Drug Monitor

ONLINE EDITION

A Traditional Treatment for Rheumatoid Arthritis

Traditional Chinese medicine has used extracts of the plant *Tripterygium wilfordii* Hook F (TwHF) to treat inflammatory diseases and other conditions. So could these extracts be as safe and effective as standard sulfasalazine therapy for the treatment of rheumatoid arthritis (RA)?

Researchers investigated this question in a randomized, controlled, double-blind trial supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases. After recruiting 121 patients with active RA, they randomly assigned 60 patients to receive TwHF 180 mg/day and 61 patients to receive sulfasalazine 2 g/day over the course of 24 weeks. Then they evaluated these patients at baseline, two weeks, and every four weeks thereafter. The trial's primary endpoint was 20% improvement in American College of Rheumatology (ACR) criteria (ACR 20) at 24 weeks. Secondary endpoints included 50% improvement and 70% improvement in ACR criteria (ACR 50 and ACR 70, respectively), radiographic assessments of joint damage, and individual components of ACR criteria response.

TwHF showed many advantages over sulfasalazine when the researchers looked only at the 62 patients who completed all 24 weeks of treatment (51% of all the enrolled patients, including 62% of those enrolled in the TwHF group and 41% of those enrolled in the sulfasalazine group). Among these patients, 68% of those in the TwHF group and 36% of those in the sulfasalazine group reached ACR 20 at 24 weeks (P = .02). In addition, 54% of patients in the TwHF group and 4% of patients in the sulfasalazine group reached ACR 50 (P < .001), and 38% of patients in the TwHF group and 4% of patients in the sulfasalazine group reached ACR 70 (P = .002). Patients in the TwHF group showed significantly greater improvements than those in the sulfasalazine group for all components of the ACR criteria response at two weeks of therapy and throughout the study. Although radiographic assessment indicated no significant differences in mean joint space narrowing or erosion between the two groups at 24 weeks, progression of joint damage was lower in the TwHF group.

When the researchers performed an intention-to-treat, mixed-model analysis that included data for patients who did not complete their treatment, the TwHF group continued to show better ACR criteria responses. ACR 20 was reached by 65% of patients in the TwHF group and 33% in the sulfasalazine group (P = .001), ACR 50 was reached by 33% of those in the TwHF group and 5% in the sulfasalazine group (P < .001), and ACR 70 was reached by 17% of those in the TwHF group and 2% in the sulfasalazine group (P = .004).

Among all patients who enrolled in the study, adverse events occurred with similar frequency regardless of treatment type. At least one event was experienced by 88% of patients in the TwHF group and 90% of patients in the sulfasalazine group (P = .78). Adverse events apparently related to the study drug occurred in 57% of patients in the TwHF group and 61% of patients in the sulfasalazine group (P = .71)

The researchers conclude that TwHF may be an effective and safe treatment for patients with RA—as well as "an attractive and affordable alternative to currently available agents." They caution, however, that the treatment's long-term effects and toxicities still need to be studied.

Source: *Ann Intern Med.* 2009;151(4):229–240.

A New Form of Fentanyl

In July, the FDA approved fentanyl buccal soluble film (FBSF) (Onsolis, Aveva Drug Delivery Systems, Miramar, FL), a new form of the opioid fentanyl. FBSF is indicated to treat breakthrough cancer pain in patients who already are receiving and have become tolerant to opioids. The drug is delivered through a film that sticks to the inside of the cheek and dissolves within 15 to 30 minutes.

FBSF carries a high mortality risk when administered incorrectly—especially in patients who are not opioid tolerant. To ensure that the drug's benefits outweigh its risks, the FDA has established a risk evaluation mitigation strategy called the full ongoing compliance system (FOCUS). Patients who receive FBSF, clinicians who prescribe it, and distributors and pharmacies that carry it must register with FOCUS. The system will provide clinicians and pharmacies with training and educational materials, and it will make counseling calls to patients before they receive the drug.

Sources: FDA news release. July 16, 2009.

FDA Postmarket Drug Safety Information for Patients and Providers.