. Patients receiving KEVZARA 200 mg every two weeks + MTX/DMARD demonstrated greater improvement from baseline compared to placebo + MTX/DMARD in the physical component summary (PCS) at Week 24, but there was no evidence of a difference between the treatment groups in the mental component summary (MCS) at Week 24. Patients re-ceiving KEVZARA 200 mg + MTX/DMARD reported greater improvement relative to placebo in the domains of Physical Functioning, Role Physical, Bodily Pain, General Health Percep-tion, Vitality, Social Functioning and Mental Health, but not in the Role Emotional domain.

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Khedezla	desvenlafaxine	7/10/2013	Depression	Hamilton Rating Scale for Depression; Clinician Global Impressions Scale	Desvenlafaxine showed superiority over placebo as measured by improvement in the 17-item Hamilton Rating Scale for Depression (HAM-D17) total score in four studies and overall improvement, as measured by the Clinical Global Impressions Scale - Improvement (CGI-I), in three of the four studies. Results presented in Table 8.
Kineret	Anakinra	11/14/2001	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ); Short Form-36 (SF-36)	The disability index of the Health Assessment Questionnaire (HAQ) was administered monthly for the first six months and quarterly thereafter during Study 1. Health outcomes were assessed by the Short Form-36 (SF-36) questionnaire. The 1-year data on HAQ in Study 1 showed more improvement with Kineret than placebo. The physical component summary (PCS) score of the SF-36 also showed more improvement with Kineret than placebo but not the mental component summary (MCS)
Kybella	deoxycholic	4/29/2015	Submental fat	5-point grading scale (0=none and 4=extreme)	The overall patient-reported satisfaction and self-perceived visual attributes showed greater improvement in the KYBELLA group than in the placebo group. The co-primary efficacy assessments were based on at least 2-grade and at least 1-grade improvements in submental convexity or fullness on the composite of clinician-reported and patient-reported ratings of submental fat 12 weeks after final treatment. Results provided in Table and Graph
Kybella	deoxycholic acid	4/29/2015	Submental fat	5-point grading scale (0=none and 4=extreme)	The overall patient-reported satisfaction and self-perceived visual attributes showed greater improvement in the KYBELLA group than in the placebo group. The co-primary efficacy assessments were based on at least 2-grade and at least 1-grade improvements in submental convexity or fullness on the composite of clinician-reported and patient-reported ratings of submental fat 12 weeks after final treatment. Results provided in Table and Graph
Letairis	ambrisentan	6/15/2007	Pulmonary arterial hypertension	6-min walk test	In both studies, treatment with LETAIRIS resulted in a significant improvement in 6-minute walk distance for each dose of LETAIRIS and the improvements increased with dose. An increase in 6-minute walk distance was observed after 4 weeks of treatment with LETAIRIS, with a dose-response observed after 12 weeks of treatment. Improvements in walk distance with LETAIRIS were smaller for elderly patients (age ≥65) than younger patients and for patients with secondary PAH than for patients with idiopathic PAH.
Letairis	ambrisentan	6/15/2007	Pulmonary arterial hypertension	SF-36	In addition, clinical worsening, WHO functional class, dyspnea, and SF-36® Health Survey were assessed. Results for the SF-36 data are not provided in the label.
Levitra	vardenafil HCl	8/19/2003	Erectile dysfunction	International Index of Erectile Function (IIEF) Erectile Function (EF) domain; Sexual Encounter Profile (SEP) questions 2 and 3	Primary efficacy assessment in all four major trials was by means of the Erectile Function (EF) Domain score of the validated International Index of Erectile Function (IIEF) Questionnaire and two questions from the Sexual Encounter Profile (SEP) dealing with the ability to achieve vaginal penetration (SEP2), and the ability to maintain an erection long enough for successful intercourse (SEP3).
Lexapro	escitalopram oxalate	8/14/2002	Generalized Anxiety Disorder	Hamilton Anxiety Scale (HAM-A)	In all three studies, Lexapro showed significantly greater mean improvement compared to placebo on the Hamilton Anxiety Scale (HAM-A).

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Lexapro	escitalopram oxalate	8/14/2002	Major Depressive Disorder	Montgomery Asberg Depression Rating Scale (MADRS)	The primary outcome in all three studies was change from baseline to endpoint in the Montgomery Asberg Depression Rating Scale (MADRS). A fixed-dose study compared 10 mg/day Lexapro and 20 mg/day Lexapro to placebo and 40 mg/day citalopram. The 10 mg/day and 20 mg/day Lexapro treatment groups showed significantly greater mean improvement compared to placebo on the MADRS. The 10 mg and 20 mg Lexapro groups were similar on this outcome measure. In a second fixed-dose study of 10 mg/day Lexapro and placebo, the 10 mg/day Lexapro treatment group showed significantly greater mean improvement compared to placebo on the MADRS.
Lidoderm Patch	Lidocaine patch	3/19/1999	Postherpetic Neuralgia	Unknown	Pain intensity and pain relief scores were evaluated periodically for 12 hours. LIDODERM performed statistically better than vehicle patch in terms of pain intensity from 4 to 12 hours. The constant type of pain was evaluated but not the pain induced by sensory stimuli (dysesthesia). Statistically significant differences favoring LIDODERM were observed in terms of time to exit from the trial (14 versus 3.8 days at p-value <0.001), daily average pain relief, and patient's preference of treatment. About half of the patients also took oral medication commonly used in the treatment of post-herpetic neuralgia.
Linzess	linaclotide	8/30/2012	Irritable bowel syndrome	11-pt NRS	In each trial, improvement from baseline in abdominal pain and CSBM [complete spontaneous bowel movements] frequency was seen over the first 12-weeks of the treatment periods. For change from baseline in the 11-point abdominal pain scale, LINZESS 290 mcg began to separate from placebo in the first week. Maximum effects were seen at weeks 6 - 9 and were maintained until the end of the study. The mean treatment difference from placebo at week 12 was a decrease in pain score of approximately 1.0 point in both trials (using an 11-point scale).
Lotronex	alosetron hydrochloride	6/7/2002	Irritable bowel syndrome	Unknown	Compared with placebo, 10% to 19% more women with diarrhea-predominant IBS who received LOTRONEX had adequate relief of IBS abdominal pain and discomfort during each month of the study. "Patients on LOTRONEX had significant increases over placebo (13% to 16%) in the median percentage of days with urgency control.

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Lucemyra	VH Anti-Inhibitor Coagulant Complex;#lofexidine hydrochloride	05/16/2018	Mitigation of Opiod Withdrawal	Short Opiate Withdrawal Scale of Gossop (SOWS-Gossop)	The two endpoints to support efficacy were the mean Short Opiate Withdrawal Scale of Gossop (SOWS-Gossop) total score on Days 1 – 7 of treatment and the proportion of patients that completed 7 days of treatment. The SOWS-Gossop, a patient-reported outcome (PRO) instrument, evaluates the following opioid withdrawal symptoms: feeling sick, stomach cramps, muscle spasms/twitching, feeling of coldness, heart pounding, muscular tension, aches and pains, yawning, runny eyes and insomnia/problems sleeping. For each opioid withdrawal symptom, patients are asked to rate their symptom severity using four response options (none, mild, moderate, and severe). The SOWS-Gossop total score ranges from 0 to 30 where a higher score indicates a greater withdrawal symptom severity. The SOWS-Gossop was administered at baseline and once daily 3.5 hours after the first morning dose on Days 1 – 7. The mean SOWS-Gossop scores for Days 1 – 7 were 8.8, 6.5, and 6.1 for placebo, LUCEMYRA 2.16 mg and LUCEMYRA 2.88 mg, respectively. Results are shown in Figure 2. The mean difference between LUCEMYRA 2.16 mg and placebo was -2.3 with a 95% CI of (-3.4, -1.2). The mean difference between LUCEMYRA 2.88 mg and placebo was -2.7 with a 95% CI of (-3.9, -1.6). They were both significant. Symptoms assessed on the SOWS-Gossop were recorded as absent or mild for almost all patients remaining to the end of the assessment period. The two endpoints to support efficacy were the mean SOWS-Gossop total score on Days 1 – 5 of treatment and the proportion of patients that completed 5 days of treatment. The SOWS-Gossop was administered at baseline and once daily 3.5 hours after the first morning dose on Days 1 – 5. The mean SOWS-Gossop scores for Days 1 – 5 were 8.9 and 7.0 for placebo and LUCEMYRA 2.88 mg, respectively. Results are shown in Figure 4. The mean difference was -1.9 with a 95% CI of (-3.2, -0.6) and was statistically significant.
Lunesta	eszopiclone	12/15/2004	Insomnia	Unknown	LUNESTA significantly decreased sleep latency and improved measures of sleep maintenance (objectively measured as wake time after sleep onset [WASO] and subjectively measured as total sleep time). LUNESTA was superior to placebo on subjective measures of sleep latency, total sleep time, and WASO.
Lyrica	pregabalin	12/30/2004	Fibromyalgia	Fibromyalgia Impact Questionnaire; Patient Global Impression of Change; Visual analog scale	The studies showed a reduction in pain by visual analog scale. In addition, improvement was demonstrated based on a patient global assessment (PGIC), and on the Fibromyalgia Impact Questionnaire (FIQ).
Lyrica	pregabalin	13/30/2004	Neuropathic pain	11-point NRS; daily diary	The patients had a minimum mean baseline pain score of >/=4 on an 11-point numerical pain rating scale ranging from 0 (no pain) to 10 (worst possible pain). The baseline mean pain scores across the two studies ranged from 6.1 to 6.7. Patients recorded their pain daily in a diary. Treatment with LYRICA 100 and 200 mg three times a day statistically significantly improved the endpoint mean pain score and increased the proportion of patients with at least a 50% reduction in pain score from baseline. For various degrees of improvement in pain from baseline to study endpoint, Figure 1 shows the fraction of patients achieving that degree of improvement. The figure is cumulative, so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%.

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Lysteda	tranexamic acid	11/13/2009	Menorrhagia	Unknown	The key secondary outcome measures were based on specific questions concerning limitations in social or leisure activities (LSLA) and limitations in physical activities (LPA). Large stains (soiling beyond the undergarment) were also included as a key secondary outcome measure.
Makena	hydroxyprogesterone caproate	02/03/2011	Risk of preterm birth	Ages and Stages Questionnaire (ASQ)	Infants born to women enrolled in this study, and who survived to be discharged from the nursery, were eligible for participation in a follow-up safety study. Of 348 eligible offspring, 79.9% enrolled: 194 children of Makena-treated women and 84 children of control subjects. The primary endpoint was the score on the Ages & Stages Questionnaire (ASQ), which evaluates communication, gross motor, fine motor, problem solving, and personal/social parameters. The proportion of children whose scores met the screening threshold for developmental delay in each developmental domain was similar for each treatment group.
Marinol	Dronabinol	4/28/2003	Anorexia	Visual analog scale (VAS)	As compared to placebo, MARINOL® Capsules treatment resulted in a statistically significant improvement in appetite as measured by visual analog scale (see figure). Trends toward improved body weight and mood, and decreases in nausea were also seen.
Maxalt	rizatriptan benzoate	6/29/1998	Migraine	Unknown	Headache response, defined as a reduction of moderate or severe headache pain to no or mild headache pain, was assessed for up to 2 hours (Study 1) or up to 4 hours after dosing (Studies 2, 3 and 4). Associated symptoms of nausea, photophobia, and phonophobia and maintenance of response up to 24 hours postdose were evaluated.
Migranal Nasal Spray	dihydroergotamine mesylate	12/8/1997	Migraine	Unknown; pain scale	Headache response was determined 0.5, 1, 2, 3 and 4 hours after dosing and was defined as a reduction in headache severity to mild or no pain. In studies 1 and 2, a four-point pain intensity scale was utilized; in studies 3 and 4, a five-point scale was used that included both pain response and restoration of function for "severe" or "incapacitating" pain, a less clear endpoint. In all studies, patients received a regimen consisting of 0.5 mg in each nostril, repeated in 15 minutes (and again in another 15 minutes for the 3 mg dose in studies 1 and 2). The percentage of patients achieving headache response 4 hours after treatment was significantly greater in patients receiving 2 mg doses of Migranal® (dihydroergotamine mesylate, USP) Nasal Spray compared to those receiving placebo in 3 of the 4 studies (see Tables 1 & 2 and Figures 1 & 2).
Mirapex	pramipexole dihydrochloride	7/1/1997	Parkinson's disease	Unified Parkinson's Disease Rating Scale	At the end of the 6-month maintenance period, the mean improvement from baseline on the UPDRS part II (ADL) total score was 1.9 in the group receiving MIRAPEX (pramipexole dihydrochloride) and -0.4 in the placebo group, a difference that was statistically significant. Advanced Parkinson's: In the advanced Parkinson's disease study, the primary assessments were the UPDRS and daily diaries that quantified amounts of 'on' and 'off' time. At selected times during the 6-month maintenance period, patients were asked to record the amount of 'off,' 'on,' or 'on with dyskinesia' time per day for several sequential days. At the end of the 6-month maintenance period, the mean improvement from baseline on the UPDRS part II total score was 2.7 in the group treated with MIRAPEX and 0.5 in the placebo group, a difference that was statistically significant. The mean improvement from baseline on the UPDRS part III total score was 5.6 in the group treated with MIRAPEX and 2.8 in the placebo group, a difference that was statistically significant. A statistically significant difference between groups in favor of MIRAPEX was seen at week 3 of the UPDRS part II (maximum dose 1.5 mg/day) and at week 2 of the UPDRS part III (maximum dose 0.75 mg/day).

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Mobic	meloxicam	4/13/2000	Osteoarthritis	WOMAC; patient global assessment	The use of MOBIC for the treatment of the signs and symptoms of osteoarthritis of the knee and hip was evaluated in a double-blind controlled trial in the U.S. involving 464 patients treated with MOBIC for 12 weeks. MOBIC (3.75 mg, 7.5 mg and 15 mg daily) was compared to placebo. The four primary endpoints were investigator's global assessment, patient global assessment, patient pain assessment, and total WOMAC score (a self-administered questionnaire addressing pain, function and stiffness). Patients on MOBIC 7.5 mg daily and MOBIC 15 mg daily showed significant improvement in each of these endpoints compared with placebo.
Motegrity	prucalopride	12/14/2018	Chronic idiopathic constipation	Daily diary	Efficacy was assessed using information provided by patients in a daily diary. Primary Efficacy Results: For the primary efficacy endpoint, a responder was defined as a patient with an average of 3 or more CSBMs per week, over the 12-week treatment period. In the Intent-to-Treat [ITT] population in the 6 trials, 1237 received MOTEGRITY 1 or 2 mg and 1247 received placebo. Table 4 summarizes the results. In all studies, improvement in the frequency of CSBMs/week was seen as early as week 1 and was maintained through week 12. Across the six studies, the median time to first CSBM after dosing of MOTEGRITY on day 1 ranged from 1.4 to 4.7 days compared with 9.1 to 20.6 days in the placebo group. The median time to first SBM after dosing on day 1 ranged from 0.1 to 0.4 days in the MOTEGRITY group compared with 1.0 to 1.6 days in the placebo group. Alternative Efficacy Endpoint: Using an alternative efficacy endpoint, a responder was defined as a patient who had at least 3 CSBMs and an increase of at least 1 CSBM from baseline in a given week for at least 9 weeks out of the 12-week treatment period and for at least 3 of the last 4 weeks of the treatment period. The differences in response rates between MOTEGRITY and placebo in the 6 studies are shown in Table 5.
Movantik	Naloxegol oxalate	9/16/2014	Opioid-induced constipation	Unknown	In Study 1, a statistically significantly higher percentage of patients in this subgroup responded with MOVANTIK 12.5 mg compared to placebo (43% vs. 29%; p=0.03) and with MOVANTIK 25 mg compared to placebo (49% vs. 29%; p=0.002). In Study 2, a statistically significantly higher percentage of patients in this subgroup responded with MOVANTIK 25 mg compared to placebo (47% vs. 31%; p=0.01). This secondary endpoint was not tested for MOVANTIK 12.5 mg versus placebo in Study 2 because the primary endpoint was not statistically significant.
Muse Urethral Suppository	alprostadil	11/19/1996	Erectile dysfunction	Unknown	In administrations resulting in sexual intercourse, the duration of erections sufficient for penetration was 6 minutes on placebo and 16 minutes on active drug. Successful therapy with MUSE was associated with improvement in quality of life measures of 'emotional well-being' for patients and 'relationship with partner' for both patients and their female partners.

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Myobloc Injection	Botulinum Toxin Type B Injectable Solution	12/8/2000	Cervical dystonia	Visual analog scale; Toronto Western Spasmodic Torticollis Rating Scale; Patient Global Assessment	The primary efficacy outcome variable for both studies was the Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)-Total Score (scale range of possible scores is 0–87) at Week 4. TWSTRS is comprised of three sub-scales which examine 1) Severity– the severity of the patient's abnormal head position; 2) Pain– the severity and duration of pain due to the dystonia; and 3) Disability– the effects of the abnormal head position and pain on a patient's activities. The secondary endpoints were the Patient Global and Physician Global Assessments of change at Week 4. Both Global Assessments used a 100 point visual-analog scale (VAS). The Patient Global Assessment allows a patient to indicate how they feel at the time of the evaluation compared to the pre-injection baseline. Likewise, the Physician Global indicates the physician's assessment of the patient's change from baseline to Week 4. Scores of 50 indicate no change, 0 much worse, and 100 much better. Results of comparisons of the primary and secondary efficacy variables are summarized in Table 1.
Myozyme	Alglucosidae alfa	4/28/2006	Pompe Disease	Alberta Infant Motor Scale (AIMS)	Other outcome measures in this study included unblinded assessments of motor function by the Alberta Infant Motor Scale (AIMS). The AIMS is a measure of infant motor performance that assesses motor maturation of the infant through age 18 months and is validated for comparison to normal, healthy infants. AIMS-assessed gains in motor function occurred in 13 patients. In the majority of patients, motor function was substantially delayed compared to normal infants of comparable age. The continued effect of MYOZYME treatment over time.
Myrbetriq	mirabegron	6/28/2012	Overactive bladder	Daily diary	Myrbetriq 25 mg was effective in treating the symptoms of OAB within 8 weeks, and Myrbetriq 50 mg was effective in treating the symptoms of OAB within 4 weeks. Efficacy of both 25 mg and 50 mg doses of Myrbetriq was maintained through the 12-week treatment period. Figures 3 through 8 show the co-primary endpoints, mean change from baseline (BL) over time in number of incontinence episodes per 24 hours and mean change from baseline over time in number of micturitions per 24 hours, in Studies 1, 2 and 3.
Namenda	memantine hydrochloride	10/16/2003	Alzheimer's disease	Alzheimer's disease Cooperative Study - Activities of Daily Living inventory (ACDCS-ADL); Severe Impairment Battery (SIB)	Day-to-day function was assessed in both studies using the modified Alzheimer's disease Cooperative Study - Activities of Daily Living inventory (ADCS-ADL). The ADCS-ADL consists of a comprehensive battery of ADL questions used to measure the functional capabilities of patients. Each ADL item is rated from the highest level of independent performance to complete loss. The investigator performs the inventory by interviewing a caregiver familiar with the behavior of the patient. A subset of 19 items, including ratings of the patients' ability to eat, dress, bathe, telephone, travel, shop, and perform other household chores has been validated for the assessment of patients with moderate to severe dementia. This is the modified ADCS-ADL, which has a scoring range of 0 to 54, with the lower scores indicating greater functional impairment. The ability of NAMENDA to improve cognitive performance was assessed in both studies with the Severe Impairment Battery (SIB), a multi-item instrument that has been validated for the evaluation of cognitive function in patients with moderate to severe dementia. The SIB examines selected aspects of cognitive performance, including elements of attention, orientation, language, memory, visuospatial ability, construction, praxis, and social interaction.

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Nasonex	mometasone furoate	10/1/1997	Allergic rhinitis	Total nasal symptom scores (TNSS)	These trials evaluated the total nasal symptom scores that included stuffiness, rhinorrhea, itching, and sneezing. Patients treated with NASONEX Nasal Spray, 50 mcg, 200 mcg/day had a significant decrease in total nasal symptom scores compared to placebo-treated patients. Patients receiving 2 to 4 weeks of prophylaxis with NASONEX Nasal Spray, 50 mcg demonstrated a statistically significantly smaller mean increase in total nasal symptom scores with onset of the pollen season as compared to placebo patients.
Neoral	cyclosporine	6/12/2002	Rheumatoid arthritis	Patient global assessment; Visual analog scale for pain (VAS)	A summary of the results is presented for the 'responder' rates per treatment group, with a responder being defined as a patient having completed the trial with a 20% improvement in the tender and the swollen joint count and a 20% improvement in 2 of 4 of investigator global, patient global, disability, and erythrocyte sedimentation rates (ESR) for the Studies 651 and 652 and 3 of 5 of investigator global, patient global, disability, visual analog pain, and ESR for Studies 2008, 654 and 302.
Neupro	rotigotine	5/9/2007	Parkinson's disease	Unified Parkinson's Disease Rating Scale (UPDRS), parts II + III	The UPDRS is a four-part multi-item rating scale intended to evaluate mentation (part I), Activities of Daily Living (ADL) (part II), motor performance (part III), and complications of therapy (part IV). Part II of the UPDRS contains 13 questions relating to ADL, which are scored from 0 (normal) to 4 (maximal severity) for a maximum (worst) score of 52. Part III of the UPDRS contains 27 questions (for 14 items) and is scored as described for part II. Part III is designed to assess the severity of the cardinal motor findings in patients with Parkinson's disease (e.g., tremor, rigidity, bradykinesia, postural instability, etc.), scored for different body regions, and has a maximum (worst) score of 108. Change from baseline in time spent “off” (hours) based on daily diaries was the primary outcome assessment in the two trials of advanced-stage Parkinson’s disease (with levodopa).
Neupro	rotigotine	5/9/2007	Restless Legs Syndrome	International RLS Rating Scale (IRLS Scale) Clinical Global Impression - Improvement (CGI-I)	The IRLS Scale contains 10 items designed to assess the severity of sensory and motor symptoms, sleep disturbance, daytime somnolence, and impact on activities of daily living and mood associated with RLS. The range of scores is 0 to 40, with 0 being absence of RLS symptoms and 40 the most severe symptoms. The CGI-I is designed to assess clinical progress (global improvement) on a 7point scale.
Neupro	rotigotine	5/9/2007	Parkinson's disease	Daily diary	Change from baseline in time spent “off” (hours) based on daily diaries was the primary outcome assessment in the two trials of advanced-stage Parkinson’s disease (with levodopa).
Neurontin	gabapentin	2/18/2005	Postherpetic Neuralgia	Daily diary	During baseline and treatment, patients recorded their pain in a daily diary using an 11-point numeric pain rating scale ranging from 0 (no pain) to 10 (worst possible pain). A mean pain score during baseline of at least 4 was required for randomization (baseline mean pain score for Studies 1 and 2 combined was 6.4). Analyses were conducted using the ITT population (all randomized patients who received at least one dose of study medication). Both studies showed significant differences from placebo at all doses tested.
Nexium delayed release capsules	esomeprazole magnesium	2/20/2001	Erosive esophagitis	Daily diary	In studies of patients with erosive esophagitis, sustained heartburn resolution and time to sustained heartburn resolution were evaluated and are shown in the table below: Table: Sustained Resolution of Heartburn (Erosive Esophagitis Patients) (Defined as 7 consecutive days with no heartburn reported in daily patient diary). In these four studies, the range of median days to the start of sustained resolution (defined as 7 consecutive days with no heartburn) was 5 days for NEXIUM 40 mg, 7-8 days for NEXIUM 20 mg and 7-9 days for omeprazole 20 mg.

