Impending approval of a dangerous amphetamine drug for use in weight control?

An unacceptable EMA recommendation that must be overturned

PRESS RELEASE – Paris, 19 December 2014. Today, the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) has announced its decision to recommend that marketing authorisation be granted for the combination naltrexone + amfebutamone (also known as bupropion) for use in weight control (MYSIMBA° in the EU/CONTRAVER° in other parts of the world), despite “uncertainties with regard to cardiovascular outcomes in the longer term” (1).

A major regression for European patients’ safety. Amfebutamone is an amphetamine drug, as is amfepramone. In 2000, the EMA withdrew the marketing authorisation of several appetite suppressants with a similar mechanism of action to that of amfepramone (clomipramine, dexfenfluramine, fenfluramine, fenproporex, etc.), in order to protect public health (2). In 2009, sibutramine (Sibutral°), an appetite suppressant structurally related to amphetamines, was also withdrawn by the EMA due to disproportionate and serious adverse drug reactions (3). And benfluorex (Mediator°) was also withdrawn from the whole European Union market in 2010 (4).

In addition, in 2013, the EMA rightly refused to authorise the dangerous fixed-dose combination phentermine + topiramate on safety grounds, and the application for the drug lorcaserin (Belviq°) was withdrawn by the company following the CHMP’s “provisional opinion that Belviq could not have been approved for weight control in obese and overweight patients” (5,6). How is it possible that the CHMP now takes an incongruent decision on the fixed-dose weight-control combination naltrexone + amfebutamone (also known as bupropion) (CONTRAVER°/MYSIMBA°)?

Health authorities should learn from past public health disasters. A weight loss of a few kilograms achieved through drug therapy cannot in itself justify exposing obese or simply overweight patients to a disproportionate risk of adverse drug reactions, especially since the weight lost is very often regained within months of discontinuing treatment (a).

In 2015, weight-control medicines that do more harm than good should no longer be authorised in the European Union.

Prescrire urges national Drug Regulatory Agencies’ representatives with a seat at the CHMP and who voted against the recommendation on naltrexone + amfebutamone (CONTRAVER°/MYSIMBA°) to insist that patients’ safety be defended. Member States opposing the recommendation still can and should require arbitration by the European Commission and convene a standing Committee meeting. The EU Commission, as last gatekeeper, also has the possibility of deciding not to follow the CHMP’s recommendation.

In its response to the EMA public consultation on the revision of its Guideline on medicinal products used in weight control (EMA/CHMP/311805/2014), Prescrire insisted on the need to use morbidity and mortality endpoints to evaluate whether or not the effects on weight translate into improved prognosis, and on the need for proactive, intensive monitoring of adverse drug reactions (ref. 8). As of 2014 there are several weight-control medicines in the pipeline, some at a very advanced stage of development, such as liraglutide (Saxenda°). These circumstances require an urgent revision of the guideline, so that the CHMP can produce robust recommendations to protect patients from dangerous medicinal products.
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