

MEETING OF THE DRUG SAFETY
AND RISK MANAGEMENT ADVISORY
COMMITTEE MEETING:
RISKS AND BENEFITS OF HYDROCODONE
COMBINATION ANALGESIC PRODUCTS

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OUTLINE

- ▶ Introduction
- ▶ Post-Marketing Data on Abuse, Misuse and Diversion of Opioids
- ▶ Potential Consequences of Rescheduling Hydrocodone-Containing Products
- ▶ Risk Management Alternatives
- ▶ Generic Drug Sponsors' Proposal
- ▶ Conclusions

GENERIC PHARMACEUTICAL ASSOCIATION

▶ Disclaimer

- ▶ GPhA members are not experts in the complexities of abuse and addiction deterrence and prevention
- ▶ Recognizing the complexities of the issues, GPhA does not have the expertise to advocate for a particular strategy
- ▶ We do not claim that our evaluation is a comprehensive analysis of the issues, but represent an assessment of factors that require further evaluation by experts in the field

GENERIC PHARMACEUTICAL ASSOCIATION

- ▶ Members we represent:
 - ▶ 30 manufacturers of generic drugs
 - ▶ produce approximately 85% of generic drugs marketed in the U.S.
 - ▶ Manufacturers of hydrocodone-containing analgesic and cough products
- ▶ Who we do not represent:
 - ▶ Brand manufacturers
 - ▶ Manufacturers that are not members of GPhA

INTRODUCTION

SUMMARY

- ▶ GPhA acknowledges the rise in abuse and misuse of hydrocodone-containing products
- ▶ There is no evidence that a more restrictive schedule curtails abuse and misuse of opioids, and may simply shift abuse and misuse to other licit and illicit drugs.
- ▶ When considering rescheduling hydrocodone-containing products to Schedule II, there are other factors to consider
 - ▶ Impact on patient access to pain relief
 - ▶ Impact on health care system
 - ▶ Impact on pharmaceutical supply chain – manufacturers, wholesalers and retailers
- ▶ If hydrocodone-containing products are reclassified as Schedule II, all links in the pharmaceutical supply chain will need to work together to establish the appropriate process and timelines for implementation

USE OF HYDROCODONE-CONTAINING PRODUCTS

- ▶ Hydrocodone-containing products have two primary uses –
 - ▶ symptomatic relief of moderate to moderately severe pain
 - ▶ symptomatic relief of nonproductive cough, alone or in combination with other antitussives or expectorants.
- ▶ Hydrocodone-containing analgesics, as a group, are the most-prescribed pain medications in the U.S.
 - ▶ In 2008, hydrocodone-containing analgesics were prescribed nearly 1.24 million times.

Centers for Disease Control and Prevention. Department Visits involving nonmedical use of selected prescription drugs, United States, 2004-2008. MMWR. June 18, 2010 / 59(23):705-709 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5923a1.htm?s_cid=mm5923a1_w

