SONATA (zaleplon) Fact Sheet

Manufacturer: King; patent expires June 2008.

Indications:

- Indicated for sleep initiation but not for sleep maintenance.

Mechanism: A so-called "non-benzodiazepine," in the chemical category called "pyrazolopyridines." Binds to the GABA-benzodiazepine receptor complex, like benzodiazepines, but is more selective for the omega-1 receptor subtype than BZs.

Dosing:

- Supplied as 5 mg and 10 mg capsules (not breakable).
- Start at 5 mg QHS for elderly, 10 mg QHS otherwise. The PDR suggests a maximum of 20 mg QHS.

Side Effects:

- Most common: drowsiness and dizziness.
- Because of Sonata's short half life, it rarely causes next day impairment.
- Does not impair normal sleep stages.
- Classified as a Schedule IV drug, but abuse potential is likely somewhat less than BZs.
- Pregnancy Category C

Pharmacokinetics:

- Half life is 1 hour; duration of action about 4 hours.
- No active metabolites. Metabolized in the liver by aldehyde oxidase.
- Absorbed more slowly if taken after a meal.
- Cut dose in half in hepatic insufficiency. No adjustments needed in renal impairment.

Drug-drug interactions:

- Additive effect when combined with alcohol and other drugs or medications that have sedative effects.
- Cytochrome P450 3A4 inducers, such as tegretol, may significantly decrease Sonata blood levels.
- Cimetidine increases Sonata levels by 80%.

Advantages/disadvantages compared to others in class:

- Great for inducing sleep, not great for sleep maintenance throughout the night. Only sleeping pill that can be taken at 3 or 4 AM without causing functional impairment when the patient gets out of bed at 7 or 8 AM.