FDA's Actions to Address the Opioid Epidemic

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CBI Abuse-Deterrent Formulation Summit
March 14, 2018
The opinions and information in this presentation are my own and do not necessarily reflect the views and policies of the FDA
Overall Messages

• The FDA work to improve the safe use of opioids is taking place within a larger policy framework aimed at addressing opioid abuse while assuring appropriate access to effective pain treatment

• Ongoing and planned activities reflect the commitment by FDA to use of all of our available tools to appropriately manage pain while also addressing the opioids crisis
Marked *Increases in Prescription Opioid and Heroin Overdose Deaths* in the USA 2000 to 2015

**USA 2015 Overdose Deaths:**
- 52,404 Any Drug
- 33,091 Any Opioid

**Commonly Prescribed Opioids** (natural and semi-synthetic opioids and methadone)

**Heroin**

**Other Synthetic Opioids** (e.g. fentanyl, tramadol)

Overdose Death Rates

1999

2014

Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System
Impact of Crisis: Increasing Prenatal Exposure

Admissions for Newborn Withdrawal Syndromes
(Number per 1000 Admissions)

Tolia VN, Patrick SW, et al. NEJM 2015;372:2118-2126
Impact of Crisis: Infectious Disease Transmission

HIV and Hepatitis C Outbreak Linked to Oxymorphone Injection Use in Indiana, 2015

Centers for Disease Control and Prevention

MMWR
Early Release / Vol. 64
Morbidity and Mortality Weekly Report
April 24, 2015

Peters et al.
The New England Journal of Medicine
2016;375:229-239
U.S. Prescribing Rates - Trends

• U.S. prescribing rates peaked in 2012 at 81.3 prescriptions per 100 persons\textsuperscript{11}  
  – Total: 255 million prescriptions  
• Opioid prescribing has been decreasing between 2012 and 2016.  
• U.S. prescribing rate in 2016 was 66.5 prescriptions per 100 people  
  – 214 million prescriptions  
• Rates continue to vary widely  
  – Some counties had rates 7 times the national average
Nationally Estimated Number of Prescriptions Dispensed for Opioid Analgesics Products from U.S. Outpatient Retail Pharmacies

*Immediate-Release formulations include oral solids, oral liquids, rectal, nasal, and transmucosal
**Extended-Release/Long-Acting formulations include oral solids and transdermal patches
***Abuse-deterrent formulation opioid products include Arymo ER, Embeda ER, Hysingla ER, Morphabond ER, Xtampza ER, OxyContin ER Reformulated (Approval in April 2010)
Note: Include opioid analgesics only, excluding injectable formulations as well as opioid-containing cough-cold products and opioid-containing medication-assisted treatment (MAT) products
Nationally Estimated Number of Prescriptions Dispensed for Abuse-Deterrent Formulation (ADF) Opioid Analgesic Products* from U.S. Outpatient Retail Pharmacies


*ADF Products not marketed during study period: RoxyBond (Oxycodone IR) - Approved 04/2017; Targiniq ER (oxycodone/naloxone ER) - Approved 07/2014; Troxyca ER (Oxycodone/naltrexone ER) - Approved 08/2016; Vantrela ER (Hydrocodone ER) - Approved 01/2017
Equally Critical Social and Medical Issue: Pain in America

• From the Functioning and Disability Supplement of the 2012 National Health Interview Survey
  – 126.1 million adults reported some pain in the previous 3 months
  – 25.3 million adults (11.2%) suffering from daily (chronic) pain
  – 23.4 million (10.3%) reporting a lot of pain.
  – Based on the persistence and bothersomeness of their pain, 14.4 million adults (6.4%) were classified as having the highest level of pain, category 4, with an additional 25.4 million adults (11.3%) experiencing category 3 pain.