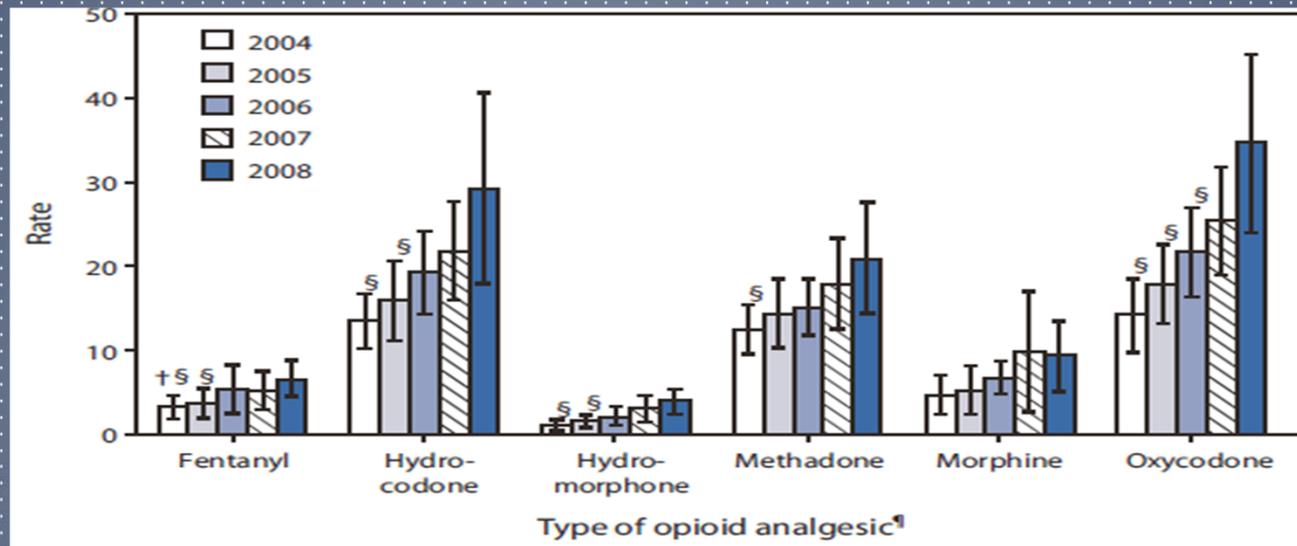
POST-MARKETING DATA

Placement of a Drug in Schedule II
Does Not Necessarily Reduce
Abuse, Misuse or Diversion

POST-MARKETING DATA: NON-MEDICAL USE (NMU) PER 100,000 POPULATION

Despite significantly higher overall use of hydrocodone-containing pain products, rate of ED visits for NMU are similar or lower than the rates for oxycodone, a Schedule II product

Population-Based Rates of ED Visits for NMU (2004-2008)

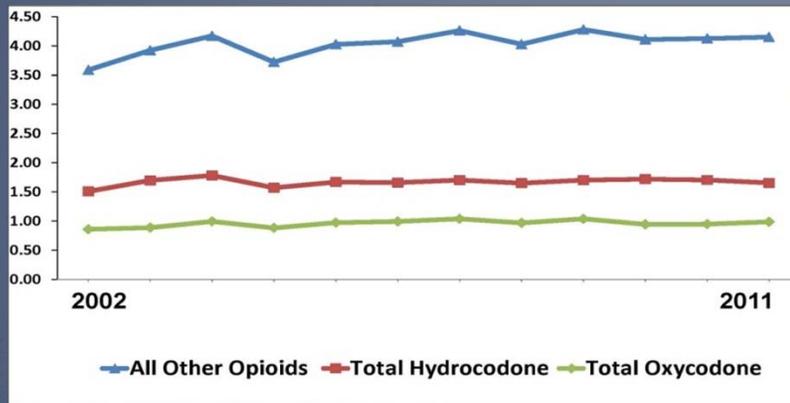


Source: DEA-ARCOS data for 2006; accessed September 24, 2012 at www.deadiversion.usdoj.gov/arcos/retail_drug_summary/2006

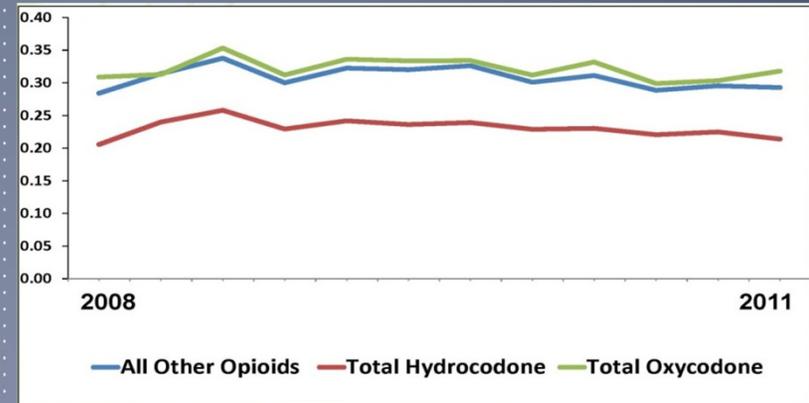
POST-MARKETING DATA: ABUSE AMONG UNIQUE RECIPIENTS OF DISPENSED DRUG (URDD)

- In the total population, hydrocodone-containing products have only a slightly higher rate of abuse than oxycodone, despite significantly higher utilization overall
- Among unique recipients of dispensed drug, Hydrocodone-containing products have a lower rate of abuse when compared to both Schedule II and III opioids.

