RBP-6000 BUPRENORPHINE MONTHLY DEPOT DEMONSTRATES EFFICACY, SAFETY AND EXPOSURE-RESPONSE RELATIONSHIP IN OPIOID USE DISORDER

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RBP-6000 is an investigational new drug, not currently authorized for marketing for any indication.

BACKGROUND

- To achieve opioid blockade
  - from the first dose of treatment and across the entire monthly dosing interval
  - at buprenorphine concentrations that are well-tolerated
- To achieve abstinence and clinically significant control of craving and withdrawal symptoms
- To make abuse and diversion more difficult

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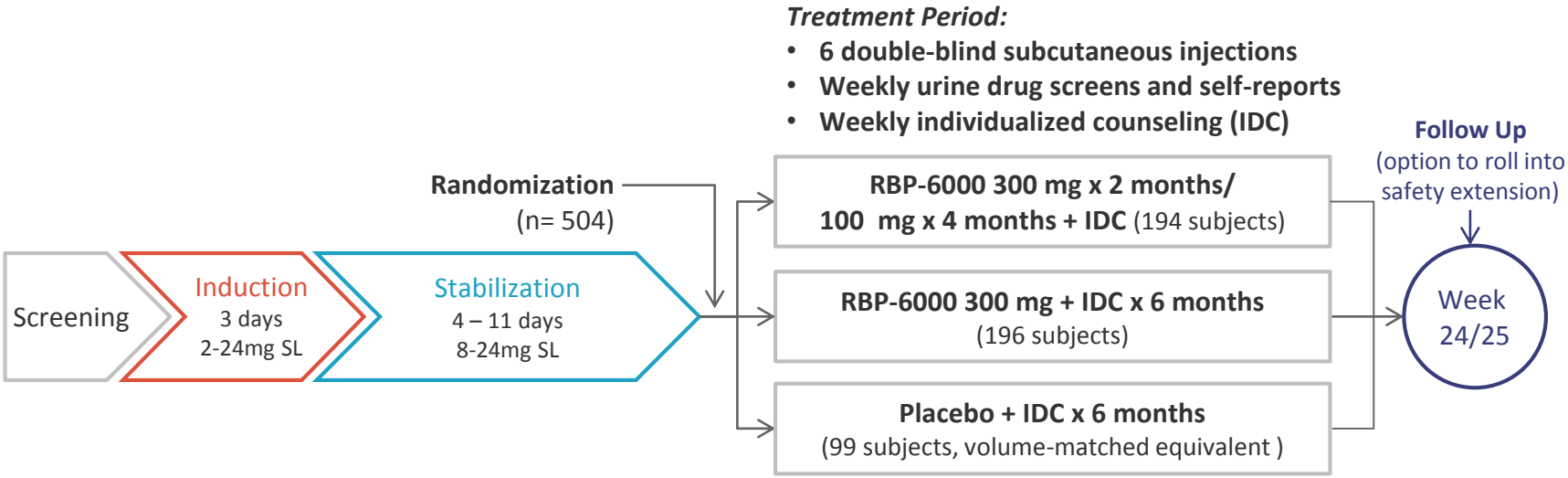
PHASE 3 STUDY (RB-US-13-0001) DESIGN



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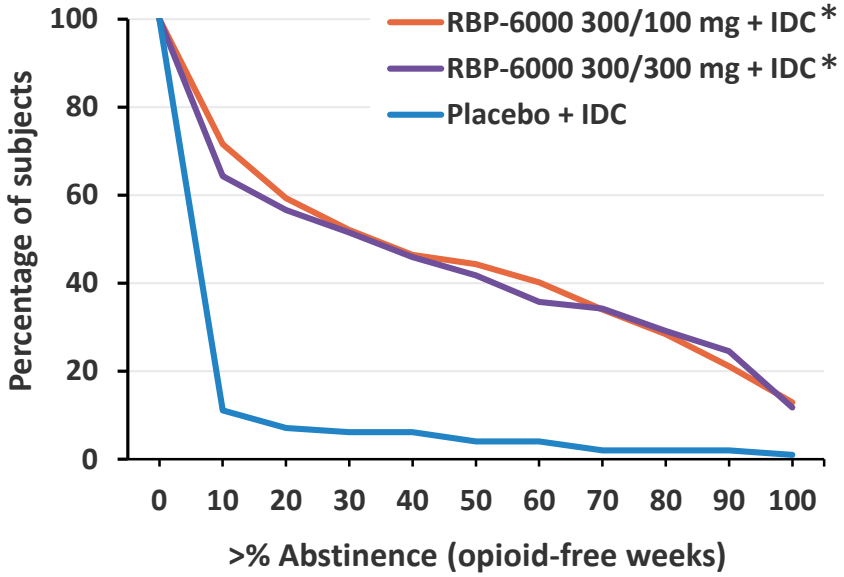
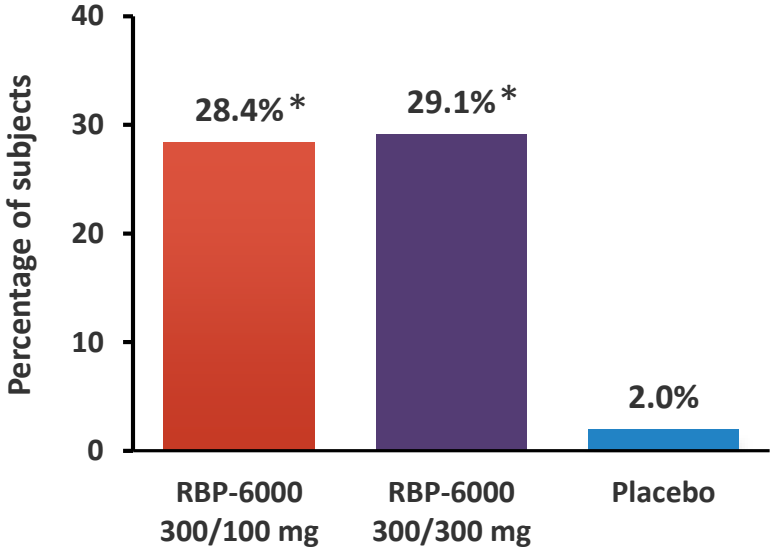
PHASE 3 PRIMARY & SECONDARY ENDPOINTS