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Nexium delayed release capsules	esomeprazole magnesium	2/20/2001	GERD	Daily diary	The percentage of patients that were symptom-free of heartburn was significantly higher in the NEXIUM groups compared to placebo at all follow-up visits (Weeks 1, 2, and 4). The percent of patients symptom-free of heartburn by day are shown in the figures below: Percentage of Patients Symptom-Free of Heartburn by Day [X axis: Diary Day].
Nicotrol	nicotine inhalation system	3/22/1996	Smoking cessation	Unknown	Patients who used NICOTROL Inhaler had a significant reduction in the "urge to smoke", a major nicotine withdrawal symptom, compared with placebo-treated patients throughout the first week.
Northera	droxidopa	02/18/2014	Orthostatic Hypotension	Orthostatic Hypotension Questionnaire OHSA Item #1	Efficacy was measured using the Orthostatic Hypotension Questionnaire (OHQ), a patient reported outcome that measures symptoms of NOH and their impact on the patient's ability to perform daily activities that require standing and walking. The OHQ includes OHSA Item #1 as one of several components. A statistically significant treatment effect was not demonstrated on OHQ (treatment effect of 0.4 unit, p-value=0.19). The mean baseline dizziness score on OHSA Item #1 ("dizziness, lightheadedness, feeling faint, and feeling like you might black out") was 5.2 units on an 11-point scale. At Week 1 of treatment, patients showed a mean 0.7 unit decrease in dizziness with NORTHERA versus placebo (p=0.06). In both groups, the mean baseline dizziness score was 5.1 on an 11-point scale. At Week 1, patients showed a statistically significant mean 0.9-unit decrease in dizziness with NORTHERA versus placebo (p = 0.028), but the effect did not persist beyond Week 1. The data at all time points are shown in Figure 1. Figure 2 shows the distribution of changes from Baseline to Week 1 in the OHSA Item #1 score. Overall the figure shows that patients treated with NORTHERA improved more than those treated with placebo.
Nourianz	istradefylline	8/27/2019	Parkinson's disease	Daily diary - not specified	The primary efficacy endpoint was the change from baseline in the daily awake percentage of "off" time, or the change from baseline in total daily "off" time, based on 24-hour diaries completed by patients. A change from baseline in "on" time without troublesome dyskinesia (i.e., "on" time without dyskinesia plus "on" time with non-troublesome dyskinesia) was a secondary efficacy endpoint. Patients treated with NOURIANZ 20 mg or NOURIANZ 40 mg once daily experienced a statistically significant decrease from baseline in percentage of daily awake "off" time, compared with patients on placebo, as summarized in Table 2. Compared with patients on placebo, patients treated with NOURIANZ experienced an additional increase from baseline in "on" time without troublesome dyskinesia of 0.96 hours (nominal p=0.026) in Study 1, and of 0.55 hours (nominal p=0.135) in Study 2. Patients treated with NOURIANZ 20 mg or NOURIANZ 40 mg once daily experienced a statistically significant decrease from baseline in "off" time compared with patients on placebo, as summarized in Table 3. In Study 3, compared with placebo, an additional increase from baseline in "on" time without troublesome dyskinesia of 0.57 hours (nominal p=0.085) and of 0.65 hours (nominal p=0.048), respectively, were observed in patients treated with NOURIANZ 20 mg or NOURIANZ 40 mg. In Study 4,the corresponding increases in "on" time without troublesome dyskinesia were 0.83 hours (nominal p=0.008) for NOURIANZ 20 mg and 0.81 hours (nominal p=0.008) for NOURIANZ 40 mg.

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Novantrone	mitoxantrone	12/23/1987	Prostate cancer	Unknown	Nine patients or 33% achieved a palliative response defined on the basis of reduction in analgesic use or pain intensity. A primary palliative response (defined as a 2-point decrease in pain intensity in a 6-point pain scale, associated with stable analgesic use, and lasting a minimum of 6 weeks) was achieved in 29% of patients… Pain intensity was measured using the Symptom Distress Scale (SDS) Pain Item 2 (a 5-point scale). The best percent change from baseline in mean pain intensity was -14% for 37 patients with available data on the N + H arm, compared with +8% for 38 patients on H alone (p = 0.057).
Nucala	Mepolizumab	11/04/2015	Asthma	Asthma Control Questionnaire-5 (ACQ-5); St. Georges Respiratory Questionnaire (SGRQ)	The Asthma Control Questionnaire-5 (ACQ-5) was assessed in Trials 1 and 2, and the St. Georges Respiratory Questionnaire (SGRQ) was assessed in Trial 2. In Trial 1, the ACQ-5 responder rate (defined as a change in score of 0.5 or more as threshold) for the 75-mg IV mepolizumab arm was 47% compared with 50% for placebo with odds ratio of 1.1 (95% CI: 0.7, 1.7). In Trial 2, the ACQ-5 responder rate for the treatment arm for NUCALA was 57% compared with 45% for placebo with odds ratio of 1.8 (95% CI: 1.2, 2.8). In Trial 2, the SGRQ responder rate (defined as a change in score of 4 or more as threshold) for the treatment arm for NUCALA was 71% compared with 55% for placebo with odds ratio of 2.1 (95% CI: 1.3, 3.2).
Nucynta	tapentadol	11/20/2008	Pain	Unknown; pain measure	NUCYNTA® at each dose provided a greater reduction in pain compared to placebo based on SPID48 values. For various degrees of improvement from baseline to the 48-hour endpoint, Figure 1 shows the fraction of patients achieving that level of improvement. The figures are cumulative, such that every patient that achieves a 50% reduction in pain from baseline is included in every level of improvement below 50%. Patients who did not complete the 48-hour observation period in the study were assigned 0% improvement. The proportions of patients who showed reduction in pain intensity at 48 hours of 30% or greater, or 50% or greater were significantly higher in patients treated with NUCYNTA® at each dose versus placebo.
Nucynta	tapentadol	11/20/2008	Degenerative Joint Disease	Numeric pain scale (11-pt)	3-day mean pain score of greater or equal to 5 on an 11-point pain intensity scale, ranging from 0 to 10. The figures are cumulative, such that every patient that achieves a 50% reduction in pain from baseline is included in every level of improvement below 50%. Patients who did not complete the 5-day observation period in the study were assigned 0% improvement. The proportions of patients who showed reduction in pain intensity at 5 days of 30% or greater, or 50% or greater were significantly higher in patients treated with NUCYNTA® at each dose versus placebo.
Nucynta ER	tapentadol hydrochloride ER	8/25/2011	Neuropathic pain	Unknown	After 12 weeks of treatment, NUCYNTA ER provided a significantly greater reduction in pain intensity from baseline to the end of the 12-week double-blind period compared to placebo.
Nucynta ER	tapentadol hydrochloride ER	8/25/2011	Pain	11-pt NRS	In the LBP (Lower back pain) study, patients 18 years of age or older with chronic low back pain and a baseline pain score of ≥5 on an 11-point numerical rating scale (NRS), ranging from 0 to 10 were enrolled and randomized to 1 of 3 treatments: NUCYNTA ER, active-control (an extended-release Schedule II opiod analgesic), or placebo.
Nuedexta	dextromethorphan hydrobromide; quinidine sulfate	10/29/2010	Pseudobulbar effect	Unknown	The secondary endpoint was the Center for Neurologic Studies Lability Scale (CNS-LS), a seven-item self-report questionnaire with 3 items assessing crying and 4 assessing laughter. CNS-LS was analyzed based on the difference between the mean scores on day 84 and baseline, and was also statistically significantly lower in each dextromethorphan/quinidine arm compared to placebo.

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Nuplazid	pimavanserin tartrate	04/29/2016	Parkinson's disease	Scale for the Assessment of Positive Symptoms (SAPS-PD)	The PD-adapted Scale for the Assessment of Positive Symptoms (SAPS-PD) was used to evaluate the efficacy of NUPLAZID 34 mg. SAPS-PD is a 9-item scale adapted for PD from the Hallucinations and Delusions domains of the SAPS. Each item is scored on a scale of 0-5, with 0 being none and 5 representing severe and frequent symptoms. Therefore, the SAPS-PD total score can range from 0 to 45 with higher scores reflecting greater severity of illness. A negative change in score indicates improvement. Primary efficacy was evaluated based on change from baseline to Week 6 in SAPS-PD total score. As shown in Table 3, Figure 2, and Figure 3, NUPLAZID 34 mg (n=95) was statistically significantly superior to placebo (n=90) in decreasing the frequency and/or severity of hallucinations and delusions in patients with PDP as measured by central, independent, and blinded raters using the SAPS-PD scale. An effect was seen on both the hallucinations and delusions components of the SAPS-PD. The effect of NUPLAZID on SAPS-PD improved through the six-week trial period, as shown in Figure 2.
Nuplazid	primavanserin tartrate	04/29/2016	Parkinson's disease	Unified Parkinson's Disease Rating Scale Parts II and III (UPDRS Parts II+III)	NUPLAZID 34 mg did not show an effect compared to placebo on motor function, as measured using the Unified Parkinson's Disease Rating Scale Parts II and III (UPDRS Parts II+III) (Figure 4). A negative change in score indicates improvement. The UPDRS Parts II+III was used to assess the patient's Parkinson's disease state during the 6-week double-blind treatment period. The UPDRS score was calculated as the sum of the 40 items from activities of daily living and motor examination, with a range of 0 to 160.
Nurtech ODT	rimegepant	2/27/2020	Migraine	Symptom diary not specified; Most Bothersome Symptom Item; 4-point function item	The primary efficacy analyses were conducted in patients who treated a migraine with moderate to severe pain. NURTEC ODT 75 mg demonstrated an effect on pain freedom and most bothersome symptom (MBS) freedom at two hours after dosing, compared to placebo. Pain freedom was defined as a reduction of moderate or severe headache pain to no headache pain, and MBS freedom was defined as the absence of the self-identified MBS (i.e., photophobia, phonophobia, or nausea). Among patients who selected an MBS, the most commonly selected symptom was photophobia (54%), followed by nausea (28%), and phonophobia (15%). In Study 1, the percentage of patients achieving headache pain freedom and MBS freedom two hours after a single dose was statistically significantly greater in patients who received NURTEC ODT compared to those who received placebo (Table 1). Figures 1 and 2. In Study 1, statistically significant effects of NURTEC ODT compared to placebo were demonstrated for the additional efficacy endpoints of pain relief at 2 hours, sustained pain freedom 2-48 hours, use of rescue medication within 24 hours, and the percentage of patients reporting normal function at two hours after dosing (Table 2). Pain relief was defined as a reduction in migraine pain from moderate or severe severity to mild or none. The measurement of the percentage of patients reporting normal function at two hours after dosing was derived from a single item questionnaire, asking patients to select one response on a 4-point scale; normal function, mild impairment, severe impairment, or required bedrest.
Nutropin	somatropin	4/13/2000	Adult growth hormone deficiency	Unknown	Muscle strength, physical endurance, and quality of life measurements were not markedly abnormal at baseline, and no statistically significant effects of Nutropin therapy were observed in the two studies.

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Ocrevus	ocrelizumab	03/28/2017	Multiple sclerosis	Expanded Disability Status Scale (EDSS)	Progression of disability was defined as an increase of 1 point or more from the baseline EDSS score attributable to MS when the baseline EDSS score was 5.5 or less, or 0.5 points or more when the baseline EDSS score was above 5.5. In Study 1 and Study 2, OCREVUS significantly lowered the annualized relapse rate and the proportion of patients with disability progression confirmed at 12 weeks after onset compared to REBIF. Study 3: The time to onset of disability progression confirmed at 12 weeks after onset was significantly longer for OCREVUS-treated patients than for placebo-treated patients. In exploratory subgroup analyses of Study 3, the proportion of female patients with disability progression confirmed at 12 weeks after onset was similar in OCREVUS-treated patients and placebo-treated patients (approximately 36% in each group). In male patients, the proportion of patients with disability progression confirmed at 12 weeks after onset was approximately 30% in OCREVUS-treated patients and 43% in placebo-treated patients.
Olinvyk	oliceridine	08/07/2020	Pain	11-Point Pain Numeric Rating Scale (NRS) Summed Pain Intensity Differences over 48 hours (SPID-48)	In each study, pain intensity was measured using a patient-reported numeric rating scale (11-point numerical scale ranging from 010, where zero corresponds to no pain and 10 corresponds to worst pain imaginable). Study 1 – Orthopedic Surgery -Bunionectomy: Treatment began after discontinuation of regional anesthesia in patients with pain intensity of ≥4 on a 0-10 numeric rating scale [NRS] within 9 hours after discontinuation of regional anesthesia. The analgesic effects were measured using the Summed Pain Intensity Differences over 48 hours (SPID-48). The SPID-48 is calculated by multiplying the Pain Intensity Difference (calculated by subtracting the pain intensity at a particular timepoint from the pain intensity at baseline) scores at each post-baseline timepoint by the duration (in hours) since the preceding timepoint, and then summing the values, over 48 hours. The mean (SD) baseline pain intensity score was 6.7 (1.7). A statistically significantly greater analgesic effect was observed in both 0.35 mg and 0.5 mg OLINVYK treatment groups, compared to the placebo group (see Table 7). The mean pain intensities over time for placebo, 0.35 mg and 0.5 mg oliceridine and morphine treatment arms are shown in Figure 1 Study 2 – Plastic Surgery -Abdominoplasty: The mean (SD) baseline pain intensity score was 7.3 (1.5). A statistically significantly greater analgesic effect was observed in the OLINVYK 0.5 mg and 0.35 mg treatment groups, compared to the placebo group (see Table 8). The analgesic effect was not significantly better in the OLINVYK 0.1 mg treatment group than in the placebo group. The mean pain intensities over time for placebo, 0.35 mg and 0.5 mg oliceridine and morphine treatment arms are shown in Figure 2.

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Olumiant	baricitinib	5/31/2018	Rheumatoid arthritis	Pain, Disability Index (HAQ-DI); Patient Global Assessment; Short Form health survey (SF-36)	Physical Function Response: Improvement in physical function was measured by the Health Assessment Questionnaire-Disability Index (HAQ DI). Patients receiving OLUMIANT 2 mg demonstrated greater improvement from baseline in physical functioning compared to placebo at Week 24. The mean difference (95% CI) from placebo in HAQ-DI change from baseline at Week 24 was -0.24 (-0.35, -0.14) in Study III and -0.23 (-0.35, -0.12) in Study IV. Other Health Related Outcomes: General health status was assessed by the Short Form health survey (SF-36). In Studies III and IV, compared to placebo, patients treated with OLUMIANT 2 mg demonstrated greater improvement from baseline in the physical component summary (PCS) score and the physical function, role physical, bodily pain, vitality, and general health domains at Week 12, with no consistent improvements in the mental component summary (MCS) scores or the role emotional, mental health, and social functioning domains.
Omnaris	Ciclesonide	10/20/2006	Allergic rhinitis	Rhinoconjunctivitis Quality of Life Questionnaire	Assessment of efficacy in these trials was based on patient recording of four nasal symptoms (runny nose, nasal itching, sneezing, and nasal congestion) on a 0-3 categorical severity scale (0=absent, 1=mild, 2=moderate, and 3=severe) as reflective or instantaneous scores. Reflective scoring required the patients to record symptom severity over the previous 12 hours; the instantaneous scoring required patients to record symptom severity at the time of recording.
Ongentys	Opicapone	04/24/20	Parkinson's disease	Patient diaries, not specified	The primary efficacy endpoint was the change in mean absolute OFF-time based on 24-hour patient diaries completed 3 days prior to each of the scheduled visits. ONGENTYS 50mg significantly reduced mean absolute OFF-time compared to placebo (Table 2). The primary efficacy endpoint was the change in mean absolute OFF-time based on 24-hour patient diaries completed 3 days prior to each of the scheduled visits. ONGENTYS 50mg significantly reduced mean absolute OFF-time compared to placebo (Table 4).
Onpattro	patisiran	8/10/2018	Polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults	Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN)	The changes from baseline to Month 18 on both the modified Neuropathy Impairment Score +7 (mNIS+7) and the Norfolk QoL-DN significantly favored ONPATTRO.
Onsolis	fentanyl	7/16/2009	Pain	Unknown	The primary outcome measure, the mean sum of pain intensity differences at 30 minutes (SPID30) for ONSOLIS-treated episodes was statistically significantly higher than for placebo-treated episodes.
Oralair	grass pollen allergen	4/1/2014	Allergic rhinitis	Rhinoconjuntivitis symptom score Rhinoconjunctivitis Quality of Life Questionnaire	Symptom Score: Average daily total rhinoconjunctivitis symptom scores for each patient during the grass pollen season. Rhinoconjunctivitis symptoms included sneezing, runny nose, itchy nose, nasal congestion, watery eyes and itchy eyes (0-18 range of score, the upper value of 18 indicates permanent very severe level in all six symptoms). Quality of life was assessed at the peak of the pollen season by the Rhinoconjunctivitis Quality of Life Questionnaire RQLQ (0-7 range of score, a higher score is reflecting a worse quality of life range).
OraVerse	phentolamine mesylate	3/5/2008	Soft tissue anesthesia	Unknown	The primary endpoint was time to normal lip sensation as measured by patient reported responses to lip palpitation. The secondary endpoints included patients' perception of altered function, sensation and appearance, and their actual functional deficits in smiling, speaking, drinking and drooling, as assessed by both the patient and an observer blind to treatment.

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Orencia	Abatacept	12/23/2005	Rheumatoid arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI) SF-36	Improvement in physical function was measured by the Health Assessment Questionnaire Disability Index (HAQ-DI). In the HAQ-DI, ORENCIA demonstrated greater improvement from baseline versus placebo in Studies II-V and versus methotrexate in Study VI. In Study SC-1, improvement from baseline as measured by HAQ-DI at 6 months and over time was similar between subcutaneous and intravenous administration. The results from Studies II and III are shown in Table 7. Similar results were observed in Study V compared to placebo and in Study VI compared to methotrexate. During the open-label period of Study II, the improvement in physical function has been maintained for up to 3 years. Health-related quality of life was assessed by the SF-36 questionnaire at 6 months in Studies II, III, and IV and at 12 months in Studies II and III. In these studies, improvement was observed in the ORENCIA group as compared with the placebo group in all 8 domains of the SF-36 as well as the Physical Component Summary (PCS) and the Mental Component Summary (MCS).
Orilissa	elagolix sodium	7/23/2018	Dysmenorrhea and Non-Menstral Pelvic Pain	Endometriosis Daily Pain Impact Scale (daily diary); Pain Numeric Rating Scale (NRS); Patient Global Impression of Change	The co-primary efficacy endpoints were (1) the proportion of subjects whose dysmenorrhea responded to treatment at Month 3 and (2) the proportion of subjects whose pelvic pain not related to menses (also known as non-menstrual pelvic pain) responded to treatment at Month 3. Dysmenorrhea and non-menstrual pelvic pain were evaluated daily using the Endometriosis Daily Pain Impact Scale that asked subjects to rate their pain severity and its impact on daily activities during the prior 24 hours as none, mild, moderate or severe (correlating with a score of 0 to 3, respectively, where higher scores indicated greater severity). Scores at baseline and at each month were averaged over a 35-day interval. Women were defined as responders if they experienced a reduction in dysmenorrhea and non-menstrual pelvic pain as defined in Table 12 with no increase in analgesic use (nonsteroidal anti-inflammatory drug or opioid) for endometriosis-associated pain. The threshold for defining responders was based on a receiver operating characteristic (ROC) analysis using the patient global impression of change as an anchor. A higher proportion of women treated with ORILISSA 150 mg once daily or 200 mg twice daily were responders for dysmenorrhea and non-menstrual pelvic pain compared to placebo in a dose-dependent manner at Month 3 [see Table 12]. Women in these studies also provided a daily self-assessment of their endometriosis pain using a numeric rating scale (NRS) that asked subjects to rate their endometriosis pain at its worst over the last 24 hours on a scale from 0 (no pain) to 10 (worst pain ever). In Study EM-1, baseline NRS scores were 5.7 for ORILISSA 150 mg once daily, 5.5 for ORILISSA 200 mg twice daily and 5.6 for placebo. In Study EM-2, baseline NRS scores were 5.7 for ORILISSA 150 mg once daily, 5.3 for ORILISSA 200 mg twice daily and 5.6 for placebo. Women taking ORILISSA 150 mg once daily and 200 mg twice daily reported a statistically ($p < 0.001$) significant reduction from baseline in NRS scores compared to placebo at Month 3 in both Studies EM-1 and EM-2 (Study EM-1: 0.7 points for ORILISSA 150 mg once daily and 1.3 points for ORILISSA 200 mg twice daily; Study EM-2: 0.6 points for ORILISSA 150 mg once daily and 1.2 points for ORILISSA 200 mg twice daily). In addition, both ORILISSA treatment groups showed statistically significantly greater mean decreases from baseline compared to placebo in dysmenorrhea and non-menstrual pelvic pain scores at Month 6.
Orilissa	elagolix sodium	7/23/2018	Dysparenuria	Endometriosis Daily Pain Impact Scale	In both Studies EM-1 and EM-2, women treated with ORILISSA 200 mg twice daily showed statistically significantly greater reduction in dyspareunia from baseline to Month 3 than women given placebo (Study EM-1: 0.2; Study EM-2: 0.3).