Hydrocodone, Oxycodone and Other Opioid:
Poison Center Program; **Abuse Population Rate**
Q42008-Q4-2011



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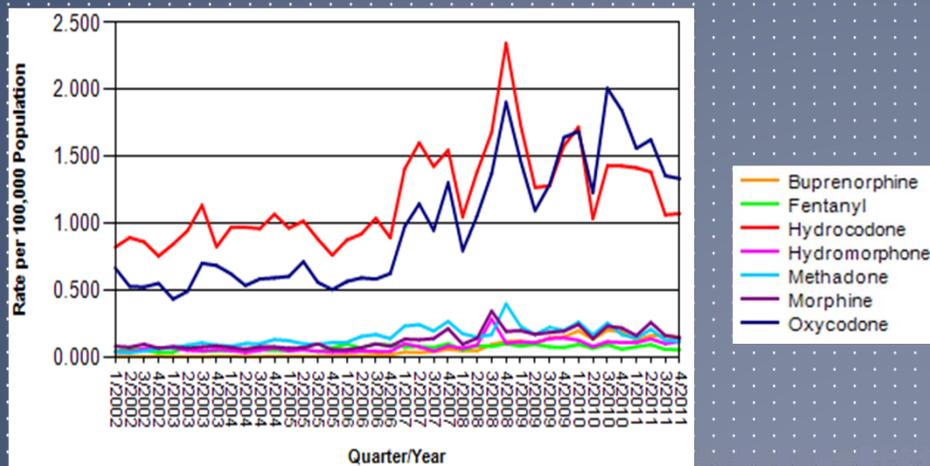


Source : Denver Health; Dart R. RADARS System Sixth Annual Meeting; April 24, 2012. Slides 22 and 23.

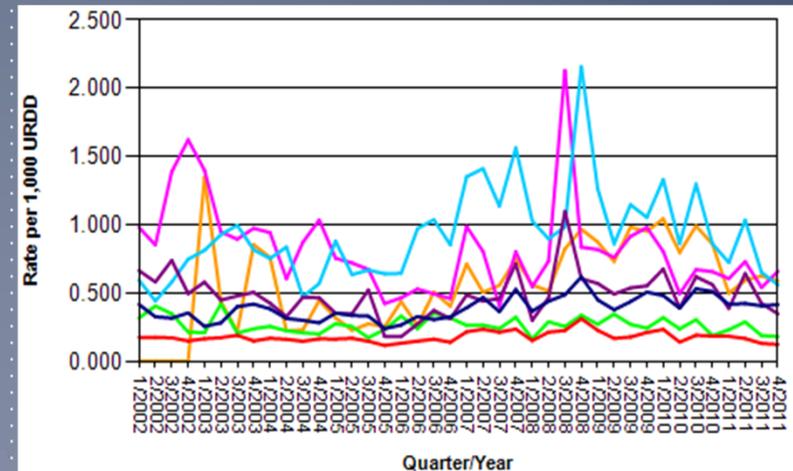
POST-MARKETING DATA: RATES OF DIVERSION

- In the total population, hydrocodone-containing products have a similar rate of diversion as oxycodone, despite significantly higher utilization overall.
- Among unique recipients of dispensed drug, hydrocodone-containing products have the lowest rate of diversion among opioids tracked.

