

Belbuca

(buprenorphine)



New Product Slideshow

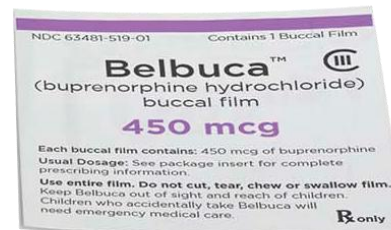


MPR

Introduction

- **Brand name:** Belbuca
- **Generic name:** Buprenorphine
- **Pharmacological class:** Partial opioid agonist
- **Strength and Formulation:** 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg; buccal films; peppermint flavor
- **Manufacturer:** Endo
- **How supplied:** Films—60
- **Legal Classification:** CIII

BELBUCA



Indications

- Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
- **Limitations of use:** reserve for use in patients for whom alternative treatment options are ineffective, not tolerated, or inadequate to provide sufficient management of pain; not indicated as an as-needed (prn) analgesic

Dosage & Administration

- See full labeling
- Apply against inside of cheek; do not chew or swallow
- **Opioid-naive:** initially 75mcg once daily or every 12 hours (if tolerated) for at least 4 days, then increase to 150mcg every 12 hours
- Individual titration should proceed in increments of 150mcg every 12 hours no sooner than every 4 days

Dosage & Administration

- **Max** 900mcg every 12 hours; consider alternate analgesic if inadequate
- **Conversion from other opioids:** see full labeling
- Use 600mcg, 750mcg, and 900mcg doses only following titration from lower doses of Belbuca
- **Severe hepatic impairment or oral mucositis:** reduce initial and titration doses by $\frac{1}{2}$

Considerations for Special Populations

- **Pregnancy:** Potential neonatal opioid withdrawal syndrome during prolonged use
- **Labor & delivery, nursing mothers:** Not recommended
- **Pediatric:** Not established
- **Geriatric:** Use caution to ensure safe use
- **Hepatic impairment:** Moderate to severe impairment: not studied

Contraindications

- Significant respiratory depression
- Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment
- Known or suspected GI obstruction, including paralytic ileus

Warnings/Precautions

- Abuse potential (monitor)
- Life-threatening respiratory depression; monitor within first 24–72 hours of initiating therapy and following dose increases
- Accidental exposure may cause fatal overdose (especially in children)
- COPD, cor pulmonale, decreased respiratory reserve, hypoxia, hypercapnia, or pre-existing respiratory depression; monitor and consider non-opioid analgesics
- History of long QT syndrome; avoid

Warnings/Precautions

- Hypokalemia, hypomagnesemia, unstable cardiac disease (eg, unstable atrial fibrillation, symptomatic bradycardia, unstable CHF, active myocardial ischemia); monitor ECG periodically
- Head injury
- Increased intracranial pressure, brain tumors; monitor
- Impaired consciousness, coma, circulatory shock; avoid
- Biliary tract dysfunction
- Acute pancreatitis

Warnings/Precautions

- Seizure disorders
- Known or suspected mucositis; monitor for toxicity
- Hepatotoxicity: obtain baseline LFTs in at-risk patients and monitor during treatment
- Avoid abrupt cessation
- Reevaluate periodically
- Drug abusers
- Elderly, cachectic, debilitated

Interactions

- May be potentiated by CYP3A4 inhibitors; if needed, monitor and consider dose adjustments
- May be antagonized by CYP3A4 inducers; monitor and consider dose adjustments
- Concomitant NNRTIs (eg, efavirenz, nevirapine, etravirine, delavirdine) or PIs (eg, atazanavir, ritonavir); monitor and adjust buprenorphine dose, if needed

Interactions

- Potentiation with alcohol or other CNS depressants (eg, sedatives, anxiolytics, hypnotics, neuroleptics, general anesthetics, other opioids); monitor and reduce doses
- Increased respiratory depression with concomitant benzodiazepines, muscle relaxants

Interactions

- Avoid concomitant Class IA or III antiarrhythmics or other drugs that prolong the QT interval
- Avoid concomitant butorphanol, nalbuphine, pentazocine
- May reduce efficacy of diuretics; monitor
- Paralytic ileus may occur with anticholinergics

Adverse Reactions

- Nausea
- Constipation
- Headache
- Vomiting
- Dizziness
- Somnolence
- Fatigue
- Hypersensitivity

Mechanism of Action

- Buprenorphine is a **partial agonist** at the mu-opioid receptor and an **antagonist** at the kappa-opioid receptor

Pharmacokinetics

- **Distribution:** Approximately 96% protein bound
- **Metabolism:** N-dealkylation (CYP3A4) and glucuronidation
- **Elimination:** Fecal (major)

Clinical Trials

- The efficacy of Belbuca was evaluated in three 12-week double-blind, placebo-controlled trials in opioid-naive and opioid-experienced patients with moderate-to-severe chronic low back pain using pain scores as the primary efficacy variable

Clinical Trials

- Two of these studies demonstrated efficacy in patients with low back pain
- One study in low back pain did not show a statistically significant pain reduction for Belbuca vs. placebo
- For more clinical trial data, see full labeling

New Product Monograph

- For more information view the complete product monograph available at:

<http://www.empr.com/belbuca/drugproduct/402/>