Proposed Opioid REMS

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What products are we talking about?

- All extended-release oral opioids
  - Hydromorphone
  - Morphine
  - Oxycodone
  - Oxymorphone
- Methadone (pain)
- Transdermal fentanyl

(Not in this group – OTF)

Past Opioid RiskMAPs

- Prior risk management programs for oral extended-release opioids focused on several key points
  - Education
    - Proper Patient Selection
    - Relevant safety messages
  - Prevention of abuse and diversion
  - Surveillance and monitoring
  - Intervention when a signal is detected

Public Discussions: January 30 & 31, 2002

- Advisory Committee meeting to discuss:
  - Opioid analgesic use and development.
  - Use of opioid analgesics in pediatric patients.
  - Abuse and misuse of opioid analgesics.
- Notable conclusions:
  - Abuse of opioid analgesics is a considerable public health problem.
  - However, opioid analgesics are an essential component of pain management.
  - Any RMP that restricts opioid treatment may prevent their appropriate utilization.

Public Discussions: September 9 & 10, 2003

- Advisory Committee meeting to discuss:
  - RMPs for opiate analgesic drug products
    - Particular attention to modified-release products
  - Abuse liability of and RMP for Palladone (extended-released hydromorphone)

- Key conclusions: RMP should include:
  - Appropriate prescriber education
  - Surveillance of misuse, abuse, diversion
  - Assessment of the source(s) of diverted drugs
  - Assessment of the RMP's impact on opioid prescribing practices

OxyContin: Risk Management Plan

- August 2001: initial draft RMP
- Key features
  - Education and outreach
  - Surveillance and monitoring
    - Drug utilization (IMS Health; NDA Health)
    - Drug exposure (e.g. prescription monitoring programs)
    - Drug abuse and misuse
      - DAWN, NHSDA (now NSDUH), TESS, RADARS
  - Intervention – when a signal is detected

Actiq/Fentora: Risk Management Plan

- The goals of the program:
  - Fentora should be used only by opioid tolerant individuals
  - Abuse, misuse and diversion of Fentora should not occur
  - Unintended (accidental) exposure to Fentora should not occur

- Key Elements
  - Labeling
  - Education
  - Surveillance
  - Evaluation/Intervention

Actiq/Fentora: Risk Management Plan

- Labeling
  - PI
  - Medication Guide
  - Carton with reminder tools
- Education
  - Prescriber education
    - Package Insert
    - Independent Continuing Medical Education (CME) – not product specific
- Patient education
  - Medication Guide
  - Carton label/blister label
- Pharmacist education
  - Package Insert
  - Carton label/checklist

Actiq/Fentora: Risk Management Plan

- Surveillance Plan
  - Spontaneous reporting
  - Expedited reporting per regulation with reporting of additional events
  - Active surveillance for monitoring abuse, misuse, and diversion using the following systems:
    - The Researched Abuse, Diversion and Addiction-Related Surveillance System (RADARS)
    - Toxic Exposure Surveillance System (TESS)
    - Drug Abuse Warning network (DAWN)

Goals of the REMS

- To ensure that the benefits of the drugs continue to outweigh the risks through:
  - proper patient selection
  - minimizing the risk of overdose, both accidental and intentional
  - minimizing the risk of abuse
- To ensure that prescribers, dispensers, and patients are aware of and understand the risks and appropriate use of these products.

Proposed REMS

- Medication Guide
- Elements to Assure Safe Use
- Implementation System
- Timetable for Submission of Assessments

Elements To Assure Safe Use: Certification of Healthcare Providers

- Certifications reflect that prescribers are familiar with educational materials, risks of the drug, and conditions for safe use
- They may reflect special training on, for example, risks or monitoring

Prescriber - Training

- proper patient selection
- appropriate dosing and administration
- opioid abuse, how to identify patients at risk for addiction
- risk of addiction from exposure to opioids
- risk of overdose due to chewing, crushing, or dissolving an extended-release formulation
- product specific risks

Prescriber - Certification

- Prescribers have obtained certification by attesting to the following:
  - have received and understand the training information
  - will require a physician-patient agreement form
  - will counsel patients on important information including review of the Medication Guide
  - will be retrained and recertified periodically

Prescriber-Patient Agreement

Obtained at the time of first prescription and every 12 months, kept in patient chart, documents:

- patients require management of moderate to severe pain by continuous around the clock opioid therapy for an extended period of time
- patients have been counseled about the risks and benefits of the product including the risk of overdose if given to someone for whom it has not been prescribed
- patients have been given and reviewed the Medication Guide
- patients being prescribed higher doses are opioid tolerant

Elements to Assure Safe Use: Cert. of Pharmacy or Healthcare Provider

- Certifications reflect that persons dispensing the drug (e.g., pharmacists or hospital personnel) are familiar with educational materials, risks of the drug, and conditions for safe use
- They may reflect special training on, for example, risks or monitoring

Pharmacies, practitioners, or healthcare settings - Training

- Staff will be trained about the REMS procedures and education materials
- Retraining and recertification will occur periodically

Implementation System

An Implementation System will be necessary. This plan could include:

- –A database of all enrolled entities including prescribers, pharmacies, practitioners and healthcare settings.

- –A plan to monitor and evaluate implementation of elements of the REMS by health care providers, pharmacists, and other parties in the health care system who are responsible for implementing such elements and work to improve implementation of such elements.

Moving Forward

- Public meeting
- FR notice
- Additional meetings possible