

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 6, Issue 8 – March 2013



INSIDE/OUTSIDE THE VA

Probuphine Clears FDA Advisory Panel

In February, Titan Pharmaceuticals announced the results of a six-month open-label study of Probuphine, a subdermal implant that contains a six-month dose of buprenorphine/naloxone. Study participants had previously been involved with the six-month Phase 3 clinical trial for the same medication. According to the manufacturer, the open-label study results were positive, and the medication was well-tolerated. Patients reported a decreased use of illicit opioids and good control of withdrawal and cravings. Overall, patients felt an improvement while using the medication. On the heels of these positive results, the manufacturer applied for a New Drug Application with the FDA in order to bring the medication to the six-million-strong opioid-dependent population.

The implant is usually placed in the upper arm during a 15-minute outpatient procedure and is removed at the end of the time period. Probuphine was developed using ProNeura. This is the manufacturer's drug delivery system which releases the drug substance slowly, at continuous levels, through the process of diffusion. This results in a constant rate of release similar to intravenous administration. The long-term nature of the dosing is to avoid daily buprenorphine dosing, which is a current norm as well as one of the main alternatives to Probuphine. More than 90% of the patients that were randomized to sublingual buprenorphine in the previous Phase 3 clinical trial reported that Probuphine made it easier to comply with taking their medication.

Probuphine has recently cleared a pivotal FDA advisory panel. The panel does not make the final FDA determination, but the FDA takes the opinion of the advisory panel into consideration. The effectiveness vote was 10-5 in favor of the medication, and the safety vote was 12-2 in favor. However, the advisory panel's vote was not without dissent. The panel criticized the efficacy data and claims of the manufacturer that Probuphine was non-inferior to the approved alternatives, including that some patients needed additional buprenorphine dosing via tablet or film. Additionally, the manufacturer's risk evaluation and mitigation strategy (REMS) was given a narrow margin of approval with a 5-4 vote and will likely see refinement with the FDA.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Titan claims victory for anti-addiction drug after mixed FDA panel votes](#)
2. [FDA Staff Not Thrilled About Opioid Implant](#)

RESEARCH UPDATE

1. Cochrane Database Syst Rev. 2013 Jan 31. [Pharmacological therapies for maintenance treatments of opium dependence](#). Rahimi-Movaghar A, Amin-Esmaeili M, Hefazi M. TAKE HOME POINT: "At present, there is no sufficient evidence for effectiveness of any kind of maintenance treatment for opium dependence."
2. Curr Opin Psychiatry. 2012 Nov; 25(6):559-64. [The treatment of alcohol and opioid dependence in pregnant women](#). Heberlein A, Leggio L, Stichtenoth D, Hillemacher T. TAKE HOME POINT: "In the case of alcohol dependence, detoxification with benzodiazepines, combined with intensive psychosocial support, should be the treatment of first choice. Both methadone and buprenorphine seem safe treatment strategies in opioid-dependent pregnant women."

VOLUNTARY BUPRENORPHINE PROVIDER LISTING

For those looking for providers in other cities, we have compiled a voluntary national list, located on Sharepoint. The folder is [here](#) and the spreadsheet is [here](#). The list is not exhaustive and not meant to replace the DATA locator – it is intended to provide a voluntary VA-only list of providers. Since it is not exhaustive, it may not contain information for the area in which you are interested, but it may be a good first step to take. If you would like to add a site that you do not see listed here, please contact John.HardingJr@va.gov.