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Orkambi	ivacaftor/lumacaftor	7/2/2015	Cystic Fibrosis	Cystic Fibrosis Questionnaire Revised	Key secondary efficacy variables included relative change from baseline in ppFEV1 at Week 24, assessed as the average of the treatment effects at Week 16 and at Week 24; absolute change from baseline in BMI at Week 24; absolute change from baseline in Cystic Fibrosis Questionnaire Revised (CFQ-R) Respiratory Domain score at Week 24, a measure of respiratory symptoms relevant to patients with CF such as cough, sputum production, and difficulty breathing; proportion of patients achieving ≥5% relative change from baseline in ppFEV1 using the average of Week 16 and Week 24; and number of pulmonary exacerbations through Week 24. For the purposes of these trials, a pulmonary exacerbation was defined as a change in antibiotic therapy (IV, inhaled, or oral) as a result of 4 or more of 12 pre-specified sino-pulmonary signs/symptoms.
Orthovisc Injection	hyaluronan	2/4/2004	Osteoarthritis	WOMAC	For the effectiveness subgroup population, the primary effectiveness analysis was performed to determine the proportion of patients achieving a 20% improvement from baseline in WOMAC Pain Score in conjunction with a minimum absolute improvement of 50 mm from baseline in the WOMAC Pain Score, and a 40% and 50% improvement from baseline in WOMAC Pain Score at four assessment points between Weeks 8 to 22 for the index knee. Table 2: Mean WOMAC Pain (0-500mm); Mean Patient Global (0-100mm).
Osphena	ospemifene	2/26/2013	Dyspareunia	Most Bothersome Scale	In the 1st and 2nd clinical trial, the modified intent-to-treat population of women treated with OSPHENA when compared to placebo, demonstrated a statistically significant improvement (least square mean change from Baseline to Week 12) in the moderate to severe most bothersome symptom (MBS) of dyspareunia (1st trial p=0.0012, 2nd trial p<0.0001).
Otezla	apremilast	3/21/2014	Psoriatic arthritis	HAQ-DI	OTEZLA 30 mg twice daily demonstrated a greater improvement compared to placebo in mean change from baseline for the Health Assessment Questionnaire Disability Index (HAQ-DI) score at Week 16 [-0.244 vs. -0.086, respectively; 95% CI for the difference was (0.26, -0.06)] in Study PsA-1. The proportions of HAQ-DI responders (>=0.3 improvement from baseline) at Week 16 for the Otezla 30mg twice daily group were 38%, compared to 27%, for the placebo group in Study PsA-1. Consistent results were observed in Studies PsA-2 and PsA-3.
Otezla	apremilast	9/23/2014	Plaque psoriasis	sPGA; PASI	Study PSOR-1 enrolled 844 subjects and Study PSOR-2 enrolled 413 subjects. In both studies, subjects were randomized 2:1 to OTEZLA 30 mg BID or placebo for 16 weeks. Both studies assessed the proportion of subjects who achieved PASI-75 at Week 16 and the proportion of subjects who achieved a sPGA score of clear (0) or almost clear (1) at Week 16. Across both studies, subjects ranged in age from 18 to 83 years, with an overall median age of 46 years. The mean baseline BSA involvement was 25.19% (median 21.0%), the mean baseline PASI score was 19.07 (median 16.80), and the proportion of subjects with sPGA score of 3 (moderate) and 4 (severe) at baseline were 70.0% and 29.8%, respectively. Approximately 30% of all subjects had received prior phototherapy and 54% had received prior conventional systemic and/or biologic therapy for the treatment of psoriasis with 37% receiving prior conventional systemic therapy and 30% receiving prior biologic therapy. Approximately one-third of subjects had not received prior phototherapy, conventional systemic nor biologic therapy. A total of 18% of subjects had a history of psoriatic arthritis.
Panretin	Alitretinoin	12/2/1999	Karposi's sarcoma	Unknown; Satisfaction scale	In both studies the primary efficacy endpoint was the patients' cutaneous KS tumor response rate through 12 weeks of study drug treatment. Patients were also asked about their satisfaction with the treatment. The patients' assessment of their overall satisfaction with the drug effect on all treated lesions significantly favored Panretin gel.

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Patanase	olopatadine hydrochloride	4/15/2008	Allergic rhinitis	Total nasal symptom score (TNSS)	Assessment of efficacy was based on patient recording of 4 individual nasal symptoms (nasal congestion, rhinorrhea, itchy nose, and sneezing) on a 0 to 3 categorical severity scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe) as reflective or instantaneous scores. Reflective scoring required patients to record symptom severity over the previous 12 hours; the instantaneous scoring required patients to record symptom severity at the time of recording. The primary efficacy endpoint was the difference from placebo in the percent change from baseline in the sum of morning and evening reflective total nasal symptom score (TNSS) averaged for the 2-week treatment period.
Paxil	paroxetine hydrochloride	5/11/1999	Panic disorder	Clinical Global Impression Severity score	These trials were assessed on the basis of their outcomes on 3 variables: (1) the proportions of patients free of full panic attacks at endpoint; (2) change from baseline to endpoint in the median number of full panic attacks; and (3) change from baseline to endpoint in the median Clinical Global Impression Severity score. For Studies 1 and 2, PAXIL CR was consistently superior to placebo on 2 of these 3 variables. Study 3 failed to consistently demonstrate a significant difference between PAXIL CR and placebo on any of these variables.
Paxil	paroxetine hydrochloride	5/12/1999	Social Anxiety Disorder	Liebowitz Social Anxiety Scale (LSAS); CLinical Global Impression	In the study, the effectiveness of PAXIL CR (12.5 to 37.5 mg daily) compared to placebo was evaluated on the basis of (1) change from baseline in the Liebowitz Social Anxiety Scale (LSAS) total score and (2) the proportion of responders who scored 1 or 2 (very much improved or much improved) on the Clinical Global Impression (CGI) Global Improvement score.
Paxil	paroxetine hydrochloride	5/13/1999	Premenstrual Dysphoric Disorder	Visual analog scale (VAS)	The VAS-Total score is a patient-rated instrument that mirrors the diagnostic criteria of PMDD as identified in the DSM-IV, and includes assessments for mood, physical symptoms, and other symptoms. 12.5 mg/day and 25 mg/day of PAXIL CR were significantly more effective than placebo as measured by change from baseline to the endpoint on the luteal phase VAS-Total score.
Penlac Topical Solution, 8%	ciclopirox	12/17/1999	Onychomycosis	Unknown	The summary of reported patient outcomes for the ITT population at 12 weeks following the end of treatment are presented below. Note that post-treatment efficacy assessments were scheduled only for patients who achieved a complete cure.
Pennsaid	diclofenac sodium	11/4/2009	Osteoarthritis	WOMAC Patient Overall Health Assessment Patient Global Assessment	In both trials, PENNSAID treatment resulted in statistically significant clinical improvement compared to placebo and/or vehicle, in all three primary efficacy variables, pain, physical function (Western Ontario and McMaster Universities LK3.1 OA Index (WOMAC) pain and physical function dimensions) and Patient Overall Health Assessment (POHA)/Patient Global Assessment (PGA). Numerical results are summarized in Tables 3 and 4.
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	6/29/2020	Breast Cancer	Preference Questionnaire not specified	After Cycle 6, 136 out of 160 patients (85%) reported preferring subcutaneous administration of PHESGO over intravenous pertuzumab and trastuzumab and the most common reason was that administration required less time in the clinic. After Cycle 6, 22 out of 160 patients (14%) reported preferring intravenous pertuzumab and trastuzumab over PHESGO and the most common reason was feels more comfortable during administration. Two out of 160 patients (1%) had no preference for the route of administration. All 160 patients (100%) completed the preference questionnaire

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Photofrin	porfimer	8/1/2003	Non small cell lung cancer	Unknown; Symptom scale	Patient symptoms were evaluated using a 5- or 6-grade pulmonary symptom severity rating scale for dyspnea, cough, and hemoptysis. Patients with moderate to severe symptoms are those most in need of palliation. Improvements of 2 or more grades are considered to be clinically significant. Table 3 shows the percentages of patients with moderate to severe symptoms at baseline who demonstrated a 2-grade improvement at any time during the interval evaluated. Table: Dyspnea was rated on 6 point severity scale; cough and hemoptysis on 5 point scales. Clinically significant improvement was defined as a change of at least two grades from baseline.
Pizensy	lactitol	02/12/2020	Constipation	Symptom diary not specified	Study 1: The efficacy of PIZENSY was assessed using a responder analysis and change-from-baseline in the CSBM endpoint. Efficacy was assessed using information provided by patients after each bowel movement using an electronic diary. The primary efficacy analysis was based on the first 12 weeks of the 6-month treatment period for 594 patients. A responder was defined as a patient who had at least 3 CSBMs in a given week and an increase of at least 1 CSBM from baseline in the same week for at least 9 weeks out of the first 12week treatment period and at least 3 of the last 4 weeks (Weeks 9-12). The responder rates are shown in Table 2. A responder analysis based on Weeks 13 to 24 of the treatment period (i.e., the proportion of responders for at least 9 weeks of the last 12 weeks and at least 3 of the last 4 weeks) showed results similar to the responder analysis of the first 12 weeks. Improvements in the mean frequency of CSBMs/week were seen at Week 1 with improvement generally maintained through Week 12. The PIZENSY group had a mean increase of 0.8 CSBM/week from baseline to Week 12 over the placebo group. Study 2: The primary endpoint was the same as Study 1. The frequency of CSBMs/week for the PIZENSY group was consistent with results from Study 1.
Prempro	conjugated estrogens/medroxyprogesterone acetate	3/12/2003	Menopause	Daily Diary Cards (uterine bleeding and spotting)	The effects of PREMPRO on uterine bleeding or spotting, as recorded on daily diary cards, were evaluated in 2 clinical trials.
Prevacid	lansoprazole	6/17/2004	GERD	Caregiver reported daily diary	After 8 to 12 weeks of PREVACID treatment, the intent-to-treat analysis demonstrated an approximate 50% reduction in frequency and severity of GERD symptoms. (symptoms assessed by patients diary kept by caregiver).

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Pristiq	desvenlafaxine	2/29/2008	Depression	Hamilton Rating Scale for Depression (HAM-D17) Clinical Global Impressions Scale Improvement (CGI-I)	PRISTIQ showed superiority over placebo as measured by improvement in the 17-item Hamilton Rating Scale for Depression (HAM-D17) total score in four studies and overall improvement, as measured by the Clinical Global Impressions Scale - Improvement (CGI-I), in three of the four studies. In studies directly comparing 50 mg/day and 100 mg/day there was no suggestion of a greater effect with the higher dose and adverse reactions and discontinuations were more frequent at higher doses. In a longer-term trial (Study 5), adult outpatients meeting DSM-IV criteria for major depressive disorder, who responded to 8 weeks of open-label acute treatment with 50 mg/day desvenlafaxine and subsequently remained stable for 12 weeks on desvenlafaxine, were assigned randomly in a double-blind manner to remain on active treatment or switch to placebo for up to 26 weeks of observation for relapse. Response during the open-label phase was defined as a HAM-D17 total score of ≤ 11 and CGI-I ≤ 2 at the day 56 evaluation; stability was defined as HAM-D17 total score of ≤ 11 and CGI-I ≤ 2 at week 20 and not having a HAM-D17 total score of ≥ 16 or a CGI-I score ≥ 4 at any office visit. Relapse during the double-blind phase was defined as follows: (1) a HAM-D17 total score of ≥ 16 at any office visit, (2) discontinuation for unsatisfactory efficacy response, (3) hospitalized for depression, (4) suicide attempt, or (5) suicide. Patients receiving continued desvenlafaxine treatment experienced statistically significantly longer time to relapse compared with placebo. At 26 weeks, the Kaplan-Meier estimated proportion of relapse was 14% with desvenlafaxine treatment versus 30% with placebo.
Procrit	epoetin alfa	6/1/1989	Anemia	Unknown	Changes in the quality of life of adult patients treated with PROCRIT were assessed as part of a Phase III clinical trial. Once the target hematocrit (32-38%) was achieved, statistically significant improvements were demonstrated for most QOL parameters measured, including energy and activity level, functional ability, sleep, and eating behavior, health status, satisfaction with health, sex life, well-being, psychological effect, life satisfaction, and happiness. Patients also reported improvement in their disease symptoms. They showed a statistically significant increase in exercise capacity (VO 2 max), energy, and strength with a significant reduction in aching, dizziness, anxiety, shortness of breath, muscle weakness, and leg cramps.
Prolensa	Bromfenac Sodium	4/5/2013	Ocular inflammation and pain	Unknown	Table presented with Proportion of Patients Pain Free with treatment and vehicle and the percent difference (Section 14; page 5).
Propecia	Finasteride	12/8/2001	Androgenetic alopecia	Unknown	Patient self-assessment was obtained at each clinic visit from a self-administered questionnaire, which included questions on their perception of hair growth, hair loss, and appearance. This self-assessment demonstrated an increase in amount of hair, a decrease in hair loss, and improvement in appearance in men treated with PROPECIA. Overall improvement compared with placebo was seen as early as 3 months ($p<0.05$), with improvement maintained over 5 years. Other Results in Vertex Baldness Studies: A sexual function questionnaire was self-administered by patients participating in the two vertex baldness trials to detect more subtle changes in sexual function. At Month 12, statistically significant differences in favor of placebo were found in 3 of 4 domains (sexual interest, erections, and perception of sexual problems). However, no significant difference was seen in the question of overall satisfaction with sex life.
ProSom	estazolam	12/26/1990	Insomnia	Unknown; subjective sleep measures	In adult outpatients with chronic insomnia, estazolam 2 mg was consistently superior to placebo in subjective measures of sleep induction (latency) and sleep maintenance (duration, number of awakenings, depth and quality of sleep); estazolam 1 mg was similarly superior to placebo on all measures of sleep maintenance.

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Provigil	modanfinil	12/24/1998	Narcolepsy	Clinical Global Impression of Change (CGI-C)	In both studies, the primary measures of effectiveness were: 1) sleep latency, as assessed by the Maintenance of Wakefulness Test (MWT) and 2) the change in the patient's overall disease status, as measured by the Clinical Global Impression of Change (CGI-C). Both studies demonstrated improvement in objective and subjective measures of excessive daytime sleepiness for both the 200 mg and 400 mg doses compared to placebo. Patients treated with either dose of PROVIGIL showed a statistically significantly enhanced ability to remain awake on the MWT (all p values <0.001) at weeks 3, 6, 9, and final visit compared to placebo and a statistically significantly greater global improvement, as rated on the CGI-C scale (all p values <0.05). The average sleep latencies (in minutes) on the MWT at baseline for the 2 controlled trials are shown in Table 1 below, along with the average change from baseline on the MWT at final visit. The percentages of patients who showed any degree of improvement on the CGI-C in the two clinical trials are shown in Table 2 below. Similar statistically significant treatment-related improvements were seen on other measures of impairment in narcolepsy, including a patient assessed level of daytime sleepiness on the ESS (p<0.001 for each dose in comparison to placebo).
Provigil	modanfinil	12/24/1998	Narcolepsy	Epworth Sleepiness Scale (ESS), Quality of Life in Narcolepsy (QOLIN) scale	Other assessments of effect included the Multiple Sleep Latency Test (MSLT), Epworth Sleepiness Scale (ESS; a series of questions designed to assess the degree of sleepiness in everyday situations) the Steer Clear Performance Test (SCPT; a computer-based evaluation of a patient's ability to avoid hitting obstacles in a simulated driving situation), standard nocturnal polysomnography, and patient's daily sleep log. Patients were also assessed with the Quality of Life in Narcolepsy (QOLIN) scale, which contains the validated SF-36 health questionnaire.
Pulmicort Flexhaler	budesonide	7/12/2006	Asthma	Unknown; symptom scale	Secondary endpoints of morning and evening peak expiratory flow rate, daytime asthma symptom severity, nighttime asthma symptom severity, daily rescue medication use, and the percentage of patients who met predefined asthma related withdrawal criteria showed differences from baseline favoring PULMICORT FLEXHALER over placebo.The responses of PULMICORT FLEXHALER compared with PULMICORT TURBUHALER tended to be lower.
Quadramet	samarium sm 153 lexidronam pentasodium	12/24/1998	Pain	Visual Analog Scale (VAS) for pain	Patients scored their daily pain intensity on a visual analogue scale rated from 0 (no or low pain) to 10 (excruciating pain). The area under the pain curve (AUPC) was obtained by integrating the daily pain scores by week. The results of the patients' AUPC scores are shown in Table 3. In both trials for each of the 4 weeks of study, the mean AUPC scores decreased in patients who received QUADRAMET (1.0 mCi/kg). In study A, pain (the AUPC) decrease from baseline was significantly different in QUADRAMET 1.0 mCi/kg and placebo groups at weeks 3 and 4. In study B, pain (the AUPC) decrease from baseline was significantly different in QUADRAMET® 1.0 mCi/kg and placebo groups at weeks 2, 3 and 4.
Quillichew ER	methylphenidate hydrochloride	12/04/2015	ADHD	Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) rating scale	QuilliChew ER was statistically significantly superior to placebo with respect to the primary endpoint (Table 2). QuilliChew ER also showed improvement over placebo at 0.75, 2, 4, and 8 hours post-dosing. Efficacy results at each time point are summarized in Figure 3.
Qutenza	capsaicin	11/16/2009	Neuropathic pain	11-pt NRS for pain	These studies enrolled patients with postherpetic neuralgia (PHN) persisting for at least 6 months following healing of herpes zoster rash and a baseline score of 3-9 on an I I-point Numerical Pain Rating Scale (NPRS) ranging from 0 (no pain) to 10 (worst possible pain)
Radicava	edaravone	05/05/2017	Amyotrophic Lateral Sclerosis (ALS)	ALS Functional Rating Scale – Revised (ALSFRS-R)	The decline in ALSFRS-R scores from baseline was significantly less in the RADICAVA-treated patients as compared to placebo (p=0.0013).

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Rapaflo	Silodosin	10/8/2008	Benign prostatic hyperplasia	International Prostate Symptom Score	The primary efficacy assessment was the International Prostate Symptom Score (IPSS) which evaluated irritative (frequency, urgency, and nocturia), and obstructive (hesitancy, incomplete emptying, intermittency, and weak stream) symptoms.
Rapivab	peramivir	12/19/2014	Influenza	Unknown; Patient self-assessment of symptoms	Study treatment was started within 48 hours of onset of symptoms. Subjects participating in the trial were required to self-assess their influenza symptoms as "none', 'mild', 'moderate', or 'severe' twice daily. The primary endpoint, time to alleviation of symptoms, was defined as the number of hours from initiation of study drug until the start of the 24 hour period in which all seven symptoms of influenza (cough, sore throat, nasal congestion, headache, feverishness, myalgia and fatigue) were either absent or present at a level no greater than mild for at least 21.5 hours. The overall efficacy population, consisting of subjects with confirmed influenza and administered study drug, totaled 297 subjects. Among the 98 subjects enrolled in the RAPIVAB 600 mg dose group, the mean age was 34 years; 55% were male; 34% were smokers; 99% were infected with influenza A virus and 1% were infected with influenza B virus. The majority of subjects (53%) had influenza illness lasting less than 24 hours at the time of presentation.
Raptiva	Efalizumab	10/27/2003	Plaque psoriasis	Psoriasis Area and Severity Index (PASI)	Compared with placebo, more patients randomized to RAPTIV A had at least a 75% reduction from baseline Psoriasis Area and Severity Index (PAS)I score (PASI-75) 1 week after the 12-week treatment period (Table 1). RAPTIV A 2 mglkg was not superior to RAPTIV A 1 mg/kg.
Rayvow	lasmiditan	10/11/2019	Migraine	Pain assessment and self-identified Most Bothersome Symptom (photophobia, phonophobia, and nausea)	The primary efficacy analyses were conducted in patients that treated a migraine with moderate to severe pain within 4 hours of the onset of the attack. The efficacy of REYVOW was established by an effect on pain freedom at 2 hours and Most Bothersome Symptom (MBS) freedom at 2 hours compared to placebo for Studies 1 and 2. Pain freedom was defined as a reduction of moderate or severe headache pain to no pain, and MBS freedom was defined as the absence of the self-identified MBS (photophobia, phonophobia, or nausea). Among patients who selected an MBS, the most commonly selected MBS was photophobia (54%), followed by nausea (24%), and phonophobia (22%). In both studies, the percentage of patients achieving pain freedom and MBS freedom 2 hours after treatment was significantly greater among patients receiving REYVOW at all doses compared to those receiving placebo (see Table 2). Pain relief at 2 hours, defined as a reduction in migraine pain from moderate or severe to mild or none, was also evaluated (see Table 3). Figure 1 presents the percentage of patients achieving migraine pain freedom within 2 hours following treatment in Studies 1 and 2. Figure 2 presents the percentage of patients achieving MBS freedom within 2 hours in Studies 1 and 2.
Razadyne	galantamine HBr	2/28/2001	Alzheimer's disease	ADAS-cog; Clinician's Interview based impression of Change (CIBIC)	Study Outcome Measures: In each study, the primary effectiveness of RAZADYNE™ was evaluated using a dual outcome assessment strategy as measured by the Alzheimer's Disease Assessment Scale (ADAS-cog) and the Clinician's Interview Based Impression of Change that required the use of caregiver information (CIBIC-plus).
Relenza Rotadisk	zanamivir for inhalation	7/26/1999	Influenza	Unknown	The definition of time to improvement in major symptoms of influenza included no fever and self-assessment of "none" or "mild" for headache, myalgia, cough, and sore throat. A Phase 2 and a Phase 3 study conducted in North America suggested up to one day of shortening of median time to this defined improvement in symptoms in patients receiving zanamivir compared to placebo, although statistical significance was not reached in either of these studies.

