

Neptazane[™] Tablets Now Available from Fera Pharmaceuticals

NEW YORK-July 2, 2010/BusinessWire/-Fera Pharmaceuticals is pleased to announce the launch of Neptazane (Methazolamide) 25 mg and 50 mg tablets. Both strengths are available in 90 count bottles.

Neptazane is an important oral treatment option for physicians and patients who require effective reduction of intraocular pressure (IOP).

High IOP can lead to glaucoma if left untreated. According to Glaucoma Research Foundation, it is estimated that over 4 million Americans have glaucoma but only half of those know they have it and about 2% of the population ages 40-50 and 8% over 70 have elevated IOP.

"Neptazane represents an alternative to eye drops when IOP is not effectively controlled or patient compliance becomes an issue. And Neptazane is a brand name the eye care community knows and trusts" says David Cobb, Vice President of Ophthalmics for Fera.

About Neptazane

Neptazane (methazolamide) is indicated in the treatment of ocular conditions where lowering intraocular pressure is likely to be of therapeutic benefit, such as chronic open-angle glaucoma, secondary glaucoma, and preoperatively in acute angle-closure glaucoma where lowering the intraocular pressure is desired before surgery.

Methazolamide therapy is contraindicated in situations in which sodium and/or potassium serum levels are depressed, in cases of marked kidney or liver disease or dysfunction, in adrenal gland failure, and in hyperchloremic acidosis. In patients with cirrhosis, use may precipitate the development of hepatic encephalopathy.

Long-term administration of methazolamide is contraindicated in patients with angle-closure glaucoma, since organic closure of the angle may occur in spite of lowered intraocular pressure.

Fatalities have occurred, although rarely, due to severe reactions to sulfonamides including Stevens-Johnson syndrome, toxic epidermal necrolysis, fulminant hepatic necrosis, agranulocytosis, aplastic anemia, and other blood dyscrasias. Hypersensitivity reactions may recur when a sulfonamide is readministered, irrespective of the route of administration.

If hypersensitivity or other serious reactions occur, the use of this drug should be discontinued.

Caution is advised for patients receiving highdose aspirin and methazolamide concomitantly, as anorexia, tachypnea, lethargy, coma, and death have been reported with concomitant use of highdose aspirin and carbonic anhydrase inhibitors.

Potassium excretion is increased initially upon administration of methazolamide and in patients with cirrhosis or hepatic insufficiency could precipitate a hepatic coma.

In patients with pulmonary obstruction or emphysema, where alveolar ventilation may be impaired, methazolamide should be used with caution because it may precipitate or aggravate acidosis.

Adverse reactions, occurring most often early in therapy, include paresthesias, particularly a "tingling" feeling in the extremities; hearing dysfunction or tinnitus; fatigue; malaise; loss of appetite; taste alteration; gastrointestinal

disturbances such as nausea, vomiting and diarrhea; polyuria; and occasional instances of drowsiness and confusion.

Metabolic acidosis and electrolyte imbalance may occur.

Transient myopia has been reported. This condition invariably subsides upon diminution or discontinuance of the medication.

Other occasional adverse reactions include urticaria, melena, hematuria, glycosuria, hepatic insufficiency, flaccid paralysis, photosensitivity, convulsions, and, rarely, crystalluria and renal calculi.

Complete prescribing information is available upon request.

About Fera Pharmaceuticals, LLC

Fera Pharmaceuticals is a privately held company. The company goal is to realize opportunities via acquisitions, inlicensing, developing and marketing abbreviated new drug applications (ANDAs), new drug applications (NDAs) and 505(b)(2) NDA products. Areas of interest include products that could benefit from lifecycle management with a special focus on niche markets. For more information visit www.ferapharma.com.

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