Drug Diversion Rates All RADARS® System Opioids, Q1 2002-Q4 2010



Rate per 100,000 Population



Rate per 1,000 URDD

Source: Denver Health

POTENTIAL CONSEQUENCES
OF RESCHEDULING
HYDROCODONE-CONTAINING
PRODUCTS

POTENTIAL CONSEQUENCES: PROVISION OF HEALTHCARE

- ▶ Reclassifying hydrocodone-containing products to Schedule II may have significant impact on all patients who require pain relief – acute, sub-acute or chronic.
- ▶ There are fewer prescribers of Schedule II products in the healthcare system and there are limited choices for moderate to moderately severe pain that are Schedule III or lower
 - ▶ More than half the staff at urgent care centers are nurse practitioners and physician assistants, which the Drug Enforcement Administration refers to as mid-level practitioners, and in many states, cannot prescribe Schedule II products.
 - ▶ Many dentists, do not have a Schedule II narcotic registration from the DEA, and will be limited in the pain relief they will be able to provide their patients
 - ▶ Patients who require hydrocodone-containing products for management of their pain may be forced to seek care outside their current network of primary care providers for access to physicians that can prescribe Schedule II substances, thereby shifting burden of care from lower cost providers to higher cost providers.
- ▶ Licensed pharmacists will bear a heavy burden at the retail level to accommodate state regulations for pharmacist only dispensing and accountability of Schedule II products.
 - ▶ Pharmacists may have significantly less time to devote to other core responsibilities, such as patient counseling.

POTENTIAL CONSEQUENCES: PHARMACEUTICAL SUPPLY CHAIN

- ▶ Significant and costly changes to the facilities and processes for manufacturing, packaging and distribution of hydrocodone-containing products are required throughout the supply chain to accommodate the volume of product that will now be regulated as a Schedule II product
 - ▶ Larger vaults and associated security systems to manufacturing, packaging, receipt, storage and distribution of finished goods
 - ▶ Larger in-store safes and associated security systems
 - ▶ Incremental staff pharmacists to directly manage dispensing and accountability (e.g., paperwork, pill counting) of significantly higher volume of Schedule II products

RISK MANAGEMENT

RISK MANAGEMENT: ALTERNATIVES TO LIMIT ABUSE

- ▶ Rescheduling hydrocodone-containing products may not lead to a decrease in the abuse, misuse or diversion of hydrocodone-containing products
- ▶ Rescheduling only addresses the supply side of abuse, misuse and diversion
 - ▶ Other supply side controls such as tamper resistant prescription pads and requirements for dispensing have not reduced access to those who abuse and/or divert the drug.
 - ▶ Continued abuse and diversion of prescription drugs from legitimate sources demonstrates the inadequacy of supply side approaches alone.
 - ▶ Rescheduling hydrocodone-containing products may shift abuse and misuse to more accessible products
- ▶ Research from the National Institutes of Health's National Institute on Drug Abuse has consistently demonstrated that the most effective approaches to addressing the problem of drug abuse includes balanced efforts between supply and demand reductions.
 - ▶ Prescription drug abuse prevention and treatment programs are critical.
- ▶ FDA, industry, and other stakeholders must identify the appropriate balance of supply and demand measures to ensure the medications remain accessible to patients who need them.

GENERIC DRUG SPONSORS' PROPOSAL

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- ▶ Conduct additional studies to specifically assess abuse of hydrocodone-containing products
- ▶ Develop a balanced approach to reducing the supply and demand without having a negative impact on patient access
- ▶ Partner with stakeholders, public and private, to education on appropriate use and safe disposal of hydrocodone-containing products
- ▶ If rescheduled, manufacturers request the opportunity to work with wholesalers, retailers and regulatory agencies to establish a process and timeline that enables all stakeholders adequate time to ensure uninterrupted patient access to hydrocodone-containing products

CONCLUSIONS

- ▶ There is a problem of prescription drug abuse in the United States and hydrocodone-containing products contribute to that problem.
- ▶ We must determine how the problem can most effectively be addressed and if rescheduling hydrocodone-containing products is the answer
- ▶ 100 years of local and federal laws and regulations that place increasing restrictions on the drug availability have had limited effect on their abuse and diversion
- ▶ Post-marketing surveillance data shows that drugs in Schedule II often have higher rates of abuse, misuse and diversion than Schedule III hydrocodone-containing products
- ▶ Drug abuse is a complex problem that will require integrated supply and demand side approaches
- ▶ Partnerships among federal and state agencies and regulators, industry, healthcare providers, and patients are required to develop approaches that reduce abuse, misuse and diversion of hydrocodone-containing products without increasing the burden on the healthcare system, and most importantly, the patients who need these medications