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Relistor	methylnaltrexone bromide	4/24/2008	Opioid-induced constipation	Unknown	There were no clinically relevant changes in pain scores from baseline in either methylnaltraxone bromide or placebo-treated patients.
Remicade	infliximab	2/24/1998	Plaque psoriasis	Physician's Global Assessment	Study II also evaluated the proportion of patients who achieved a score of "clear" or "excellent" by the relative Physician's Global Assessment (rPGA). The rPGA is a 6-category scale ranging from "6 = worse" to "1 = clear" that was assessed relative to baseline. Overall lesions were graded with consideration to the percent of body involvement as well as overall induration, scaling, and erythema. Treatment success, defined as "clear" or "excellent," consisted of some residual pinkness or pigmentation to marked improvement (nearly normal skin texture; some erythema may be present). The results of these studies are presented in Table 12.
Remicade	infliximab	2/24/1998	Crohn's disease	IBDQ SF-36	Patients in the REMICADE maintenance groups (5 mg/kg and 10 mg/kg) had a longer time to loss of response than patients in the placebo maintenance group (Figure 1). At Weeks 30 and 54, significant improvement from baseline was seen among the 5 mg/kg and 10 mg/kg REMICADE treated groups compared to the placebo group in the disease-specific inflammatory bowel disease questionnaire (IBDQ), particularly the bowel and systemic components, and in the physical component summary score of the general health-related quality of life questionnaire SF-36.
Remicade	infliximab	2/24/1998	Rheumatoid arthritis	Health Assessment Questionnaire (HAQ-DI) SF-36	Physical function and disability were assessed using the Health Assessment Questionnaire (HAQ-DI) and the general health-related quality of life questionnaire SF-36. In Study RA I, all doses/schedules of REMICADE + MTX showed significantly greater improvement from baseline in HAQ-DI and SF-36 physical component summary score averaged over time through Week 54 compared to placebo + MTX, and no worsening in the SF-36 mental component summary score. The median (interquartile range) improvement from baseline to Week 54 in HAQ-DI was 0.1 (-0.1, 0.5) for the placebo + MTX group and 0.4 (0.1, 0.9) for REMICADE + MTX ($p<0.001$). Both HAQ-DI and SF-36 effects were maintained through Week 102. Approximately 80% of patients in all doses/schedules of REMICADE + MTX remained in the trial through 102 weeks. In Study RA II, both REMICADE treatment groups showed greater improvement in HAQ-DI from baseline averaged over time through Week 54 compared to MTX alone; 0.7 for REMICADE + MTX vs. 0.6 for MTX alone ($P\leq0.001$). No worsening in the SF-36 mental component summary score was observed.
Remicade	infliximab	2/24/1998	Ankylosing spondylitis	SF-36	The median improvement from baseline in the general health-related quality-of-life questionnaire SF-36 physical component summary score at Week 24 was 10.2 for the REMICADE group vs. 0.8 for the placebo group ($P<0.001$). There was no change in the SF-36 mental component summary score in either the REMICADE group or the placebo group.
Remicade	infliximab	2/24/1998	Psoriatic arthritis	Health Assessment Questionnaire (HAQ-DI) SF-36	Physical function status was assessed using the HAQ Disability Index (HAQ-DI) and the SF-36 Health Survey. REMICADE-treated patients demonstrated significant improvement in physical function as assessed by HAQ-DI (median percent improvement in HAQ-DI score from baseline to Week 14 and 24 of 43% for REMICADE-treated patients vs 0% for placebo-treated patients). During the placebo-controlled portion of the trial (24 weeks), 54% of REMICADE-treated patients achieved a clinically meaningful improvement in HAQ-DI (≥0.3 unit decrease) compared to 22% of placebo-treated patients. REMICADE-treated patients also demonstrated greater improvement in the SF-36 physical and mental component summary scores than placebo treated patients.The responses were maintained for up to 2 years in an open-label extension study.
Renexa	ranolazine	1/27/2006	Angina	Exercise treadmill test	Exercise treadmill results showed no increase in effect on exercise at the 1000 mg dose compared to the 750 mg dose. Results shown in Table 1.

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Requip	ropinirole hydrochloride	5/4/2005	Restless Legs Syndrome	International Restless Legs Scale (IRLS); Clinician Global Impression	In all 3 studies, a statistically significant difference between the treatment group receiving REQUIP and the treatment group receiving placebo was observed at week 12 for both the mean change from baseline in the IRLS Scale total score and the percentage of patients rated as responders (much improved or very much improved) on the CGI-I (see Table 1). A variety of measures were used to assess the effects of treatment, including the IRLS Scale and Clinical Global Impression-Global Improvement (CGI-I) scores. The IRLS Scale contains 10 items designed to assess the severity of sensory and motor symptoms, sleep disturbance, daytime somnolence, and impact on activities of daily living and mood associated with RLS. The range of scores is 0 to 40, with 0 being absence of RLS symptoms and 40 the most severe symptoms. Three of the controlled studies utilized the change from baseline in the IRLS Scale at the week 12 endpoint as the primary efficacy outcome.
Requip	ropinirole hydrochloride	9/19/1997	Parkinson's disease	Unified Parkinson's Disease Rating Scale [UPDRS]; Clinical Global Impression	In these studies a variety of measures were used to assess the effects of treatment (e.g., the Unified Parkinson's Disease Rating Scale [UPDRS], Clinical Global Impression scores, patient diaries recording time 'on' and 'off,' and tolerability of L-dopa dose reductions).
Revia	naltrexone hydrochloride	6/21/2005	Alcohol dependence	Unknown	In a second study with 82 alcohol dependent patients, the group of patients receiving naltrexone were shown to have lower relapse rates (21% vs 41%), less alcohol craving, and fewer drinking days compared with patients who received placebo, but these results depended on the specific analysis used.
Rexulti	brexpiprazole	7/10/2015	Depression	Montgomery-Asberg Depression Rating Scale	The primary endpoint was change from baseline to Week 6 in the Montgomery-Asberg Depression Rating Scale (MADRS), a 10-item clinician-related scale used to assess the degree of depressive symptomatology, with 0 representing no symptoms, and 60 representing worst symptoms. At randomization, the mean MADRS total score was 27. In Studies 1 and 2, REXULTI (+ antidepressant (ADT)) 2 mg/day and 3 mg/day were superior to placebo + ADT in reducing mean MADRS total scores. Results from the primary efficacy parameters for both fixed dose trials are shown below in Table 11. Figure 4 below shows the time course of response based on the primary efficacy measure (MADRS) in Study 1.
Rexulti	brexpiprazole	7/10/2015	Schizophrenia	Positive and Negative Syndrome Scale	The primary efficacy endpoint of both trials was the change from baseline to Week 6 in the Positive and Negative Syndrome Scale (PANSS) total score. The PANSS is a 30-item scale that measures positive symptoms of schizophrenia (7 items), negative symptoms of schizophrenia (7 items), and general psychopathology (16 items), each rated on a scale of 1 (absent) to 7 (extreme); the total PANSS scores range from 30 (best) to 210 (worst). In Study 3, REXULTI at both 2 mg/day and 4 mg/day was superior to placebo on the PANSS total score. In Study 4, REXULTI 4 mg/day was superior to placebo on the PANSS total score (Table 12). Figure 5 shows the time course of response based on the primary efficacy measure (change from baseline in PANSS total score) in Study 3.

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Rhofade	oxymetazoline hydrochloride	1/18/2017	Erythema	Clinician erythema assessment (CEA) scale	Disease severity was graded by the clinician using a 5-point clinician erythema assessment (CEA) scale and by the subject on a similar 5-point subject self-assessment (SSA) scale, on which subjects scored either "moderate" or "severe" on both scales. CEA and SSA were measured over a 12-hour period at equally-spaced timepoints (hours 3, 6, 9, and 12) postdose on Days 1, 15, and 29. The primary efficacy endpoint was defined as the proportion of subjects with at least a 2-grade reduction in erythema (improvement) from baseline (pre-dose on Day 1) on both the CEA and SSA measured at hours 3, 6, 9, and 12 on Day 29. The results from both trials on the composite endpoint for Day 29 are presented in Table 2.
Rhofade	oxymetazoline hydrochloride	1/18/2017	Erythema	Subject self-assess-ment (SSA) scale	Disease severity was graded by the clinician using a 5-point clinician erythema assessment (CEA) scale and by the subject on a similar 5-point subject self-assessment (SSA) scale, on which subjects scored either "moderate" or "severe" on both scales. CEA and SSA were measured over a 12-hour period at equally-spaced timepoints (hours 3, 6, 9, and 12) postdose on Days 1, 15, and 29. The primary efficacy endpoint was defined as the proportion of subjects with at least a 2-grade reduction in erythema (improvement) from baseline (pre-dose on Day 1) on both the CEA and SSA measured at hours 3, 6, 9, and 12 on Day 29. The results from both trials on the composite endpoint forDay 29 are presented in Table 2.
Rinvoq	upadacitinib	8/16/2019	Abdominal Fat in HIV Patients, Rheumatoid arthritis	Health Assessment Questionnaire Dis-ability Index; Short Form Health Sur-vey (SF-36); Func-tional Assessment of Chronic Illness Therapy-Fatigue score (FACIT-F)	Table 6: Components of ACR Response at Primary Efficacy Timepoint Physical Function Response: Treatment with RINVOQ 15 mg, alone or in combination with cDMARDs, resulted in a greater improvement in physical function at Week 12/14 compared to all comparators as measured by HAQ-DI. Other Health-Related Outcomes: In all studies except for Study RA-V, patients receiving RINVOQ 15 mg had greater improvement from baseline in physical component summary (PCS) score, mental component summary (MCS) scores, and in all 8 domains of the Short Form Health Survey (SF-36) compared to placebo in combination with cDMARDs or MTX monotherapy at Week 12/14. Fatigue was assessed by the Functional Assessment of Chronic Illness Therapy-Fatigue score (FACIT-F) in Studies RA-I, RA-III, and RA-IV. Improvement in fatigue at Week 12 was observed in patients treated with RINVOQ 15 mg compared to patients on placebo in com-bination with cDMARDs or MTX monotherapy.
Risperdal Consta Injection	risperidone	8/17/2005	Schizophrenia	Visual analog scale (VAS)	Pain assessment and local injection site reactions: The mean intensity of injection pain reported by patients using a visual analog scale (0 = no pain to 100 = unbearably painful) decreased in all treatment groups from the first to the last injection (placebo: 16.7 to 12.6; 25 mg: 12.0 to 9.0; 50 mg: 18.2 to 11.8). After the sixth injection (Week 10), investigator ratings indicated that 1% of patients treated with 25 mg or 50 mg RISPERDAL ® CONSTA™ experienced redness, swelling, or in duration at the injection site.

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Rituxan	rituximab	11/26/1997	Rheumatoid arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI)	Physical function was assessed at Weeks 24 and 48 using the Health Assessment Questionnaire Disability Index (HAQ-DI). From baseline to Week 24, a greater proportion of Rituxan-treated patients had an improvement in HAQ-DI of at least 0.22 (a minimal clinically important difference) and a greater mean HAQ-DI improvement compared to placebo, as shown in Table 12. HAQ-DI results for the Rituxan 500 mg treatment group were similar to the Rituxan 1000 mg treatment group; however radiographic responses were not assessed (see Dosing Precaution in the Radiographic Responses section above). These improvements were maintained at 48 weeks.
Rozerem	ramelteon	7/22/2005	Insomnia	Tyrer Benzodiazepine Withdrawal Symptom Questionnaire (BWSQ)	Tyrer Benzodiazepine Withdrawal Symptom Questionnaire (BWSQ): The BWSQ is a self-report questionnaire that solicits specific information on 20 symptoms commonly experienced during withdrawal from benzodiazepine receptor agonists. In two of the three 35-day insomnia studies, the questionnaire was administered one week after completion of treatment; in the third study, the questionnaire was administered on Days 1 and 2 after completion. In all three studies, subjects receiving ROZEREM 4 mg, 8 mg, or 16 mg daily reported BWSQ scores similar to those of subjects receiving placebo.
Ryzolt	tramadol hydrochloride	12/30/2008	Pain	11-pt NRS	Patients treated with RYZOLT™ demonstrated a greater improvement in pain intensity, measured on an 11-point numerical rating scale, at the end of treatment compared to patients randomized to placebo.
Salagen	pilocarpine hydrochloride	2/11/1998	Xerostomia	Visual analog scale (VAS)	After 6 weeks of treatment, statistically significant global improvement of dry mouth was observed compared to placebo. 'Global improvement' is defined as a score of 55 mm or more on a 100 mm visual analogue scale in response to the question, 'Please rate your present condition of dry mouth (xerostomia) compared with your condition at the start of this study. Consider the changes to your dry mouth and other symptoms related to your dry mouth that have occurred since you have taken this medication.' Patients' assessments of specific dry mouth symptoms such as severity of dry mouth, mouth discomfort, ability to speak without water, ability to sleep without drinking water, ability to swallow food without drinking, and a decreased use of saliva substitutes were found to be consistent with the significant global improvement described.
Sanctura	trospium chloride XR	8/3/2007	Overactive bladder	Daily diary	SANCTURA XR™ was evaluated for the treatment of patients with overactive bladder who had symptoms of urinary frequency, urgency and urge urinary incontinence in two 12-week, randomized, double-blind, placebocontrolled studies. For both studies, entry criteria required the presence of urge incontinence (predominance of urge), at least one incontinence episode per day, and 10 or more micturitions (voids) per day (assessed by 3-day urinary diary). Medical history and data from the baseline urinary diary confirmed the diagnosis.
Sarafem	fluoxetine hydrochloride	5/19/2006	Premenstrual Dysphoric Disorder	Daily diary	Efficacy was assessed with the Daily Record of Severity of Problems (DRSP), a patient-rated instrument that mirrors the diagnostic criteria for PMDD as identified in the DSM-IV, and includes assessments for mood, physical symptoms, and other symptoms.
Savella	Milnacipran HCL	1/14/2009	Fibromyalgia	SF-36; Pain VAS; Patient Global Assessment	A larger proportion of patients treated with Savella than with placebo experienced a simultaneous reduction in pain from baseline of at least 30% (VAS) and also rated themselves as much improved or very much improved based on the patient global assessment (PGIC). In addition, a larger proportion of patients treated with Savella met the criteria for treatment response, as measured by the composite endpoint that concurrently evaluated improvement in pain (VAS), physical function (SF-36 PCS), and patient global assessment (PGIC), in fibromyalgia as compared to placebo.

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Scenesse	afamelanotide	10/08/2019	Erythropoietic protoporphyria (EPP)	Daily diary - not specified	Study CUV039: On each study day, subjects recorded the number of hours spent in direct sunlight between 10 am and 6 pm, the number of hours spent in shade between 10 am and 6 pm, and whether they experienced any phototoxic pain that day. The primary endpoint was the total number of hours over 180 days spent in direct sunlight between 10 am and 6 pm on days with no pain. The median total number of hours over 180 days spent in direct sunlight between 10 am and 6 pm on days with no pain was 64.1 hours for subjects receiving SCENESSE and 40.5 hours for subjects receiving vehicle. Study CUV029: On each study day, subjects recorded the number of hours spent outdoors between 10 am and 3 pm, whether "most of the day" was spent in direct sunlight, shade, or a combination of both, and whether they experienced any phototoxic pain that day. The primary endpoint was the total number of hours over 270 days spent outdoors between 10 am and 3 pm on days with no pain for which "most of the day" was spent in direct sunlight. This analysis does not include sun exposure on days for which subjects reported spending time in a combination of both direct sunlight and shade. The median total number of hours over 270 days spent outdoors between 10 am and 3 pm on days with no pain for which "most of the day" was spent in direct sunlight was 6.0 hours for subjects in the SCENESSE group and 0.75 hours for subjects in the vehicle group.
Seebri	glycopyrrolate	10/29/2015	COPD	St. George's Respiratory Questionnaire (SGRQ)	The St. George's Respiratory Questionnaire (SGRQ) was assessed in Trials 1 and 2. In Trial 1, the SGRQ responder rate (defined as an improvement in score of 4 or more as threshold) for the SEEBRI NEOHALER treatment arm was 49% compared to 41% for placebo [Odds Ratio: 1.43, 95% CI: 0.95, 2.15]. In Trial 2, the SGRQ responder rate for the SEEBRI NEOHALER treatment arm was 55% compared to 42% for placebo [Odds Ratio: 1.78; 95% CI: 1.17, 2.71].
Septocaine	articaine hydrocholride; epinephrine	2/26/2010	Anesthesia in dental procedures	Visual analog scale	Efficacy was measured immediately following the procedure by having the patient and investigator rate the patient's procedural pain using a 10 cm visual analog scale (VAS), in which a score of zero represented no pain and a score of 10 represented the worst pain imaginable. Mean patient and investigator VAS pain scores were 0.3 cm-0.4 cm for simple procedures and 0.5 cm-0.6 cm for complex procedures.
Sernivo	betamethasone dipropionate	2/5/2016	Plaque psoriasis	Investigator Global Assessment	Enrolled subjects had body surface area of involvement between 10% to 20%, and an Investigator Global Assessment (IGA) score of 3 (moderate). Efficacy was assessed as the proportion of subjects who were considered a treatment success (defined as having an IGA score of 0 or 1 [clear or almost clear] and at least a 2-grade reduction from baseline). Table 3 presents the efficacy results at Day 15 and Day 29.
Seroquel	quetiapine fumerate	9/26/1997	Bipolar Disorder	Quality of Life Enjoyment Questionnaire	For the 300 mg dose group, statistically significant improvements over placebo were seen in overall quality of life and satisfaction related to various areas of functioning, as measured using the Q-LES-Q(SF).
Seroquel XR	quetiapine fumerate XR	5/17/2007	Bipolar Disorder	Quality of Life Enjoyment Questionnaire	For the 300 mg dose group, statistically significant improvements over placebo were seen in overall quality of life and satisfaction related to various areas of functioning, as measured using the Q-LES-Q(SF).
Serostim	somatropin for injection	8/29/2003	HIV	Bristol Myers Anorexia Cachexia Recovery Instrument (BACRI)	Patients' perception of the impact of 12 weeks of treatment on their wasting symptoms as assessed by the Bristol Myers Anorexia Cachexia Recovery Instrument improved with both doses of Serostim® in Clinical Trial 2.
Silenor	doxepin hydrochloride	3/17/2010	Insomnia	Unknown; Subjective Wake After Sleep Onset	The primary efficacy measures for assessment of sleep maintenance were the objective and subjective time spent awake after sleep onset (respectively, objective Wake After Sleep Onset [WASO] and subjective WASO)

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Siliq	brodalumab	02/15/2017	Plaque psoriasis	Psoriasis Symptom Inventory (PSI)	At Week 12, compared to subjects in the placebo group, a greater proportion of subjects in SILIQ 210 mg Q2W group achieved a Psoriasis Symptom Inventory (PSI) score of 0 (not at all) or 1 (mild) on every item (itch, redness, scaling, burning, stinging, cracking, flaking, pain).
Siliq	brodalumab	02/15/2017	Plaque psoriasis	Psoriasis Area and Severity Index (PASI); static Physician's Global Assessment (sPGA)	In Trial 1, subjects randomized to receive SILIQ and who were responders at Week 12 (i.e., sPGA of 0 or 1) were rerandomized to receive either placebo or SILIQ. Among responders at Week 12, 83% (69/83) of subjects re-randomized to continued treatment with SILIQ 210 mg Q2W maintained this response (sPGA of 0 or 1) at Week 52 compared to none (0/84) who were re-randomized to placebo and withdrawn from SILIQ. In addition, 87% (72/83) of subjects rerandomized to continued treatment with SILIQ 210 mg Q2W achieved PASI 75 response at Week 52 compared to none (0/84) who were re-randomized to placebo and withdrawn from SILIQ. Trials 2 and 3 included a re-randomized phase during which subjects originally randomized to receive SILIQ during the first 12 weeks were re-randomized to one of four SILIQ regimens at the Week 12 visit and placebo subjects were crossed over to receive SILIQ 210 mg Q2W. Subjects receiving ustekinumab continued the same treatment until crossed over at Week 52 to SILIQ 210 mg Q2W. For sPGA 0 or 1 responders at Week 12, the percentage of subjects who maintained this response at Week 52 was 79% for subjects treated with SILIQ 210 mg Q2W. For PASI 100 responders at Week 12, 72% of the subjects who continued on SILIQ 210 mg Q2W maintained the response at Week 52.
Simponi	golimumab	4/24/2009	Psoriatic arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI)	In Trial PsA, SIMPONI 50 mg demonstrated a greater improvement compared to placebo in the change in mean Health Assessment Questionnaire Disability Index (HAQ-DI) score from baseline to Week 24 (0.33 and -0.01, respectively). In addition, the SIMPONI 50 mg group compared to the placebo group had a greater proportion of HAQ responders (≥ 0.3 change from baseline) at Week 24: 43% vs. 22%, respectively.
Simponi	golimumab	4/24/2009	Rheumatoid arthritis	Health Assessment Questionnaire Disability Index (HAQ-DI)	In Trials RA-1 and RA-2, the SIMPONI 50 mg groups demonstrated a greater improvement compared to the control groups in the change in mean Health Assessment Questionnaire Disability Index (HAQ-DI) score from baseline to Week 24: 0.23 vs. 0.03 in RA-1, 0.47 vs. 0.13 in RA-2, respectively. Also in Trials RA-1 and RA-2, the SIMPONI 50 mg groups compared to the control groups had a greater proportion of HAQ responders (change from baseline > 0.22) at Week 24: 43% vs. 27%, 65% vs. 35%, respectively.
Singulair	montelukast sodium	12/31/2002	Allergic rhinitis	Unknown; symptom scale	The primary outcome variable was mean change from baseline in daytime nasal symptoms score (the average of individual scores of nasal congestion, rhinorrhea, nasal itching, sneezing) as assessed by patients on a 0-3 categorical scale...Four of the five trials showed a significant reduction in daytime nasal symptoms scores with SINGULAIR 10-mg tablets compared with placebo.
Singulair	montelukast sodium	2/20/1998	Asthma	Patient's global evaluation	The co-primary endpoints in these trials were FEV 1 and daytime asthma symptoms. SINGULAIR, compared with placebo, significantly improved other protocol-defined, asthma-related outcome measurements (see TABLE 2). Table 2 items: Asthma Attack, oral corticosteroid rescue, discontinuation due to asthma, asthma exacerbations, asthma control days, physicians' global evaluation, patients' global evaluation*. *Patients' evaluation of asthma, ranging from 0 to 6 ('very much better' through 'very much worse,' respectively.)