Primary: CDF of % urine samples negative for opioids + negative self-reports of illicit opioid use (Weeks 5 to 24)



Key secondary: ≥80% of urine samples negative for opioids + negative self-reports of illicit opioid use (Weeks 5 to 24)



**P<0.0001 vs. placebo*

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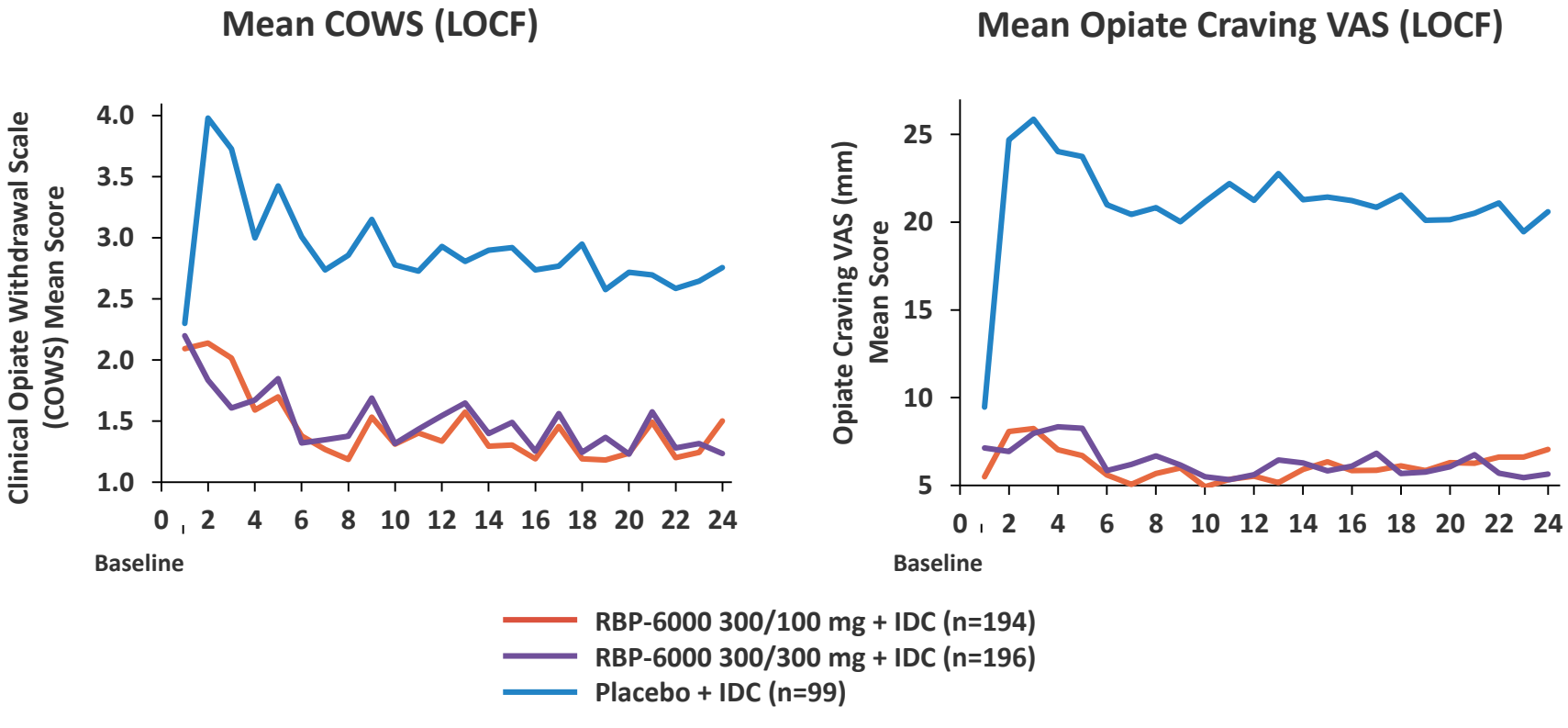
CLINICAL OPIATE WITHDRAWAL SCALE (COWS) + CRAVING VAS



