Sublocade™ (buprenorphine, extended-release) – New drug approval

- On November 30, 2017, the FDA announced the approval of Indivior's Sublocade (buprenorphine, extended-release) injection, for the treatment of moderate to severe opioid use disorder (OUD) in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of seven days.
    - Sublocade should be used as part of a complete treatment plan that includes counseling and psychosocial support.
    - Sublocade is a schedule III controlled substance.
- OUD is a chronic neurobiological disease characterized by a problematic pattern of opioid use leading to significant impairment or distress and includes signs and symptoms that reflect compulsive, prolonged self-administration of opioid substances for no legitimate medical purpose or, if another medical condition is present that requires opioid treatment, the opioid is used in doses far greater than the amount needed for treatment of that medical condition.
    - Approximately 2.5 million American adults have been diagnosed with OUD.
- Regular adherence to medication-assisted treatments with buprenorphine reduces opioid withdrawal symptoms and the desire to use opioids, without causing the cycle of highs and lows associated with opioid misuse or abuse. At proper doses, buprenorphine also decreases the pleasurable effects of other opioids, making continued opioid abuse less attractive.
- Buprenorphine is also available as a transdermal weekly patch, sublingual tablet, injectable solution, Belbuca™ buccal film, Probuphine™ subdermal implants, and in combination with naloxone as a sublingual tablet, Suboxone® sublingual film, Zubsolv® sublingual tablet, and Bunavail™ buccal film.
    - Refer to individual drug labels for indication information.
- The approval of Sublocade was based on two studies: a 24-week placebo-controlled safety and efficacy trial of 504 patients and a 12-week blockade study conducted in 39 patients.
    - In the safety and efficacy study, Sublocade was shown to be superior vs. placebo in achieving more illicit opioid-free weeks ($p < 0.0001$).
    - In the blockade study, Sublocade fully blocked the drug-liking effects of hydromorphone.
- Sublocade carries a boxed warning for risk of serious harm or death with intravenous administration and Sublocade risk evaluation and mitigation strategy.
- Warnings and precautions of Sublocade include addiction, abuse, and misuse; risk of respiratory and central nervous system (CNS) depression; managing risks from concomitant use of benzodiazepines or other CNS depressants with buprenorphine; neonatal opioid withdrawal syndrome; adrenal insufficiency; risk of opioid withdrawal with abrupt discontinuation of Sublocade; risk of hepatitis, hepatic events; hypersensitivity reactions; precipitation of opioid withdrawal in patients dependent on full agonist opioids; risks associated with treatment of emergent acute pain; use in opioid naïve patients; use in patients with impaired hepatic function; use in patients at risk for arrhythmia; impairment of ability to drive or operate heavy machinery; orthostatic hypotension; elevation of cerebrospinal fluid pressure; elevation of intracholedochal pressure; effects in acute abdominal conditions; and unintentional pediatric exposure.

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- The most common adverse reactions (≥ 5%) with Sublocade use were constipation, headache, nausea, injection site pruritus, vomiting, increased hepatic enzymes, fatigue, and injection site pain.

- The recommended dose of Sublocade following induction and dose adjustment with transmucosal buprenorphine is 300 mg subcutaneously (SC) in the abdomen monthly for the first 2 months followed by a maintenance dose of 100 mg SC monthly.

    — The maintenance dose may be increased to 300 mg SC monthly who tolerate the 100 mg monthly dose, but do not demonstrate a satisfactory clinical response.
    — Only healthcare providers should prepare and administer Sublocade.
    — There is no maximum recommended duration of maintenance treatment.

- Sublocade's wholesale acquisition cost will be $1,580 per monthly dose of either strength.

- Indivior plans to launch Sublocade in the first quarter of 2018. Sublocade will be distributed through a restricted distribution system. Sublocade will be available as 100 mg/0.5 mL and 300 mg/1.5 mL prefilled syringes.