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Singulair	montelukast sodium	2/20/1998	Allergic rhinitis	Unknown; symptom scale	The primary outcome variable was mean change from baseline in daytime nasal symptoms score (the average of individual scores of nasal congestion, rhinorrhea, and sneezing). The other 6-week study evaluated SINGULAIR 10 mg (n=626), placebo (n=609), and an active-control (cetirizine 10 mg; n=120). The primary analysis compared the mean change from baseline in daytime nasal symptoms score for SINGULAIR vs. placebo over the first 4 weeks of treatment; the study was not designed for statistical comparison between SINGULAIR and the active-control. The primary outcome variable included nasal itching in addition to nasal congestion, rhinorrhea, and sneezing.
Skyrizi	risankizumab-rzaa	4/23/2019	Plaque psoriasis	Psoriasis Symptom Scale (PSS)	Improvements in signs and symptoms related to pain, redness, itching and burning at Week 16 compared to placebo were observed in both studies as assessed by the Psoriasis Symptom Scale (PSS). In ULTIMMA-1 and ULTIMMA-2, about 30% of the subjects who received SKYRIZI achieved PSS 0 ("none") at Week 16 compared to 1% of the subjects who received placebo. IMMHANCE enrolled 507 subjects (407 randomized to SKYRIZI 150 mg and 100 to placebo). Subjects received treatment at Weeks 0, 4, and every 12 weeks thereafter. At Week 16, SKYRIZI was superior to placebo on the co-primary endpoints of sPGA 0 or 1 (84% SKYRIZI and 7% placebo) and PASI 90 (73% SKYRIZI and 2% placebo). The respective response rates for SKYRIZI and placebo at Week 16 were: sPGA 0 (46% SKYRIZI and 1% placebo); PASI 100 (47% SKYRIZI and 1% placebo); and PASI 75 (89% SKYRIZI and 8% placebo).
Soliris	eculizumab	3/16/2007	Paroxysmal nocturnal hemoglobinuria	Unknown	Endpoints related to hemolysis included the numbers of patients achieving hemoglobin stabilization, the number of RBC units transfused, fatigue, and health-related quality of life. After 3 weeks of Soliris treatment, patients reported less fatigue and improved health-related quality of life.
Sonata	zaleplon	8/13/1999	Insomnia	Benzodiazepine Withdrawal Symptom Questionnaire	The Benzodiazepine Withdrawal Symptom Questionnaire was used in several of these studies, both at baseline and then during days 1 and 2 following discontinuation. Withdrawal was operationally defined as the emergence of 3 or more new symptoms after discontinuation. Sonata was not distinguishable from placebo at doses of 5 mg, 10 mg, or 20 mg on this measure, nor was Sonata distinguishable from placebo on spontaneously reported withdrawal-emergent adverse events.
Spinraza	nusinersen sodium	12/23/2016	Spinal muscular atrophy	Hammersmith Infant Neurologic Exam (HINE)	The primary endpoint assessed at the time of interim analysis was the proportion of responders: patients with an improvement in motor milestones according to Section 2 of the Hammersmith Infant Neurologic Exam (HINE). This endpoint evaluates seven different areas of motor milestone development, with a maximum score between 2-4 points for each, depending on the milestone, and a total maximum score of 26. A treatment responder was defined as any patient with at least a 2-point increase (or maximal score of 4) in ability to kick (consistent with improvement by at least 2 milestones), or at least a 1-point increase in the motor milestones of head control, rolling, sitting, crawling, standing or walking (consistent with improvement by at least 1 milestone). To be classified as a responder, patients needed to exhibit improvement in more categories of motor milestones than worsening.
Spinraza	nusinersen	12/23/2016	Spinal muscular atrophy	Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND)	Although not statistically controlled for multiple comparisons at the interim analysis, the study also assessed treatment effects on the Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND), which is an evaluation of motor skills in patients with infantile-onset SMA.

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Stalevo	carbidopa, levodopa, entacapone	6/11/2003	Parkinson's disease	Unified Parkinson's Disease Rating Scale (UPDRS); Investigator Global Impression	In addition to the primary outcome measure, the amount of time spent in the 'Off' state was evaluated, and patients were also evaluated by subparts of the Unified Parkinson's Disease Rating Scale (UPDRS), a frequently used multi-item rating scale intended to assess mentation (Part I), activities of daily living (Part II), motor function (Part III), complications of therapy (Part IV), and disease staging (Part V & VI); an investigator's and patient's global assessment of clinical condition, a 7-point subjective scale designed to assess global functioning in Parkinson's disease; and the change in daily carbidopa-levodopa dose.
Staxyn	vardenafil hydrochloride	6/17/2010	Erectile dysfunction	International Index of Erectile Function; Sexual Encounter Profile	Primary efficacy assessment was by means of the Erectile Function (EF) Domain score of the validated International Index of Erectile Function (IIEF) Questionnaire and two questions from the Sexual Encounter Profile (SEP) dealing with the ability to achieve vaginal penetration (SEP2), and the ability to maintain an erection long enough for successful intercourse (SEP3).
Stelara	Ustekinumab	9/25/2009	Plaque psoriasis	Physician's Global Assessment; PASI	In both studies, the endpoints were the proportion of subjects who achieved at least a 75% reduction in PASI score (PASI 75) from baseline to Week 12 and treatment success (cleared or minimal) on the Physician's Global Assessment (PGA). The PGA is a 6-category scale ranging from 0 (cleared) to 5 (severe) that indicates the physician's overall assessment of psoriasis focusing on plaque thickness/induration, erythema, and scaling.
Stelara	Ustekinumab	9/25/2009	Crohn's disease	Crohn's Disease Activity Index (CDAI)	In these induction studies, a greater proportion of patients treated with STELARA® achieved clinical response at Week 6 and clinical remission at Week 8 compared to placebo (see Table 9 for clinical response and remission rates). Clinical response and remission were significant as early as Week 3 in STELARA® treated patients and continued to improve through Week 8.
Stendra	avanafil	4/27/2012	Erectile dysfunction	International Index of Erectile Function; Sexual Encounter Profile	STENDRA at doses of 50 mg, 100 mg, and 200 mg demonstrated statistically significant improvement in all 3 primary efficacy variables relative to placebo (see Table 6). STENDRA at doses of 100 mg and 200 mg demonstrated statistically significant improvement in all 3 primary efficacy variables as measured by the erectile function domain of the IIEF questionnaire; SEP2 and SEP3 (see Table 7).
Strensiq	asfotase alfa	10/23/2015	perinatal/infantile-and juvenile-onset hypophosphatasia (HPP)	modified Performance Oriented Mobility Assessment-Gait (MPOMA-G) scale; 6 Minute Walk Test (6MWT)	Gait was assessed using a modified Performance Oriented Mobility Assessment-Gait (MPOMA-G) scale) in 8 STRENSIQ-treated patients at 6 month intervals out to 36 months. Mobility was also assessed using the 6 Minute Walk Test (6MWT) in 7 of the 8 patients. Step length improved by at least 1 point in either foot in 6/8 patients compared to 1/6 (17%) control patients. The proportion of patients who had 6MWT percent predicted values within the normal range for age, sex, and height-matched peers increased from 0/8 patients at baseline to 6/6 patients (100%) by Month 48 and all 6 were also able to walk longer distances at this time point compared to baseline.
Stiolto Respimat	Tiotropium bromide and olodaterol	5/21/2015	COPD	St. George's Respiratory Questionnaire (SGRQ)	The St. George's Respiratory Questionnaire (SGRQ) was assessed in Trials 1 and 2 and in two additional 12-week placebo-controlled trials (Trials 3 and 4). In the first 12-week trial, SGRQ responder rates at week 12 (defined as an improvement in score of 4 or more as a threshold) were 53%, 42%, and 31% for STIOLTO RESPIMAT, tiotropium 5 mcg, and placebo, respectively, with odds ratios of 1.6 (95% CI 1.1, 2.4) and 2.5 (95% CI 1.6, 3.8) for STIOLTO RESPIMAT vs. tiotropium 5 mcg and STIOLTO RESPIMAT vs. placebo, respectively. In the second 12-week trial, results were similar with odds ratios of 1.5 (95% CI 1.0, 2.3) and 2.2 (95% CI 1.5, 3.4) for STIOLTO RESPIMAT vs. tiotropium 5 mcg and STIOLTO RESPIMAT vs. placebo, respectively. For the 52-week trials similar responder rates were seen. In Trial 1, the odds ratios for STIOLTO vs. tiotropium 5 mcg and STIOLTO vs. olodaterol 5 mcg at week 24 were 1.6 (95% CI 1.2, 2.0) and 1.9 (95% CI 1.5, 2.4), respectively. The results were similar in the 52-week Trial 2, with odds ratios for STIOLTO vs. tiotropium 5 mcg and STIOLTO vs. olodaterol 5 mcg of 1.3 (95% CI 1.0, 1.7) and 1.5 (95% CI 1.1, 1.9), respectively.

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Sunosi	solriamfetol	3/20/2019	Narcolepsy	Epworth Sleepiness Scale (ESS); Patient Global Impression of Change (PGIc) scale	Wakefulness and sleepiness were assessed using the Maintenance of Wakefulness Test (MWT) and the Epworth Sleepiness Scale (ESS). The MWT measures an individual's ability to remain awake during the daytime in a darkened, quiet environment. Patients were instructed to remain awake for as long as possible during 40-minute test sessions, and sleep latency was determined as the mean number of minutes patients could remain awake in the first four test sessions. The ESS is an 8-item questionnaire by which patients rate their perceived likelihood of falling asleep during usual daily life activities. Change in overall symptom severity was assessed using the Patient Global Impression of Change (PGIc) scale. The PGIc is a 7-point patient-reported scale by which patients rate their symptom change since the beginning of the study. Responses range from "very much improved" to "very much worse." The co-primary efficacy endpoints were change from baseline in MWT and ESS at Week 12. A pre-specified secondary endpoint was percentage of subjects reported as improved (minimally, much, or very much) at Week 12 by PGIc. ompared to the placebo group, patients randomized to 150 mg SUNOSI showed statistically significant improvements on the MWT (treatment effect difference: 7.7 minutes, Table 6) and on the ESS (treatment effect difference: 3.8 points, Table 7) at Week 12. These effects were apparent at Week 1 and consistent with the results at Week 12. The change on percentage of subjects reported as improved by PGIc was also statistically significant compared with placebo. There were trends toward improvement in the SUNOSI 75-mg treatment group (Tables 6 and 7); however, these changes were not statistically significant. There was no evidence of differential efficacy in patients with cataplexy and patients without cataplexy. Examination of subgroups by age, race, and sex did not suggest differences in response.
Sunosi	solriamfetol	3/20/2019	Maintenance of Efficacy in Narcolepsy and Obstructive Sleep Apnea	Epworth Sleepiness Scale (ESS); Patient Global Impression of Change (PGIc) scale	Study 3 was a 6-week, multi-center, double-blind, placebo-controlled, randomized-withdrawal study in 174 adult patients with a diagnosis of OSA. The co-primary efficacy endpoints were change from the beginning to the end of the randomized withdrawal period in MWT and ESS. At the end of the stable-dose phase, 124 patients who reported "much" or "very much" improvement on the PGIc and who showed improvements on the MWT and ESS entered a double-blind withdrawal phase and were randomized 1:1 to either continue SUNOSI at the dose received in the stable-dose phase or switch to placebo. Compared to patients who remained on SUNOSI, patients randomized to placebo experienced statistically significant worsening of sleepiness as measured by the MWT and ESS (Table 8). Study 4 was a 52-week, open-label study in 638 patients with either narcolepsy or OSA who had completed a prior trial. During a 2-week, open-label titration phase, patients were started on SUNOSI 75 mg once daily, and were titrated to the maximum tolerable dose between 75 mg and 300 mg per day (two times the maximum recommended daily dose). Patients remained on this dose during a subsequent open-label treatment period of either 38 (for patients previously enrolled in Study 1 or Study 2) or 50 (all others) weeks. A 2-week randomized-withdrawal period was incorporated into the study. After 6 months of stable-dose treatment, 282 patients (79 with narcolepsy; 203 with OSA) entered the randomized-withdrawal period. Patients were randomized 1:1 to either continue to receive SUNOSI at the dose received in the maintenance phase or to switch to placebo. The primary efficacy endpoint was change from the beginning to the end of the randomized-withdrawal period in ESS. Compared to patients who remained on SUNOSI, patients randomized to placebo experienced statistically significant worsening of sleepiness as measured by the ESS (Table 8).

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Sunosi	solriamfetol	3/20/2019	Obstructive Sleep Apnea	Epworth Sleepiness Scale (ESS); Patient Global Impression of Change (PGIc) scale	The efficacy of SUNOSI in improving wakefulness and reducing excessive daytime sleepiness in patients with OSA was demonstrated in a 12-week multi-center, randomized, double-blind, placebo-controlled study (Study 2; NCT02348606) in adults diagnosed with OSA according to ICSD-3 criteria. The co-primary efficacy endpoints were change from baseline in MWT and ESS at Week 12; A pre-specified secondary endpoint was percentage of subjects reported as improved (minimally, much, or very much) at Week 12 by PGIc. Compared to the placebo group, patients randomized to 37.5 mg, 75 mg, and 150 mg SUNOSI showed statistically significant improvements on the MWT (treatment effect difference: 4.5 minutes, 8.9 minutes, and 10.7 minutes respectively; Table 6) and ESS (treatment effect difference: 1.9 points, 1.7 points, and 4.5 points respectively; Table 7) at Week 12. These effects were apparent at Week 1 and consistent with the results at Week 12. The change on percentage of subjects reported as improved by PGIc was also statistically significant compared with placebo. Examination of subgroups by age, race, and sex did not suggest differences in response.
Suprane Liquid for Inhalation	desflurane	9/18/1992	Anesthesia	Visual analog scales (VAS)	Recovery from anesthesia was assessed at 30, 60, and 90 minutes following 0.5 MAC desflurane (3%) or isoflurane (0.6%) in N 2 O 60% using subjective and objective tests. At 30 minutes after anesthesia, only 43% of the isoflurane group were able to perform the psychometric tests compared to 76% in the desflurane group ($p < 0.05$). Recovery Tests: Confusion; Fatigue; Drowsiness; Clumsiness; Comfort. Measured on Visual analog scale (values from 0-100; 100=baseline)
Symbicort	Budesonide 80 mcg and formoterol fumarate dihydrate * 4.5 mcg - Inhalation Aerosol	7/21/2006	Asthma	Asthma Quality of Life Questionnaire	The subjective impact of asthma on patients' health-related quality of life was evaluated through the use of the standardized Asthma Quality of Life Questionnaire (AQLQ(S)) (based on a 7-point scale where 1 = maximum impairment and 7 = no impairment). Patients receiving SYMBICORT 160/4.5 had clinically meaningful improvement in overall asthma-specific quality of life, as defined by a mean difference between treatment groups of >0.5 points in change from baseline in overall AQLQ score (difference in AQLQ score of 0.70 [95% CI 0.47, 0.93] compared to placebo).

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Drug	**Compound**	**Product Approval Date**	**Indication**	**Instruments**	**Verbatim Text from Label OR PRO-related language**
Symdeko	Tezacaftor and ivacaftor	2/13/2018	Cystic Fibrosis	Cystic Fibrosis Questionnaire-Revised (CFQ-R)	Key secondary efficacy variables included relative change from baseline in ppFEV1 through Week 24; number of pulmonary exacerbations from baseline through Week 24; absolute change in BMI from baseline at Week 24, and absolute change in CFQ-R Respiratory Domain Score (a measure of respiratory symptoms relevant to patients with CF, such as cough, sputum production, and difficulty breathing) from baseline through Week 24. For the purposes of this trial, a pulmonary exacerbation was defined as a change in antibiotic therapy (IV, inhaled, or oral) as a result of 4 or more of 12 pre-specified sino-pulmonary signs/symptoms. See Table 8 for a summary of key secondary outcomes in Trial 1. Trial 2 evaluated 244 patients with CF aged 12 years and older (mean age 34.8 years). The mean ppFEV1 at baseline was 62.3% [range: 34.6 to 93.5]. Of the 244 patients included in the efficacy analysis, 146 patients had a splice mutation and 98 patients had a missense mutation as the second allele. 161 patients received SYMDEKO, 156 patients received ivacaftor, and 161 patients received placebo. The primary efficacy endpoint was the mean absolute change from study baseline in percent predicted FEV1 averaged at Weeks 4 and 8 of treatment. The key secondary efficacy endpoint was absolute change in CFQ-R Respiratory Domain Score from study baseline averaged at Weeks 4 and 8 of treatment. For the overall population, treatment with SYMDEKO compared to placebo resulted in significant improvement in ppFEV1 [6.8 percentage points (95% CI: 5.7, 7.8); P<0.0001] and CFQ-R Respiratory Domain Score [11.1 points (95% CI 8.7, 13.6); P<0.0001]. Treatment difference for ppFEV1 between ivacaftor- and placebo-treated patients was 4.7 percentage points (95% CI: 3.7, 5.8; P<0.0001) and 2.1 percentage points (95% CI: 1.2, 2.9; P<0.0001) between SYMDEKO- and ivacaftor-treated patients, which were statistically significant. Improvements in ppFEV1 were observed regardless of age, baseline ppFEV1, sex, mutation class, colonization with Pseudomonas, concomitant use of standard-of-care medications for CF, and geographic region. Statistically significant improvements compared to placebo were also observed in the subgroup of patients with splice mutations and missense mutations (Table 9).

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Symproic	naldemedine	3/23/2017	Opioid-induced constipation	Diary to assess bowel movements (not specified)	In Studies 1 and 2, OIC was confirmed through a two-week run in period and was defined as no more than 4 spontaneous bowel movements (SBMs) total over 14 consecutive days and less than 3 SBMs in a given week with at least 25% of the SBMs associated with one or more of the following conditions: (1) straining; (2) hard or lumpy stools; (3) having a sensation of incomplete evacuation; and (4) having a sensation of anorectal obstruction/blockage. An SBM was defined as a bowel movement (BM) without rescue laxative taken within the past 24 hours. Patients with no BMs over the 7 consecutive days prior to and during the 2 week screening period or patients who have never taken laxatives were excluded.In Studies 1 and 2, the mean increase in frequency of SBMs per week from baseline to the last 2 weeks of the 12-week treatment period was 3.1 for SYMPROIC vs. 2.0 for placebo (difference 1.0, 95% CI 0.6, 1.5), and 3.3 for SYMPROIC vs. 2.1 for placebo (difference 1.2, 95% CI 0.8, 1.7), respectively. During week 1 of the treatment period, the mean increase in frequency of SBMs per week from baseline was 3.3 for SYMPROIC vs. 1.3 for placebo (difference 2.0, 95% CI 1.5, 2.5) in Study 1 and 3.7 for SYMPROIC vs. 1.6 for placebo (difference 2.1, 95% CI 1.5, 2.6) in Study 2. The mean increase in the frequency of complete SBM (CSBM) per week from baseline to the last 2 weeks of 12-week treatment period was 2.3 for SYMPROIC vs. 1.5 for placebo difference 0.8, 95% CI 0.4, 1.2) in Study 1 and 2.6 for SYMPROIC vs. 1.6 for placebo (difference 1.1, 95% CI 0.6, 1.5) in Study 2. A CSBM was defined as a SBM that was associated with a sense of complete evacuation. The change in the frequency of SBMs without straining per week from baseline to the last 2 weeks of the treatment period was 1.3 for SYMPROIC vs. 0.7 for placebo (difference 0.6, 5% CI 0.2, 0.9) in Study 1 and 1.8 for SYMPROIC vs. 1.1 for placebo (difference 0.7, 95% CI 0.3, 1.2) in Study 2.
Synera Topical Patch	lidocaine 70 mg and tetracaine 70 mg	6/23/2005	Pain	Visual analog scale; 6 point Oucher pain scale with faces; 11 point Oucher pain scale with both faces and numbers	In each trial, subjects received Synera on one arm and placebo patch on the other. Less pain was reported following Synera treatment compared to placebo in all three studies as measured by a 100 mm visual analog scale (VAS). In the first study in 21 subjects, median VAS scores for Synera and placebo treatments were 1 and 9, respectively. In the second study in 40 subjects, median VAS scores were 5 and 28 for Synera and placebo treatments, respectively. In the third study, in 40 subjects over the age of 65 years, median VAS scores for Synera and placebo treatments were 8 and 14, respectively.
Taltz	ixekizumab	3/26/2020	Pediatric Plaque Psoriasis	11-point Itch Numeric Rating Scale (NRS)	Other evaluated outcomes included the proportion of subjects who achieved PASI 90, PASI 100, sPGA of "0" and an improvement of itch severity as measured by a reduction of at least 4 points on an 11-point itch Numeric Rating Scale. The efficacy results of IXORA-Peds are presented in Table 5.