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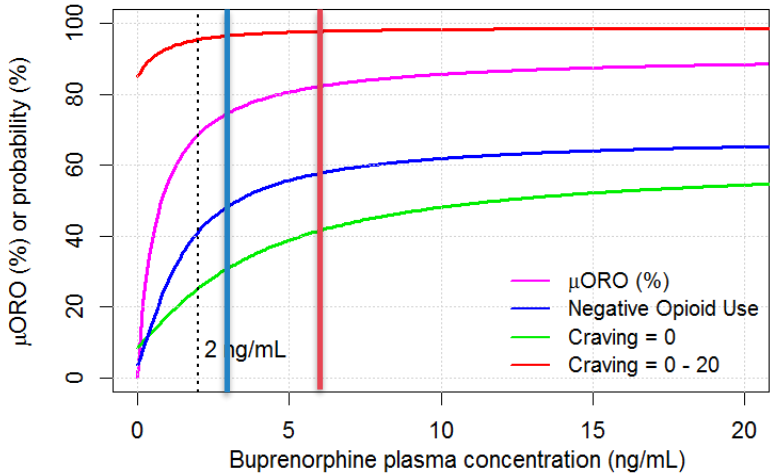
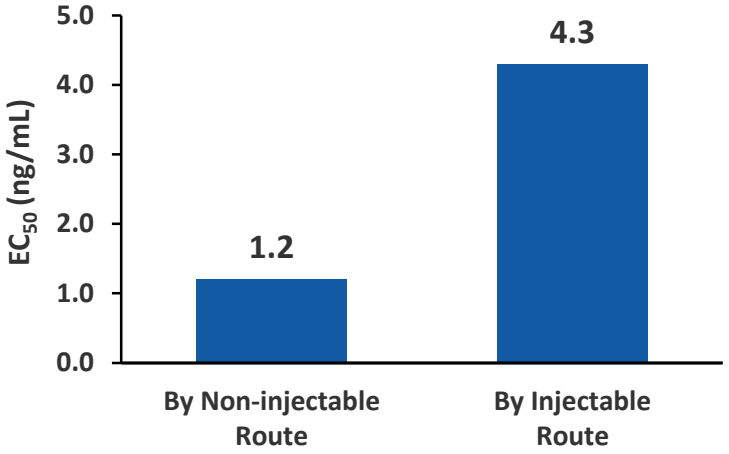
ASSOCIATION BETWEEN PLASMA CONCENTRATIONS OF BUPRENORPHINE, PREDICTED MU-OPIOID RECEPTOR OCCUPANCY AND CLINICAL ENDPOINTS





Dose Group	N	C_{min} (ng/mL)	C_{max} (ng/mL)	C_{avg} (ng/mL)	μORO (%)*
300 mg/100 mg	194	2.74	4.11	3.14	75
300 mg/300 mg	196	5.11	8.68	6.32	83

* Predicted whole brain μ-Opioid Receptor Occupancy corresponding to C_{avg}

Abstinence Rate (Day 169) in Users by Injectable Route	
300 mg /100 mg	53%
300 mg/300 mg	69%

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SAFETY RESULTS

- No new or unexpected safety findings; generally well-tolerated
- No serious injection site reactions
- 1 subject discontinued treatment due to injection site reaction

Occurrence (%)	Placebo + IDC (n=100)	RBP-6000 300/100 mg + IDC (n=203)	RBP-6000 300/300 mg + IDC (n=201)
Any TEAE	56.0	76.4	66.7
Serious TEAE	5.0	2.0	3.5
TEAE leading to discontinuation	2.0	3.4	5.0
Any injection site TEAE	9.0	13.8	18.9
Serious injection site TEAE	0	0	0
Injection site TEAE leading to discontinuation	0	0	0.5

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SUMMARY

- Both dosage regimens of RBP-6000 showed statistically significant differences in percentage abstinence and treatment success vs. placebo.
- Treatment outcomes were consistent across other clinical endpoints including control of craving and withdrawal symptoms.
- Results from the exposure-response analyses predicted a relationship between buprenorphine plasma concentration, predicted whole brain mu-opioid receptor occupancy, abstinence and opioid craving.
- Buprenorphine plasma concentration ≥ 2 ng/mL and mu-opioid receptor occupancy ≥ 70% were observed from the first dose of RBP-6000.
- The safety profile of RBP-6000 was consistent with the known profile of transmucosal buprenorphine, with no unexpected safety findings. Injection site reactions were not treatment-limiting.

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