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Taltz	ixekizumab	3/22/2016	Plaque psoriasis	static Physician Global Assessment, PASI	All three trials assessed the changes from baseline to Week 12 in the two co-primary endpoints: 1) PASI 75, the proportion of subjects who achieved at least a 75% reduction in the PASI composite score that takes into consideration both the percentage of body surface area affected and the nature and severity of psoriatic changes (induration, erythema and scaling) within the affected regions, and 2) sPGA of "0" (clear) or "1" (minimal), the proportion of subjects with an sPGA 0 or 1 and at least a 2-point improvement. The results of Trials 1, 2, and 3 are presented in Table 2. An integrated analysis of the U.S. sites in the two active comparator studies using U.S. approved etanercept, TALTZ demonstrated superiority to U.S. approved etanercept (50 mg twice weekly) on sPGA and PASI scores during the 12 week treatment period. The respective response rates for TALTZ 80 mg Q2W and U.S. approved etanercept 50 mg twice weekly were: sPGA of 0 or 1 (73% and 27%); PASI 75 (87% and 41%); sPGA of 0 (34% and 5%); PASI 90 (64% and 18%), and PASI 100 (34% and 4%).
Taltz	ixekizumab	3/22/2016	Plaque psoriasis	11-point NRS Itch Item	Other evaluated outcomes included the proportion of subjects with an sPGA score of 0 (clear), a reduction of at least 90% in PASI (PASI 90), a reduction of 100% in PASI (PASI 100), and an improvement of itch severity as measured by a reduction of at least 4 points on an 11-point itch Numeric Rating Scale.
Tamiflu	oseltamivir phosphate	7/24/2001	Influenza	Unknown; symptom scale	Subjects participating in the trials were required to self-assess the influenza-associated symptoms as 'none', 'mild', 'moderate' or 'severe.' Time to improvement was calculated from the time of treatment initiation to the time when all symptoms (nasal congestion, sore throat, cough, aches, fatigue, headaches, and chills/sweats) were assessed as 'none' or 'mild.'
Tarceva	erlotinib HCL	11/18/2004	Pancreatic cancer	Visual analog scale	In a series of exploratory univariate subset analyses (the stratification factors at randomization and at baseline, as well as pain intensity by visual analog score, EGFR status, gender, age, race, and any prior chemotherapy), all of the HRs in the TARCEVA plus gemcitabine arm relative to the placebo plus gemcitabine arm were less than or equal to 1.0 suggesting consistency across all patient subsets. However, in patients with pain intensity score >20, female, locally advanced, age >/=65 years, or performance status 0 or 1, the benefit of erlotinib was uncertain.
Tasmar	tolcapone	1/29/1998	Parkinson's disease	Unified Parkinson's Disease Rating Scale (UPDRS); Sickness Impact Profile (SIP); Investigator's Global Impression	In addition to the primary outcome, patients were also assessed using sub-parts of the Unified Parkinson's Disease Rating Scale (UPDRS), a frequently used multi-item rating scale intended to evaluate mentation (Part I), activities of daily living (Part II), motor function (Part III), complications of therapy (Part IV), and disease staging (Parts V and VI); an Investigator's Global Assessment of Change (IGA), a subjective scale designed to assess global functioning in 5 areas of Parkinson's disease; the Sickness Impact Profile (SIP), a multi-item scale in 12 domains designed to assess the patient's functioning in multiple areas; and the change in daily levodopa/carbidopa dose.
Taxol	paclitaxel	12/29/1992	Non small cell lung cancer	Functional Assessment of Cancer Therapy - Lung (FACT-L)	In the ECOG study, the Functional Assessment of Cancer Therapy-Lung (FACT-L) questionnaire had seven subscales that measured subjective assessment of treatment. Of the seven, the Lung Cancer Specific Symptoms subscale favored the TAXOL 135 mg/m2/24 hour plus cisplatin arm compared to the cisplatin/etoposide arm. For all other factors, there was no difference in the treatment groups.

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Tecentriq	atezolizumab	10/18/2016	Non small cell lung cancer	Response Evaluation Criteria in Solid Tumors (RECIST v1.1)	The major efficacy outcome measure of Study 3 was overall survival (OS). Other efficacy outcome measures for Study 3 included investigator-assessed objective response rates and duration of response per RECIST v1.1. The results of Study 2 with a median follow up of 21 months are presented in Table 6 and Figure 1. Results of an updated survival analysis in Study 3 with a median follow-up of 22 months are provided for all randomized patients (Table 7 and Figure 2).
Tegsedi	inotersen	10/5/2018	Polyneuropathy of hereditary transthyretin-mediated amyloidosis	Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score	The co-primary efficacy endpoints were the change from baseline to Week 66 in the modified Neuropathy Impairment Scale+7 (mNIS+7) composite score and the Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score. The mNIS+7 is an objective assessment of neuropathy, and comprises the NIS and Modified +7 composite scores. In the version of the mNIS+7 used in the trial, the NIS objectively measures deficits in cranial nerve function, muscle strength, reflexes, and sensations, and the Modified +7 assesses heart rate response to deep breathing, postural blood pressure, quantitative sensory testing (touch-pressure and heat-pain), and peripheral nerve electrophysiology. The maximum possible score was 346.32 points, with higher scores representing a greater severity of disease. The clinical meaningfulness of effects on the mNIS+7 was assessed by the change from baseline to Week 66 in Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score. The Norfolk QoL-DN scale is a patient-reported assessment that evaluates the subjective experience of neuropathy in the following domains: physical functioning/large fiber neuropathy, activities of daily living, symptoms, small fiber neuropathy, and autonomic neuropathy. The version of the Norfolk QoL-DN that was used in the trial had a maximum possible total score of 136 points, with higher scores representing greater impairment. The changes from baseline to Week 66 on both the mNIS+7 and the Norfolk QoL-DN significantly favored TEGSEDI (Table 3, Figures 1 and 3). The distributions of changes in mNIS+7 and Norfolk QoL-DN scores from baseline to Week 66 by percent of patients are shown in Figure 2 and Figure 4, respectively. Patients receiving TEGSEDI experienced similar improvements relative to placebo in mNIS+7 and Norfolk QoL-DN score across all subgroups including age, sex, race, region, NIS score, Val30Met mutation status, and disease stage.
Testim	testosterone gel	10/31/2002	Hypogonadism	Unknown	At Day 30, patients receiving Testim® 100 mg daily showed significant improvement from baseline in multiple sexual function parameters as measured by patient questionnaires when compared to placebo. These parameters included sexual motivation, sexual desire, sexual activity and spontaneous erections. For Testim® 100 mg, improvements in sexual motivation, spontaneous erections, and sexual desire were maintained through Day 90. Sexual enjoyment and satisfaction with erection duration were improved compared to baseline but these improvements were not significant compared to the placebo group.
Thyrogen	thyrotropin alfa	11/30/1998	Adjunctive diagnostic tool for Tg testing	SF-36	Quality of Life (QOL) was measured using the SF-36 Health Survey, a standardized, patient-administered instrument assessing QOL across eight domains measuring both physical and mental functioning. Following Thyrogen® administration, little change from baseline was observed in any of the eight QOL domains of the SF-36. Following thyroid hormone withdrawal, statistically significant negative changes were noted in all eight QOL domains of the SF-36.The difference between treatment groups was statistically significant ($p<0.0001$) for all eight QOL domains, favoring Thyrogen over thyroid hormone withdrawal.

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Toviaz	fesoterodine fumurate	10/31/2008	Overactive bladder	Unknown	The primary efficacy endpoints were the mean change in the number of urge urinary incontinence episodes per 24 hours and the mean change in the number of micturitions (frequency) per 24 hours. An important secondary endpoint was the mean change in the voided volume per micturition.
Tracleer	Bosentan	11/20/2001	Pulmonary arterial hypertension	Borg dyspnea score.	Symptoms of pulmonary arterial hypertension were assessed by Borg dyspnea score, WHO functional class, and rate of 'clinical worsening.' Clinical worsening was assessed as the sum of death, hospitalizations for PAH, discontinuation of therapy because of PAH, and need for epoprostenol. There was a significant reduction in dyspnea during walk tests (Borg dyspnea score), and significant improvement in WHO functional class in TRACLEER®-treated patients. There was a significant reduction in the rate of clinical worsening.
Trelegy Ellipta	fluticasone furoate, umeclidinium, and vilanterol	9/2017	COPD	St. George's Respiratory Questionnaire (SGRQ)	Health-related quality of life was assessed in Trials 1 and 2 using the St. George's Respiratory Questionnaire (SGRQ). In Trial 1, the responder rate (response defined as a decrease in score from baseline of 4 or more) at Day 84 was 40% for umeclidinium 62.5 mcg + fluticasone furoate/vilanterol vs. 35% for placebo + fluticasone furoate/vilanterol (odds ratio 1.2; 95% CI: 0.8, 1.8). In Trial 2, the responder rate was 35% for umeclidinium + fluticasone furoate/vilanterol vs. 21% for placebo + fluticasone furoate/vilanterol (odds ratio 2.0; 95% CI: 1.3, 3.1).
Tremfya	guselkumab	7/13/2017	Plaque psoriasis	Psoriasis Symptoms and Signs Diary (PSSD)	Greater improvements in symptoms of psoriasis (itch, pain, stinging, burning and skin tightness) at Week 16 in TREMFYA compared to placebo were observed in both trials based on the Psoriasis Symptoms and Signs Diary (PSSD). Greater proportions of subjects on TREMFYA compared to U.S. licensed adalimumab achieved a PSSD symptom score of 0 (symptom-free) at Week 24 in both trials.
Trikafta	elexacaftor/ivacaftor/tezacaftor	10/21/2019	Cystic Fibrosis	Cystic Fibrosis Questionnaire-Revised (CFQ-R)	Trial 1: The final analysis tested all key secondary endpoints in the 403 patients who completed the 24-week study participation, including absolute change in ppFEV1 from baseline through Week 24; absolute change in sweat chloride from baseline at Week 4 and through Week 24; number of pulmonary exacerbations through Week 24; absolute change in BMI from baseline at Week 24, and absolute change in CFQ-R Respiratory Domain Score (a measure of respiratory symptoms relevant to patients with CF, such as cough, sputum production, and difficulty breathing) from baseline at Week 4 and through Week 24. See Table 7 for a summary of primary and key secondary outcomes in Trial 1. Trial 2: The key secondary efficacy endpoints were absolute change in sweat chloride and CFQ-R Respiratory Domain Score from baseline at Week 4. See Table 8 for a summary of primary and key secondary outcomes.
Trulance	plecanatide	1/19/2017	Constipation	Daily Diary	The efficacy of TRULANCE was assessed using a responder analysis and change-from-baseline in CSBM and SBM endpoints. Efficacy was assessed using information provided by patients on a daily basis in an electronic diary. Over the 12 week treatment period, improvements were observed in stool frequency (number of CSBMs/week and SBMs/week) and/or stool consistency (as measured by the BSFS), and/or in the amount of straining with bowel movements (amount of time pushing or physical effort to pass stool) in the TRULANCE group as compared to placebo. Following completion of the study drug treatment period, patients continued to record data in the daily diary for a 2 week Post-Treatment Period. During this time, TRULANCE-treated patients generally returned to baseline for these study endpoints.

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Trulance	plecanatide	1/19/2017	Constipation	Bristol Stool Form Scale (BSFS)	The efficacy of TRULANCE was assessed using a responder analysis and change-from-baseline in CSBM andSBM endpoints. Efficacy was assessed using information provided by patients on a daily basis in an electronic diary. Over the 12 week treatment period, improvements were observed in stool frequency (number of CSBMs/week and SBMs/week) and/or stool consistency (as measured by the BSFS), and/or in the amount of straining with bowel movements (amount of time pushing or physical effort to pass stool) in the TRULANCE group as compared to placebo. Following completion of the study drug treatment period, patients continued to record data in the daily diary for a 2 week Post-Treatment Period. During this time, TRULANCE-treated patients generally returned to baseline for these study endpoints.
Tudorza Pressair	aclidinium bromide	7/23/2012	COPD	St. George's Respirator Questionnaire (SGRQ)	Two additional lung function trials (Trials E and F) of aclidinium bromide alone and as part of a fixed-dose combination product also provided information on the effect of TUDORZA PRESSAIR on the St. George's Respiratory Questionnaire (SGRQ) total score compared to placebo. The St. George's Respiratory Questionnaire (SGRQ) was assessed in Trials D, E, and F at 6 months. In Trial D, the SGRQ responder rate (defined as an improvement in score of 4 or more as threshold) was 54.3% in TUDORZA PRESSAIR compared to 39.5% in placebo, with odds ratio of 1.77 (95% CI 1.25, 2.52). In Trial E, the SGRQ responder rate in the TUDORZA PRESSAIR group was 54.5% compared to 38.7% in the placebo group, with odds ratio of 2.18 (95% CI 1.37, 3.48). In Trial F, the SGRQ responder rate in the TUDORZA PRESSAIR group was 53.5% compared to 53.2% in the placebo group, with odds ratio of 0.99 (95% CI 0.6, 1.64).
Tysabri	natalizumab	11/23/2004	Multiple sclerosis	Expanded Disability Status Scale (EDSS) score	The primary endpoint at 2 years was time to onset of sustained increase in disability, defined as an increase of at least 1 point on the EDSS from baseline EDSS ≥ 1.0 that was sustained for 12 weeks, or at least a 1.5 point increase on the EDSS from baseline EDSS=0 that was sustained for 12 weeks.Time to onset of sustained increase in disability was longer in TYSABRI -treated patients than in placebo-treated patients in Studies 1. The proportion of patients with increased disability and the annualized relapse rate were also lower in TYSABRIÎ-treated patients than in placebo-treated patients in Studies 1 and 2.
Tysabri	natalizumab	11/23/2004	Crohn's disease	Crohn's Disease Activity Index (CDAI)	Induction of clinical response (defined as ≥70-point decrease in CDAI from baseline) was evaluated in two studies. At Week 10, 56% of the 717 patients receiving TYSABRI were in response compared to 49% of the 179 patients receiving placebo (treatment effect: 7%; 95% confidence interval (CI): [-1%, 16%]; p=0.067). In Study CD2, in contrast to Study CD1, clinical response and clinical remission (defined as CDAI score <150) were required to be met at both Weeks 8 and 12, rather than at a single time-point; patients with incomplete information were considered as not having a response."

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Ubrelvy	ubrogepant	12/23/2019	Migraine	Pain assessment and self-identified Most Bothersome Symptom (photophobia, phonophobia, and nausea)	The primary efficacy analyses were conducted in patients who treated a migraine with moderate to severe pain. The efficacy of UBRELVY was established by an effect on pain freedom at 2 hours post-dose and most bothersome symptom (MBS) freedom at 2 hours post-dose, compared to placebo, for Studies 1 and 2. Pain freedom was defined as a reduction of moderate or severe headache pain to no pain, and MBS freedom was defined as the absence of the self-identified MBS (i.e., photophobia, phonophobia, or nausea). Among patients who selected an MBS, the most commonly selected was photophobia (56%), followed by phonophobia (24%), and nausea (19%). In both studies, the percentage of patients achieving headache pain freedom and MBS freedom 2 hours post-dose was significantly greater among patients receiving UBRELVY compared to those receiving placebo (see Table 3). Table 3 also presents the results of the analyses of the percentage of patients achieving pain relief at 2 hours (defined as a reduction in migraine pain from moderate or severe to mild or none) post-dose and the percentage of patients achieving sustained pain freedom between 2 to 24 hours post-dose. The incidence of photophobia and phonophobia was reduced following administration of UBRELVY at both doses (50 mg and 100 mg) as compared to placebo. Figure 1 presents the percentage of patients achieving migraine pain freedom within 2 hours following treatment in Studies 1 and 2. Figure 2 presents the percentage of patients achieving MBS freedom within 2 hours in Studies 1 and 2.
Ultane Liquid for inhalation	sevoflurane volatile liquid for inhalation	3/30/2001	Anesthesia	Visual analog scale	Recovery of cognitive function and motor coordination was evaluated based on: ...the results of subjective (Visual Analog Scale [VAS]) and objective (objective pain-discomfort scale [OPDS]) measurements.
Ultomiris	ravulizumab	12/21/2018	Paroxysmal nocturnal hemoglobinuria	FACIT-fatigue	There was no observable difference in fatigue between ULTOMIRIS and eculizumab after 26 weeks of treatment compared to baseline as measured by the FACIT-fatigue instrument. Patient-reported fatigue may be an under-or over-estimation, because patients were not blinded to treatment assignment.
Ultram	tramadol HCl	9/8/2005	Pain	WOMAC Pain Scale	Pain, as assessed by the WOMAC Pain subscale, was measured at 1, 2, 3, 6, 9, and 12 weeks and change from baseline assessed. A responder analysis based on the percent change in WOMAC Pain subscale demonstrated a statistically significant improvement in pain for the 100 mg and 200 mg treatment groups compared to placebo (see Figure 3). In one 12-week randomized, double-blind, placebo-controlled flexible-dosing trial of ULTRAM ER in patients with osteoarthritis of the knee, an average daily ULTRAM ER dose of approximately 270 mg/day demonstrated a statistically significant decrease in the mean VAS score, and a statistically significant difference in the responder rate, based on the percent change from baseline in the VAS score, measured at 1, 2, 4, 8, and 12 weeks, between patients receiving ULTRAM ER and placebo (see Figure 4).
Ultravate	halobetasol propionate	11/06/2015	Plaque psoriasis	Not specified	The primary measure of efficacy was Overall Treatment Success, defined as the proportion of subjects who were cleared or almost cleared with at least a two grade improvement from baseline at Week 2 (end of treatment). Table 2 presents these results.

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Uptravi	selexipag	12/21/2015	Pulmonary arterial hypertension	6-min walk distance (6MWD)	Exercise capacity was evaluated as a secondary endpoint. Median absolute change from baseline to week 26 in 6MWD measured at trough (i.e. at approximately 12 hours post-dose) was +4 meters with UPTRAVI and -9 meters in the placebo group. This resulted in a placebo-corrected median treatment effect of 12 meters (99% CI: 1, 24 meters; two-sided p = 0.005).
Uroxatral	alfuzosin HCl	6/12/2003	Benign prostatic hyperplasia	International Prostate Symptom Score (IPSS)	There were two primary efficacy variables in these three studies. The International Prostate Symptom Score (IPSS, or AUA Symptom Score) consists of seven questions that assess the severity of both irritative (frequency, urgency, nocturia) and obstructive (incomplete emptying, stopping and starting, weak stream, and pushing or straining) symptoms, with possible scores ranging from 0 to 35. The second efficacy variable was peak urinary flow rate. The peak flow rate was measured just prior to the next dose in study 2 and on average at 16 hours post-dosing in studies 1 and 3. There was a statistically significant reduction from baseline to last assessment (Week 12) in the IPSS versus placebo in all three studies, indicating a reduction in symptom severity (Table 2 and Figures 2, 3, and 4).
Vaniqa	eflornithine	7/27/2000	Reduction of unwanted facial hair	Unknown; Bother scale	VANIQA statistically significantly reduced how bothered patients felt by their facial hair and by the time spent removing, treating, or concealing facial hair. These patient-observable differences were seen as early as 8 weeks after initiating treatment.
Varithena	polidocanol	11/25/2013	Varicose veins	VVSymQ	For both clinical trials, the primary efficacy endpoint was improvement in patient symptoms, as measured by the change from baseline to Week 8 in the 7-day average electronic daily diary VVSymQ™ score. The VVSymQ™ score is a patient-reported outcome measure based on daily patient assessment of the varicose vein symptoms determined to be most important to patients: heaviness, achiness, swelling, throbbing, and itching. VVSymQ™ scores range from 0 to 25, where 0 represents no symptoms and 25 represents all 5 symptoms experienced all of the time. Results are shown in Table 2.
Veletri	epoprostenol sodium	6/27/2008	Pulmonary hypertension	Chronic Heart Failure Questionnaire; Dyspnea Fatigue Index	Increases in exercise capacity were accompanied by statistically significant improvement in dyspnea and fatigue, as measured by the Chronic Heart Failure Questionnaire and the Dyspnea Fatigue Index.
Veramyst	Fluticasone furoate	4/27/2007	Allergic rhinitis	Rhinoconjunctivitis Quality of Life Questionnaire	Patients' perceptions of disease-specific quality of life was evaluated through use of the RQLQ, which assesses the impact of allergic rhinitis treatment through 28 items in 7 domains (activities, sleep, non-nose/eye symptoms, practical problems, nasal symptoms, eye symptoms, and emotional) on a 7-point scale where 0 = no impairment and 6 = maximum impairment. An overall RQLQ score is calculated from the mean of all items in the instrument. An absolute difference of ≥0.5 in mean change from baseline over placebo is considered the minimally important difference (MID) for the RQLQ.

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Viagra	sildenafil citrate	3/27/1998	Erectile dysfunction	International Index of Erectile Function (IIEF); Daily diary; Global efficacy question; Optional partner questionnaire; Global improvement question	The primary measure in the principal studies was a sexual function questionnaire (the International Index of Erectile Function – IIEF). Two of the questions from the IIEF served as primary study endpoints; categorical responses were elicited to questions about (1) the ability to achieve erections sufficient for sexual intercourse and (2) the maintenance of erections after penetration. Also collected as part of the IIEF was information about other aspects of sexual function, including information on erectile function, orgasm, desire, satisfaction with intercourse, and overall sexual satisfaction. Sexual function data were also recorded by patients in a daily diary. In addition, patients were asked a global efficacy question and an optional partner questionnaire was administered. Men with untreated ED had relatively low baseline scores for all aspects of sexual function measured (again using a 5-point scale) in the IIEF. VIAGRA improved these aspects of sexual function: frequency, firmness and maintenance of erections; frequency of orgasm; frequency and level of desire; frequency, satisfaction and enjoyment of intercourse; and overall relationship satisfaction.
Viberzi	eluxadoline	05/27/2015	Irritable bowel syndrome	11-point Numeric Rating Pain Scale; Bristol Stool Scale	The primary endpoint was defined by the simultaneous improvement in the daily worst abdominal pain score by ≥30% as compared to the baseline weekly average AND a reduction in the BSS to <5 on at least 50% of the days within a 12-week time interval. Improvement in daily worst abdominal pain in the absence of a concurrent bowel movement was also considered a response day. Results for endpoints were based on electronic daily diary entries by patients. The proportion of composite responders over 12 weeks is shown in Table 4. In both trials, the proportion of patients who were composite responders to VIBERZI was statistically significantly higher than placebo for both doses. The proportion of patients who were composite responders to VIBERZI was similar for male and female patients in both trials. Additionally, the proportion of patients who were composite responders to VIBERZI at each 4-week interval was numerically higher than placebo for both doses as early as month 1 through month 6 demonstrating that efficacy is maintained throughout the course of treatment. During the 4 week single-blind withdrawal period in Study 2, no evidence of worsening of diarrhea or abdominal pain compared to baseline was demonstrated at either dose.
Viberzi	eluxadoline	5/27/2015	Irritable bowel syndrome	Pain Scale; Stool Consistency Score	The primary endpoint was defined by the simultaneous improvement in the daily worst abdominal pain score by ≥30% as compared to the baseline weekly average AND a reduction in the BSS to <5 on at least 50% of the days within a 12-week time interval. Improvement in daily worst abdominal pain in the absence of a concurrent bowel movement was also considered a response day. Results for endpoints were based on electronic daily diary entries by patients. The proportion of composite responders over 12 weeks is shown in Table 4. In both trials, the proportion of patients who were composite responders to VIBERZI was statistically significantly higher than placebo for both doses.
Viibryd	vilazodone	1/21/2011	Major Depressive Disorder	Montgomery Asberg Depression Rating Scale	VIIBRYD was superior to placebo in the improvement of depressive symptoms as measured by the mean change from baseline to Week 8 in the Montgomery-Asberg Depression Rating Scale (MADRS) total score.

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Vimizim	elosulfase alfa	02/14/2014	Morquio A Syndrome	6-min Walk Test, 3-min Stair Climb Test, 3-MSCT	The primary endpoint was the change from baseline in the distance walked in six minutes (six minute walk test, 6-MWT) at Week 24. The other endpoints included changes from baseline in the rate of stair climbing in three minutes (three-minute stair climb test, 3-MSCT) and changes from baseline in urine KS levels at Week 24. The treatment effect in the distance walked in 6 minutes, compared to placebo, was 22.5 m (CI95, 4.0, 40.9; p=0.0174) in patients who received Vimizim 2 mg/kg once per week. There was no difference in the rate of stair climbing between patients who received Vimizim 2 mg/kg once per week and those who received placebo. Patients who received Vimizim 2 mg/kg once every other week performed similarly in the 6-MWT and 3-MSCT as those who received placebo. Data presented in Table 3.
Vimovo	Esomeprazole magnesium; naproxen	4/30/2010	Pain	Western Ontario and McMaster University Index; Patient Global Assessment.	Patients receiving VIMOVO had significantly better results compared to patients receiving placebo as measured by change from baseline of the WOMAC pain subscale and the WOMAC physical function subscale and a Patient Global Assessment Score.
Vioxx	rofecoxib	5/20/1999	Dysmenorrhea	Unknown	In acute analgesic models of post-operative dental pain, post-orthopedic surgical pain, and primary dysmenorrhea, VIOXX relieved pain that was rated by patients as moderate to severe.
Vioxx	rofecoxib	5/20/1999	Osteoarthritis	Western Ontario and McMaster Universities	VIOXX has demonstrated significant reduction in joint pain compared to placebo. VIOXX was evaluated for the treatment of the signs and symptoms of OA of the knee and hip in placebo- and active-controlled clinical trials of 6 to 86 weeks duration that enrolled approximately 3900 patients. In patients with OA, treatment with VIOXX 12.5 mg and 25 mg once daily resulted in improvement in patient and physician global assessments and in the WOMAC (Western Ontario and McMaster Universities) osteoarthritis questionnaire, including pain, stiffness, and functional measures of OA.
Vioxx	rofecoxib	5/20/1999	Management of acute pain	Unknown	In acute analgesic models of post-operative dental pain, post-orthopedic surgical pain, and primary dysmenorrhea, VIOXX relieved pain that was rated by patients as moderate to severe.
Vioxx	rofecoxib	5/20/1999	Migraine	Unknown	Patients were instructed to treat a moderate to severe headache. Headache relief, defined as a reduction in headache severity from moderate or severe pain to mild or no pain, was assessed up to 2 hours after dosing. Associated symptoms such as nausea, photophobia, and phonophobia were also assessed. Maintenance of relief was assessed for up to 24 hours postdose.
Vivitrol	naltrexone	4/13/2006	Alcohol dependence	Unknown	Subjects treated with VIVITROL 380 mg demonstrated a greater reduction in days of heavy drinking than those treated with placebo. Heavy drinking was defined as self-report of 5 or more standard drinks consumed on a given day for male patients and 4 or more drinks for female patients. Among the subset of patients (n=53, 8% of the total study population) who abstained completely from drinking during the week prior to the first dose of medication, compared with placebo-treated patients, those treated with VIVITROL 380 mg had greater reductions in the number of drinking days and the number of heavy drinking days.

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Vivlodex	meloxicam	10/22/2015	Osteoarthritis	Western Ontario and McMaster University Osteoarthritis Index (WOMAC) Pain Subscale	VIVLODEX 5 mg and 10 mg once daily significantly reduced osteoarthritis pain compared with placebo, as measured by changes in WOMAC Pain Subscale Scores. Although both the 5 mg and 10 mg doses significantly reduced pain compared to placebo, the proportion of responders achieving various percentage reductions in pain intensity from baseline to Week 12 is similar for both the 5 mg and 10 mg once daily doses. The proportion (%) of patients in each group who demonstrated reduction in their pain intensity score from baseline to Week 12 is shown in Figure 1. The figure is cumulative, so patients whose change from baseline is, for example, 30%, are also included in every level of pain reduction below 30%. Patients who did not complete the study were classified as non-responders.
Voltaren	Diclofenac Sodium gel	10/17/2007	Pain	Western Ontario and McMaster University Index	Study 1 evaluated the efficacy of Voltaren® Gel for the treatment of osteoarthritis of the knee in a 12-week, randomized, double-blind, multicenter, placebo-controlled, parallel-group trial. Voltaren® Gel was administered at a dose of 4 g, 4 times daily, on 1 knee (16 g per day). Pain as assessed by the patients at Week 12 using the WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) Pain Subindex was lower in the Voltaren® Gel group than the placebo group.
Vyepti	eptinezumab-jjmr	2/21/2020	Migraine (episodic)	Symptom diary not specified	The primary efficacy endpoint was the change from baseline in mean monthly migraine days over Months 1-3. Secondary endpoints included the percentages of patients with 50% or greater, and 75% or greater reductions from baseline in monthly migraine days over Months 1-3. Patients had a median age of 39 years (range: 18 to 71 years), 84% were female, and 84% were white. The mean migraine frequency at baseline was approximately 8.6 migraine days per month and was similar across treatment groups. VYEPTI treatment demonstrated statistically significant improvements compared to placebo for the primary efficacy endpoint, as shown in Table 2; secondary endpoints are also summarized in Table 2. (Also Figures 1-3).
Vyepti	eptinezumab-jjmr	02/21/2020	Migraine (chronic)	Symptom diary not specified	The primary efficacy endpoint was the change from baseline in mean monthly migraine days over Months 1-3. Secondary endpoints included the percentages of patients with 50% or greater and 75% or greater reductions from baseline in monthly migraine days over Months 1-3. Patients had a median age of 41 years (range: 18 to 65 years), 88% were female, and 91% were white. Forty-one percent of patients were taking concomitant preventive medication for migraine. The mean migraine frequency at baseline was approximately 16.1 migraine days per month and was similar across treatment groups. VYEPTI treatment demonstrated statistically significant improvements compared to placebo for the primary efficacy endpoint, as shown in Table 3; secondary endpoints are also summarized in Table 3. (Also Figures 4-6)

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Vyleesi	bremelanotide	6/21/2019	Hypoactive sexual desire disorder (HSDD)	Female Sexual Function Index (FSFI); Female Sexual Distress Scale (FSDS)	Change from baseline to end of study (EOS) in the Desire domain from the Female Sexual Function Index (FSFI) (Questions 1 and 2). Question 1 asks patients "Over the past 4 weeks, how often did you feel sexual desire or interest?", with responses ranging from 1 (almost never or never) to 5 (almost always or always). Question 2 asks patients "Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?", with responses ranging from 1 (very low or none at all) to 5 (very high). The FSFI Desire domain score was calculated by adding the patient's responses to these two questions then multiplying that sum by 0.6. The FSFI Desire Domain score ranged from 1.2 to 6. An increase in the FSFI Desire domain score over time denotes improvement in sexual desire. Change from baseline to EOS in the score for feeling bothered by low sexual desire as measured by the Female Sexual Distress Scale – Desire/Arousal/Orgasm Question 13 (FSDS-DAO Q13). This question asks patients, "How often did you feel: Bothered by low sexual desire?" Patients assessed their sexual distress over a 30-day recall period and responded on a scale of 0 (never) to 4 (always). A decrease in the FSDSDAO Q13 score over time denotes improvement in the level of distress associated with low sexual desire. Efficacy results for these co-primary endpoints from Study 1 and Study 2 are summarized in Table 2 and Table 3. In both studies, VYLEESI showed a statistically significant increase in the FSFI Desire Domain score and a statistically significant decrease in the FSDS-DAO Q13 score from baseline to the EOS visit compared to placebo. The magnitude of the treatment differences was similar in both studies. Supplementary analyses were conducted to help interpret clinical meaningfulness of the observed score change from baseline to EOS in the FSFI-Desire Domain and FSDS-DAO Q13. These analyses defined responders for each coprimary efficacy endpoint by anchoring change from baseline to EOS with multiple anchor measures. Each anchor analysis considered responders to be those who reported experiencing meaningful change at their EOS visit according to the respective anchor measure. Because a greater percentage of MITT patients in the VYLEESI group prematurely discontinued the 24-week double-blind treatment period compared to placebo patients (40% vs. 13% for Study 1 and 39% vs. 25% for Study 2), an exploratory analysis was performed examining the percentages of patients who were able to complete the treatment period and improved from baseline. Figure 2 displays the percentages of the MITT patients in the two Phase 3 trials who completed the 24-week double-blind treatment period and achieved various levels of increase in the FSFI-Desire Domain Score from baseline (higher scores indicate increased sexual desire). Figure 3 displays the percentages of the MITT patients in the two clinical trials who completed the 24-week double-blind treatment period and achieved various levels of reduction in the FSDS-DAO Q13 score from baseline (higher scores indicate greater reduction in distress). There was no significant difference between treatment groups in the change from baseline to end of study visit in the number of satisfying sexual events (SSEs), a secondary endpoint.

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Vyndaqel	tafamidis meglu-mine	5/3/2019	Cardiomyopathy	Kansas City Cardiomyopathy Questionnaire	The treatment effects of VYNDAQEL on functional capacity and health status were assessed by the 6-Minute Walk Test (6MWT) and the Kansas City Cardiomyopathy Question-naire-Overall Summary (KCCQ-OS) score, respectively. A significant treatment effect favoring VYNDAQEL was first observed at Month 6 and remained consistent through Month 30 on both 6MWT distance and KCCQ-OS score (Figure 2 and Table 4). The Kansas City Cardiomyopathy Questionnaire-Overall Summary (KCCQ-OS) score is composed of four domains including Total Symptoms (Symptom Frequency and Symptom Burden), Physical Limitation, Quality of Life, and Social Limitation. The Overall Summary score and domain scores range from 0 to 100, with higher scores representing better health status. All four domains favored pooled VYNDAQEL compared to placebo at Month 30, and demonstrated similar treatment effects to the KCCQ-OS score (Figure 2 and Table 4). The distribution for change from Baseline to Month 30 for KCCQ-OS (Figure 3) shows that the proportion of patients with worse KCCQ-OS scores was lower for the pooled VYN-DAQEL-treated group compared to placebo, and the proportion with improved scores was higher (Figure 3). Results from the F-S method represented by win ratio for the combined endpoint and its components (all-cause mortality and frequency of CV-related hospitalization) consistently favored VYNDAQEL versus placebo across all subgroups (wild type, variant and NYHA Class I & II, and III), except for CV-related hospitalization frequency in NYHA Class III (Figure 4). Win ratio is the number of pairs of VYNDAQEL-treated patient "wins" divided by number of pairs of placebo patient "wins." Analyses of 6MWT and KCCQ-OS also favored VYNDAQEL relative to placebo within each subgroup. Results of the primary analysis, 6MWT at Month 30 and KCCQ-OS at Month 30 were statistically significant for both the 80-mg and 20-mg doses of VYNDAQEL vs. placebo, with similar results for both doses.
Vyvanse	lisdexamfetamine dimesylate	2/23/2007	ADHD	ADHD Rating Scale	Significant improvements in patient behavior, based upon investigator ratings on the ADHD Rating Scale (ADHD-RS), were observed at endpoint for all Vyvanse doses compared to patients who received placebo. Mean effects at all doses were fairly similar, although the highest dose (70 mg/day) was numerically superior to both lower doses (30 and 50 mg/day). The effects were maintained throughout the day based on parent ratings (Connor's Parent Rating Scale) in the morning (approximately 10 am), afternoon (approximately 2 pm), and early evening (approximately 6 pm).
Vyvanse	lisdexamfetamine dimesylate	2/23/2007	ADHD	Connor's Parent Rating Scale	Significant improvements in patient behavior, based upon investigator ratings on the ADHD Rating Scale (ADHD-RS), were observed at endpoint for all Vyvanse doses compared to patients who received placebo. Mean effects at all doses were fairly similar, although the highest dose (70 mg/day) was numerically superior to both lower doses (30 and 50 mg/day). The effects were maintained throughout the day based on parent ratings (Connor's Parent Rating Scale) in the morning (approximately 10 am), afternoon (approximately 2 pm), and early evening (approximately 6 pm).

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Wakix	pitolisant	8/14/2019	Narcolepsy	Epworth Sleepiness Scale (ESS)	The efficacy of WAKIX for the treatment of excessive daytime sleepiness in adult patients with narcolepsy was evaluated in two multicenter, randomized, double-blind, placebo-controlled studies (Study 1; NCT01067222 and Study 2; NCT01638403). Patients =18 years of age who met the International Classification of Sleep Disorders (ICSD-2) criteria for narcolepsy and who had an Epworth Sleepiness Scale (ESS) score =14 were eligible to enroll in the studies. EDS was assessed using the ESS, an 8-item questionnaire by which patients rate their perceived likelihood of falling asleep during usual daily life activities. Each of the 8 items on the ESS is rated from 0 (would never doze) to 3 (high chance of dozing); the maximum score is 24. Study 1: WAKIX demonstrated statistically significantly greater improvement on the primary endpoint, the least square mean final ESS score compared to placebo (Table 3). Study 2: WAKIX demonstrated statistically significantly greater improvement on the primary endpoint, the least square mean final ESS score compared to placebo (Table 3). Figure 6 shows the ESS score from baseline to Week 8 in Study 1.

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Xadago	safinamide	3/21/2017	Parkinson's disease	18-Hour Diary	In both studies, the primary measure of effectiveness was the change from baseline in total daily "ON" Time without troublesome dyskinesia (i.e., "ON" Time without dyskinesia plus "ON" Time with non-troublesome dyskinesia), based on 18-hour diaries completed by patients for at least 3 days before each of the scheduled visits. Secondary endpoints included "OFF" Time during the diary period and reduction in Uniform Parkinson's Disease Rating Scale (UPDRS) Part III (motor examination). Week 24 in total daily "ON" Time in Study 1. The cumulative percentage of patients with a change in "ON" Time was similar for the XADAGO 50 mg and 100 mg groups. The cumulative percentage of patients with an increase in "ON" Time is higher for both XADAGO 50 mg and 100 mg treated patients than for placebo patients. The effect of XADAGO 100 mg on "ON" Time was only slightly numerically greater than the effect of XADAGO 50 mg. In addition, the time course of improvement in total daily "ON" Time was similar between both doses (Figure 1). The time course of improvement in total daily "ON" Time showed numerically greater improvement with both XADAGO 50 mg and 100 mg compared to placebo, at all post-baseline timepoints (Figure 1). In Study 1, XADAGO 50 mg/day and 100 mg/day significantly increased "ON" Time compared to placebo (Table 2). The increase in "ON" Time without troublesome dyskinesia was accompanied by a similar significant reduction in "OFF" Time and a reduction in Unified Parkinson's Disease Rating Scale Part III (UPDRS III) scores assessed during "ON" Time (Table 3). Improvement in "ON Time" occurred without an increase in troublesome dyskinesia. In Study 2, XADAGO was significantly better than placebo for increasing "ON" Time (Table 4). The observed increase in "ON" Time without troublesome dyskinesia was accompanied by a reduction in "OFF" Time of similar magnitude and a reduction in UPDRS III score (assessed during "ON" Time). The time course of effect was similar to that showed in the above figure for Study 1. As in Study 1, the increase in "ON" Time without troublesome dyskinesia was accompanied by a similar significant reduction in "OFF" Time and a reduction in Unified Parkinson's Disease Rating Scale Part III (UPDRS III) scores assessed during "ON" Time (Table 5). The time course of improvement in total daily "ON" Time showed numerically greater improvement with XADAGO 100 mg compared to placebo at all post-baseline timepoints (Figure 3). Figure 4 shows the empirical cumulative distribution functions (CDF) for the change from baseline to Week 24 in total daily "ON" Time in Study 2. The cumulative percentage of patients with an increase in "ON" Time treated with XADAGO 50 mg to 100 mg is higher than for placebo patients.

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Xadago	safinamide	3/21/2017	Parkinson's disease	Uniform Parkinson's Disease Rating Scale (UPDRS) Part III (motor examination)	In both studies, the primary measure of effectiveness was the change from baseline in total daily "ON" Time without troublesome dyskinesia (i.e., "ON" Time without dyskinesia plus "ON" Time with non-troublesome dyskinesia), based on 18-hour diaries completed by patients for at least 3 days before each of the scheduled visits. Secondary endpoints included "OFF" Time during the diary period and reduction in Uniform Parkinson's Disease Rating Scale (UPDRS) Part III (motor examination). In Study 1, XADAGO 50 mg/day and 100 mg/day significantly increased "ON" Time compared to placebo (Table 2). The increase in "ON" Time without troublesome dyskinesia was accompanied by a similar significant reduction in "OFF" Time and a reduction in Unified Parkinson's Disease Rating Scale Part III (UPDRS III) scores assessed during "ON" Time (Table 3). Improvement in "ON Time" occurred without an increase in troublesome dyskinesia. In Study 2, XADAGO was significantly better than placebo for increasing "ON" Time (Table 4). The observed increase in "ON" Time without troublesome dyskinesia was accompanied by a reduction in "OFF" Time of similar magnitude and a reduction in UPDRS III score (assessed during "ON" Time). The time course of effect was similar to that showed in the above figure for Study 1. As in Study 1, the increase in "ON" Time without troublesome dyskinesia was accompanied by a similar significant reduction in "OFF" Time and a reduction in Unified Parkinson's Disease Rating Scale Part III (UPDRS III) scores assessed during "ON" Time (Table 5).
Xartemis XR	acetaminophem; oxycodone HCl	3/11/2014	Acute pain	Pain scale	Mean baseline pain intensity scores were 6.2 in the XARTEMIS XR group (range: 4 to 10) and 6.0 in the placebo group (range: 1 to 10). Approximately 85% of the 150 subjects treated with XARTEMIS XR and 98% of the 153 subjects treated with placebo took rescue medication at least once for pain management during the 48 hours after the first dose. Median rescue medication use was 2 doses for XARTEMIS XR-treated subjects and 4 doses for placebo-treated subjects over the 48 hours; rescue medication was used by less than 50% of the XARTEMIS XR-treated patients after the first dose interval. Pain intensity was recorded at 2, 4, 8, and 12 hours after each dose, with additional recordings at 15, 30, 45, 60, and 90 minutes after the first dose. The median time to onset of pain relief was less than one hour for XARTEMIS XR. The primary endpoint was the summed pain intensity difference (change in pain from baseline) over 48 hours (SPID48), which demonstrated improvement in pain from baseline for the XARTEMIS XR treatment group compared to placebo.
Xeljanz	tofacitinib	11/6/2012	Rheumatoid arthritis	Health Assessment Questionnaire - Disability Index SF-36	Improvement in physical functioning was measured by the HAQ-DI. Patients receiving XELJANZ 5 and 10 mg twice daily demonstrated greater improvement from baseline in physical functioning compared to placebo at Month 3. The mean (95% CI) difference from placebo in HAQ-DI improvement from baseline at Month 3 in Study III was -0.22 (-0.35, -0.10) in patients receiving 5 mg XELJANZ twice daily and -0.32 (-0.44, -0.19) in patients receiving 10 mg XELJANZ twice daily. Similar results were obtained in Studies I, II, IV and V. In the 12-month trials, HAQ-DI results in XELJANZ-treated patients were consistent at 6 and 12 months. General health status was assessed by the Short Form health survey (SF-36). In studies I, IV, and V, patients receiving XELJANZ 5 mg twice daily or XELJANZ 10 mg twice daily demonstrated greater improvement from baseline compared to placebo in physical component summary (PCS), mental component summary (MCS) scores and in all 8 domains of the SF-36 at Month 3.

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Xeljanz XR	tofacitinib	2/23/2016	Rheumatoid arthritis	HAQ-DI, DAS28 (Disease Activity Score), SF-36	In Study IV, a greater proportion of patients treated with XELJANZ 5 mg or 10 mg twice daily plus MTX achieved a low level of disease activity as measured by a DAS28-4(ESR) less than 2.6 at 6 months compared to those treated with MTX alone (Table 6). Improvement in physical functioning was measured by the HAQ-DI. Patients receiving XELJANZ 5 and 10 mg twice daily demonstrated greater improvement from baseline in physical functioning compared to placebo at Month 3. The mean (95% CI) difference from placebo in HAQ-DI improvement from baseline at Month 3 in Study III was -0.22 (-0.35, -0.10) in patients receiving 5 mg XELJANZ twice daily and -0.32 (-0.44, -0.19) in patients receiving 10 mg XELJANZ twice daily. Similar results were obtained in Studies I, II, IV and V. In the 12-month trials, HAQ-DI results in XELJANZ-treated patients were consistent at 6 and 12 months. General health status was assessed by the Short Form health survey (SF-36). In studies I, IV, and V, patients receiving XELJANZ 5 mg twice daily or XELJANZ 10 mg twice daily demonstrated greater improvement from baseline compared to placebo in physical component summary (PCS), mental component summary (MCS) scores and in all 8 domains of the SF-36 at Month 3.
Xenazine	tetrabenazine	8/15/2008	chorea	Total Chorea Score, an item of the Unified Huntington's Disease Rating Scale (UHDRS) Clinician Global Impression Score (CGI)	On this scale, chorea is rated from 0 to 4 (with 0 representing no chorea) for 7 different parts of the body. The total score ranges from 0 to 28. As shown in Figure 1, Total Chorea Scores for subjects in the drug group declined by an estimated 5.0 units during maintenance therapy (average of Week 9 and Week 12 scores versus baseline), compared to an estimated 1.5 units in the placebo group. The treatment effect of 3.5 units was statistically significant. At the Week 13 follow-up in Study 1 (1 week after discontinuation of the study medication), the Total Chorea Scores of subjects receiving XENAZINE returned to baseline. Figure 2 illustrates the cumulative percentages of patients from the XENAZINE and placebo treatment groups who achieved the level of reduction in the Total Chorea Score shown on the X axis. The left-ward shift of the curve (toward greater improvement) for XENAZINE -treated patients indicates that these patients were more likely to have any given degree of improvement in chorea score. Thus, for example, about 7% of placebo patients had a 6-point or greater improvement compared to 50% of XENAZINE -treated patients. The percentage of patients achieving reductions of at least 10, 6, and 3-points from baseline to Week 12 are shown in the inset table. A Physician-rated Clinical Global Impression (CGI) favored XENAZINE statistically. In general, measures of functional capacity and cognition showed no difference between XENAZINE and placebo. However, one functional measure (Part 4 of the UHDRS), a 25-item scale assessing the capacity for patients to perform certain activities of daily living, showed a decrement for patients treated with XENAZINE compared to placebo, a difference that was nominally statistically significant. A 3-item cognitive battery specifically developed to assess cognitive function in patients with HD (Part 2 of the UHDRS) also showed a decrement for patients treated with XENAZINE compared to placebo, but the difference was not statistically significant.

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Xeomin	incobotulinum toxin A	7/30/2010	Spasticity	Investigator's Global Impression of Change Scales (GICS)	The co-primary efficacy variable of Study 1 was the Investigator's Global Impression of Change Scales (GICS) after 4 Weeks of treatment with XEOMIN or placebo. The GICS is a global measure of a subject's functional improvement. Investigators were asked to evaluate the subject's global change in spasticity of the upper limb due to treatment, compared to the condition before the last injection. The response was assessed using a 7-point Likert scale that ranges from –3 (very much worse) to +3 (very much improved). A greater percentage of XEOMIN-treated subjects (43%) than placebo-treated subjects (2 3 %) reported 'very much improved' and 'much improved' in their spasticity (see Figure 3).
Xeomin	incobotulinum toxin A	7/30/2010	Cervical dystonia	Toronto Western Spasmodic Torti-collis Rating Scale (TWSTRS)	The primary efficacy endpoint was the change in the TWSTRS total score from baseline to Week 4 post-injection, in the intent-to-treat (ITT) population, with missing values replaced by the patient's baseline value. In the ITT population, the difference between the XEOMIN 240 Unit group and the placebo group in the change of the TWSTRS total score from base-line to Week 4 was -9.0 points, 95% confidence interval (CI) -12.0; -5.9 points; the difference between the XEOMIN 120 Unit group and the placebo group in the change of the TWSTRS total score from baseline to Week 4 was -7.5 points, 95% CI -10.4; -4.6 points. Figure 4 illustrates the cumulative percentage of patients from each of the three treatment groups who had attained the specified change in TWSTRS Score from baseline versus 4 weeks post-injection. Three change scores have been identified for illustrative purposes, and the percent of patients in each group achieving that result is shown.
Xeomin	incobotulinum toxin A	7/30/2010	Blepharospasm	Jankovic Rating Scale (JRS)	The primary efficacy endpoint was the change in the JRS Severity subscore from baseline to Week 6 post-injection, in the intent-to-treat (ITT) population, with missing values replaced by the patient's most recent value (i.e., last observation carried forward). In the ITT popula-tion, the difference between the XEOMIN group and the placebo group in the change of the JRS Severity subscore from baseline to Week 6 was -1.0 (95% CI -1.4; -0.5) points. Compari-son of the XEOMIN group to the placebo group was statistically significant at p<0.001.
Xeomin	incobotulinum toxin A	7/30/2010	Glabellar lines	4-point frown scale (0=none, 1=mild, 2=moderate, 3=severe)	Investigators and subjects assessed efficacy at maximum frown on Day 30 of treatment using a 4-point scale (0=none, 1=mild, 2=moderate, 3=severe). Composite treatment success was defined as a 2-grade improvement on this scale compared to baseline for both the investigator's and subject's assessments on Day 30. The percentage of subjects with treatment success was greater on the XEOMIN arm than the placebo arm at Day 30 in both studies (see Table 11). The percentage of subjects with composite treatment success at each visit are presented in Figure 6.
Xeomin	incobotulinum toxin A	7/30/2015	Glabellar lines	4-point from scale (0=none, 1=mild, 2=moderate, 3=severe)	Investigators and subjects assessed efficacy at maximum frown on Day 30 of treatment using a 4-point scale (0=none, 1=mild, 2=moderate, 3=severe). Composite treatment success was defined as a 2-grade improvement on this scale compared to baseline for both the investigator's and subject's assessments on Day 30. The percentage of subjects with treatment success was greater on the XEOMIN arm than the placebo arm at Day 30 in both studies (see Table 11). The percentage of subjects with composite treatment success at each visit are presented in Figure 6.
Xepi	ozenoxacin	12/11/2017	Impetigo	Assessments of pain and itching (not specified)	Overall clinical success was defined as no need for additional antimicrobial therapy of the baseline affected area(s) and absence/reduction in clinical signs and symptoms assessed at the end of therapy (Day 6-7), as follows: absence of exudates/pus, crusting, tissue warmth, and pain; and erythema/inflammation, tissue edema, and itching assessed as less than mild in Trial 1; and absence of blistering, exudates/pus, crusting, and itching/pain, and mild or improved erythema/inflammation in Trial 2. Table 2 below presents the results for clinical response at the end of therapy.

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Xermelo	telotristat etiprate	2/28/2017	Diarrhea	Daily Diary	The primary efficacy endpoint was the change from baseline in the number of daily bowel movements averaged over the 12-week treatment period. In the 12-week study, a difference in average weekly reductions in bowel movement frequency between Xermelo and placebo was observed as early as 1 to 3 weeks, and persisted for the remaining 9 weeks of the study. In the subgroup of patients who received short-acting octreotide injections, observed reductions in the number of bowel movements per day and treatment differences were generally consistent with the reductions and differences observed in patients who did not receive rescue therapy, and were similar to the overall data presented in Table.
Xiaflex	collagenase clostridium histolyticum	2/2/2010	Peyronie's disease	Peyronie's Disease Questionnaire	In Studies 1 and 2, the co-primary endpoints were: • the percent change from baseline to Week 52 in penile curvature deformity and; • the change from baseline to Week 52 in the Bother domain score of the PDQ The Bother domain score is a composite of the following patient-reported items: concern about erection pain, erection appearance, and the impact of Peyronie's disease on intercourse and on frequency of intercourse. XIAFLEX significantly reduced patient-reported bother associated with Peyronie's disease compared with placebo (see Table 10). The reduction in the bother domain score was numerically similar between patient groups stratified by degree of baseline curvature deformity (30 to 60 degrees, and 61 to 90 degrees). There were no clinically meaningful differences in the mean percent improvement in curvature deformity or mean reduction in the bother domain score following treatment with XIAFLEX based on the severity of baseline erectile dysfunction or concomitant phosphodiesterase type 5 (PDE5) inhibitor use.
Xiidra	lifitegrast	7/11/2016	Vasomotor Symptoms associated with menopause;#Dry eye	Eye dryness Score (EDS)	Effects on Symptoms of Dry Eye Disease Eye dryness Score (EDS) was rated by patients using a visual analogue scale (VAS) (0 = no discomfort, 100 = maximal discomfort) at each study visit. The average baseline EDS was between 40 and 70. A larger reduction in EDS favoring Xiidra was observed in all studies at Day 42 and Day 84 (see Figure 1).

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Xofluza	baloxavir marboxil	10/24/2018	Influenza	Not specified; patient-rated symptoms	Subjects participating in the trial were required to self-assess their influenza symptoms as "none", "mild", "moderate" or "severe" twice daily. The primary efficacy population was defined as those with a positive rapid influenza diagnostic test (Trial 1) or positive influenza RT-PCR (Trial 2) at trial entry. The primary endpoint of both trials, time to alleviation of symptoms, was defined as the time when all seven symptoms (cough, sore throat, nasal congestion, headache, feverishness, myalgia, and fatigue) had been assessed by the subject as none or mild for a duration of at least 21.5 hours. In both trials, XOFLUZA treatment at the recommended dose resulted in a statistically significant shorter time to alleviation of symptoms compared with placebo in the primary efficacy population (Tables 5 and 6). In Trial 2, there was no difference in the time to alleviation of symptoms between subjects who received XOFLUZA (54 hours) and those who received oseltamivir (54 hours). For adolescent subjects (12 to 17 years of age) in Trial 2, the median time to alleviation of symptoms for subjects who received XOFLUZA (N=63) was 54 hours (95% CI of 43, 81) compared to 93 hours (95% CI of 64, 118) in the placebo arm (N=27). The number of subjects who received XOFLUZA at the recommended dose and who were infected with influenza type B virus was limited, including 24 subjects in Trial 1 and 38 subjects in Trial 2. In the influenza B subset in Trial 1, the median time to alleviation of symptoms in subjects who received 40 mg XOFLUZA was 63 hours (95% CI of 43, 70) compared to 83 hours (95% CI of 58, 93) in subjects who received placebo. In the influenza B subset in Trial 2, the median time to alleviation of symptoms in subjects who received 40 mg or 80 mg XOFLUZA was 93 hours (95% CI of 53, 135) compared to 77 hours (95% CI of 47, 189) in subjects who received placebo.
Xolair	Omalizumab	6/20/2003	Asthma	Asthma Symptom Scale	In Studies 1 and 2 measures of airflow (FEV1) and asthma symptoms were evaluated (Table 3). The clinical relevance of the treatment-associated differences is unknown.
Xyzal	levocetirizine dihydrochloride oral solution	1/28/2008	Allergic rhinitis	Unknown; symptom scale	Efficacy was assessed using a total symptom score from patient recording of 4 symptoms (sneezing, rhinorrhea, nasal pruritus, and ocular pruritus) in five studies and 5 symptoms (sneezing, rhinorrhea, nasal pruritus, ocular pruritus, and nasal congestion) in one study. Patients recorded symptoms using a 0-3 categorical severity scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe) once daily in the evening reflective of the 24 hour treatment period. In one study, patients also recorded these symptoms in an instantaneous (1 hour before the next dose) manner. The primary endpoint was the mean total symptom score averaged over the first week and over 2 weeks for seasonal allergic rhinitis trials, and 4 weeks for perennial allergic rhinitis trials.
Yaz	drospirenone; ethinyl estradiol	3/16/2006	Premenstrual Dysphoric Disorder	Daily Record of Severity of Problems scale	Both studies measured the treatment effect of YAZ using the Daily Record of Severity of Problems scale, a patient-rated instrument that assesses the symptoms that constitute the DSM-IV diagnostic criteria.
Yupelri	revefenacin	11/8/2018	COPD	The St. Georges Respiratory Questionnaire (SGRQ)	The St. Georges Respiratory Questionnaire (SGRQ) was assessed in Trials 1 and 2. In Trial 1, the SGRQ responder rate (defined as an improvement in score of 4 or more as threshold) for the YUPELRI treatment arm on Day 85 was 49% compared to 34% for placebo [Odds Ratio: 2.11; 95% CI: 1.14, 3.92]. In Trial 2, the SGRQ responder rate for the YUPELRI treatment arm was 45% compared to 39% for placebo [Odds Ratio: 1.31; 95% CI: 0.72, 2.38].

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Zaditor	Ketotifen Fumarate	7/2/1999	Allergic conjunctivitis	Unknown	In human conjunctival allergen challenge studies, Zaditor was significantly more effective than placebo in preventing ocular itching associated with allergic conjunctivitis.
Zegerid	omeprazole, sodium bicarbonate	6/15/2004	GERD	Unknown	Erosive Esophagitis. In comparisons with histamine H2-receptor antagonists in patients with erosive esophagitis, grade 2 or above, omeprazole in a dose of 20 mg was significantly more effective than the active controls. Complete daytime and nighttime heartburn relief occurred significantly faster ($p<0.01$) in patients treated with omeprazole than in those taking placebo or histamine H2-receptor antagonists. In this and five other controlled GERD studies, significantly more patients taking 20 mg omeprazole (84%) reported complete relief of GERD symptoms than patients receiving placebo (12%).
Zegerid	omeprazole, sodium bicarbonate	6/15/2004	Active Duodenal Ulcer	Unknown	Complete daytime and nighttime pain relief occurred significantly faster ($p \leq 0.01$) in patients treated with omeprazole 20 mg than in patients treated with placebo. At the end of the study, significantly more patients who had received omeprazole had complete relief of daytime pain ($p \leq 0.05$) and nighttime pain ($p \leq 0.01$).
Zelapar	selegiline hydrochloride	6/14/2006	Parkinson's disease	Daily diary	At selected times during the 12 week study, patients were asked to record the amount of "OFF," "ON," "ON with dyskinesia," or "sleep" time per day for two separate days during the week prior to each scheduled visit. The primary efficacy outcome was the reduction in average percentage daily "OFF" time during waking hours from baseline to the end of the trial (averaging results at Weeks 10 and 12).
Zelnorm	tegaserod maleate	8/21/2004	Irritable bowel syndrome	Unknown	Patients were asked the question, 'Please consider how you felt this past week in regard to your IBS, in particular your overall well-being, and symptoms of abdominal discomfort, pain and altered bowel habit. Compared to the way you usually felt before entering the study, how would you rate your relief of symptoms during the past week?' The response variable consisted of the following 5 categories: completely relieved, considerably relieved, somewhat relieved, unchanged, or worse. Patients were classified as responders within a month if they were considerably or completely relieved for at least two of the four weeks, or if they were at least somewhat relieved for each of the four weeks. In addition, individual symptoms of abdominal pain/discomfort and bloating were assessed daily using a 6 or 7 point intensity scale. A positive response was defined as at least a 1 point reduction in the scale. During the first four weeks in the fixed dose studies, 8 to 11% more Zelnorm-treated patients than placebo patients were responders for abdominal pain/discomfort.
Zerviate	cetirizine hydrochloride	05/30/2017	Allergic conjunctivitis	Ocular itching severity score ranging from 0 (no itching) to 4 (incapacitating itch)	A one unit difference compared to vehicle is considered a clinically meaningful change in the ocular itching severity score. Patients treated with ZERVIATE demonstrated statistically and clinically significantly less ocular itching compared to vehicle at 15 minutes and 8 hours after treatment.
Zipsor	diclofenac potassium	6/16/2009	Pain	11-pt NRS	Once patients met the criteria for randomization (pain intensity ≥4 on a 0-10 numerical pain rating scale) they received their initial dose of study medication followed by a remedication dose when requested by the patient, and were then dosed every six hours over four days. Pain intensity was recorded at 3 and 6 hours postdose during the fixed dosing period. In Study 1, mean baseline pain intensity scores were 6.9 in the Zipsor group (range: 4 – 10) and 7.3 in the placebo group (range: 4 – 10). In both studies, patients treated with Zipsor had a lower mean pain intensity score over the 48-hour inpatient period following the first remedication dose (see Figure 1). The median time to onset of pain relief was less than one hour for Zipsor 25 mg across the clinical trials.

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Zofran	ondansetron hydrochloride	12/31/1992	Nausea and vomiting	Visual analog scale	In a double-blind study in 28 patients, ZOFRAN Injection (three 0.15-mg/kg doses) was significantly more effective than placebo in preventing nausea and vomiting induced by cisplatin-based chemotherapy. [Visual analog scale assessment of nausea: 0 = no nausea, 100 = nausea as bad as it can be; Visual analog scale assessment of satisfaction: 0 = not at all satisfied, 100 = totally satisfied.]
Zohydro ER	hydrocodine bitartrate	10/25/2013	Severe pain	NRS	The percentage of subjects in each group who demonstrated improvement in their Numeric Rating Scale (NRS) pain score at End-of-Study, as compared to Screening is shown in Figure 1. The figure is cumulative, so that subjects whose change from screening is, for example, 30%, are also included at every level of improvement below 30%. Subjects who did not complete the study were classified as non-responders. Treatment with Zohydro ER produced a greater number of responders, defined as subjects with at least a 30% improvement, as compared to placebo (67.5% vs. 31.1%).
Zoloft	sertraline hydrochloride	12/7/1999	PTSD	Impact of Event Scale (IES)	Study outcome was assessed by the Clinician-Administered PTSD Scale Part 2 (CAPS) which is a multi-item instrument that measures the three PTSD diagnostic symptom clusters of reexperiencing/intrusion, avoidance/numbing, and hyperarousal as well as the patient-rated Impact of Event Scale (IES) which measures intrusion and avoidance symptoms. ZOLOFT was shown to be significantly more effective than placebo on change from baseline to end-point on the CAPS, IES and on the Clinical Global Impressions (CGI) Severity of Illness and Global Improvement scores.
Zoloft	sertraline hydrochloride	12/7/1999	PTSD	Clinician-Administered PTSD Scale Part 2; Clinicial Global Impression	Study outcome was assessed by the Clinician-Administered PTSD Scale Part 2 (CAPS) which is a multi-item instrument that measures the three PTSD diagnostic symptom clusters of reexperiencing/intrusion, avoidance/numbing, and hyperarousal as well as the patient-rated Impact of Event Scale (IES) which measures intrusion and avoidance symptoms. ZOLOFT was shown to be significantly more effective than placebo on change from baseline to end-point on the CAPS, IES and on the Clinical Global Impressions (CGI) Severity of Illness and Global Improvement scores.
Zoloft	sertraline hydrochloride	2/7/2003	Social Anxiety Disorder	Duke Brief Social Phobia Scale; Clinician Global Impression	Study outcome was assessed by the (a) Duke Brief Social Phobia Scale (BSPS), a multi-item clinician-rated instrument that measures fear, avoidance and physiologic response to social or performance situations, (b) the Marks Fear Questionnaire Social Phobia Subscale (FQ-SPS), a 5-item patient-rated instrument that measures change in the severity of phobic avoidance and distress, and (c) the CGI-I responder criterion of </= 2. ZOLOFT was shown to be statistically significantly more effective than placebo as measured by the BSPS total score and fear, avoidance and physiologic factor scores, as well as the FQ-SPS total score, and to have significantly more responders than placebo as defined by the CGI-I.
Zoloft	sertraline hydrochloride	2/7/2003	Social Anxiety Disorder	Marks Fear Questionnaire Social Phobia Subscale (FQ-SPS)	Study outcome was assessed by the (a) Duke Brief Social Phobia Scale (BSPS), a multi-item clinician-rated instrument that measures fear, avoidance and physiologic response to social or performance situations, (b) the Marks Fear Questionnaire Social Phobia Subscale (FQ-SPS), a 5-item patient-rated instrument that measures change in the severity of phobic avoidance and distress, and (c) the CGI-I responder criterion of </= 2. ZOLOFT was shown to be statistically significantly more effective than placebo as measured by the BSPS total score and fear, avoidance and physiologic factor scores, as well as the FQ-SPS total score, and to have significantly more responders than placebo as defined by the CGI-I.
Zoloft	sertraline hydrochloride	5/16/2002	Premenstrual Dysphoric Disorder	Daily Record of Severity of Problems (DRSP)	Efficacy was assessed with the Daily Record of Severity of Problems (DRSP), a patient-rated instrument that mirrors the diagnostic criteria for PMDD as identified in the DSM-IV, and includes assessments for mood, physical symptoms, and other symptoms.

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Zomig Nasal Spray	zolmitriptan	11/16/2004	Migraine	Unknown	The efficacy of ZOMIG Nasal Spray 0.5, 1, 2.5 and 5 mg in the acute treatment of migraine headache with or without aura was demonstrated in a randomized, outpatient, double-blind, placebo-controlled trial. Patients were instructed to treat a moderate to severe headache. Headache response, defined as a reduction in headache severity from moderate or severe pain to mild or no pain, was assessed 15, 30, 45 minutes and 1, 2, and 4 hours after dosing. Pain free response rates and associated symptoms such as nausea, photophobia, and phonophobia were also assessed. or patients with migraine associated photophobia, phonophobia, and nausea at baseline, there was a decreased incidence of these symptoms following administration of ZOMIG Nasal Spray as compared to placebo.
Zorvolex	diclofenac	10/18/2013	Acute pain	Visual analog scale	The mean and range (in parenthesis) 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.
Zyban	bupropion hydrochloride	2/7/2001	Smoking cessation	Daily diary	Abstinence was determined by patient daily diaries and verified by carbon monoxide levels in expired air. Treatment with ZYBAN reduced withdrawal symptoms compared to placebo. Reductions on the following withdrawal symptoms were most pronounced: irritability, frustration, or anger; anxiety; difficulty concentrating; restlessness; and depressed mood or negative affect. Depending on the study and the measure used, treatment with ZYBAN showed evidence of reduction in craving for cigarettes or urge to smoke compared to placebo.
ZYRTEC-D 12 HOUR Extended Release Tablets	cetirizine hydrochloride	3/17/2004	Allergic rhinitis	Total symptom severity complex (TSSC)	The primary efficacy measure in both trials was the mean change from baseline in the subject rated Total Symptom Severity Complex (TSSC) score, which included the following symptoms: sneezing, runny nose, itchy nose, itchy eyes, watery eyes, postnasal drip, and nasal congestion. In both trials patients who received ZYRTEC -D showed a significant reduction in the TSSC score compared to those who received placebo.
Zytiga	abiraterone acetate	4/28/2011	Prostate cancer	Brief Pain Inventory-Short Form (worst pain over the last 24 hours)	Baseline pain assessment was 0-1 (asymptomatic) in 66% of patients and 2-3 (mildly symptomatic) in 26% of patients as defined by the Brief Pain Inventory-Short Form (worst pain over the last 24 hours).

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