Nahin RL, J.Pain, 2015 Aug;16(8):769-80
Pain in America (cont)

• Treatment options for pain: pharmacologic, physical medicine, behavioral medicine, neuromodulation, interventional, and surgical

• Optimal patient outcomes often result from a comprehensive multidisciplinary approach where pharmacologic treatment is not the sole focus

• Patients experience ongoing barriers to adequate pain management
  – “many related to non-existent or insufficient insurance coverage and reimbursement for evidence- and consensus-based therapies”
    -American Academy of Pain Medicine, 2014

• As a result, treatments have largely focused on prescription drugs, mainly opioids, and procedures, at least, in part, because of the reimbursement structure of our healthcare system
FDA Response to this Crisis

"Unquestionably, our greatest immediate challenge is the problem of opioid abuse. This is a public health crisis of staggering human and economic proportion ... we have an important role to play in reducing the rate of new abuse and in giving healthcare providers the tools to reduce exposure to opioids to only clearly appropriate patients, so we can also help reduce the new cases of addiction."

- Scott Gottlieb, FDA Commissioner
  Address to FDA staff, May 15, 2017
The Opioid Crisis: An FDA Priority

**Take immediate steps to reduce the scope of the epidemic of opioid addiction**

- **May 2017**: Established an FDA Opioid Policy Steering Committee (OPSC)
- **2017-2018**: Soliciting public input on how FDA authorities can or should be **used to address the crisis**
  - Sept 2017, January 2018: Public meetings
  - December 2017: Packaging solutions
  - February 2018: Healthcare system solutions
The Opioid Crisis: FDA’s Priorities

1. Decreasing Exposure & Prevent New Addiction
2. Supporting the Treatment of Those With Opioid Use Disorder
3. Fostering the Development of Novel Pain Treatment Therapies
4. Improving Enforcement & Assessing Benefit-Risk
### FDA Priorities align to HHS Strategic Priorities and other National Activities

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<th><strong>HHS STRATEGIC PRIORITIES</strong></th>
<th><strong>FDA PRIORITIES</strong></th>
<th><strong>OTHER ACTIVITIES</strong></th>
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<td>Strengthening public health surveillance</td>
<td>1. Decreasing Exposure &amp; Prevent New Addiction</td>
<td>President’s Commission on Combating Drug Addiction</td>
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<td>Supporting cutting-edge research</td>
<td>3. Fostering the Development of Novel Pain Treatment Therapies</td>
<td>Comprehensive Addiction and Recovery Act (CARA)</td>
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<td>Improving access to treatment and recovery services</td>
<td>4. Improving Enforcement &amp; Assessing Benefit-Risk</td>
<td>National Pain Strategy Recommendations</td>
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<td>Advancing the practice of pain management</td>
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<td>National Public Health Emergency</td>
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## 1. Decreasing Exposure and Prevent New Addiction

### HOW?

- Facilitate appropriate prescribing of opioid analgesics.
- Evaluate **indication specific doses**.

### WHAT?

- **Jan 30, 2018**: FDA public meeting to gain input on how FDA’s authorities could **facilitate appropriate prescribing**.
- **Feb 15, 2018**: Duke Margolis public workshop – “Strategies for Promoting the Safe Use and Appropriate Prescribing of Prescription Opioids”.

- Explore how opioid analgesic drug products are **packaged, stored, and discarded**.
- Examine use of packaging strategies, such as **unit-of-use packaging** to improve opioid analgesic safety.

- **Jun 1, 2017**: FDA/Duke Margolis workshop and white paper on packaging, storage, and disposal solutions.
- **Dec 11-12, 2017**: FDA public workshop to gain input on packaging strategies.
## 1. Decreasing Exposure and Prevent New Addiction

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<td>• Consider appropriateness of mandatory education and how FDA would operationalize such a requirement.</td>
<td>• May 9-10, 2017: FDA public workshop on pain management training. Issued revised Blueprint.</td>
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<td>• Ensure training is made available to non-physician prescribers, including nurses and pharmacists.</td>
<td>• Sept 28, 2017: FDA issued letters notifying sponsors of IR opioids their drugs will be subject to more stringent set of requirements under REMS &amp; should be approved Sept 2018. The training must be made available to health care providers who prescribe IR opioid analgesics.</td>
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2. Supporting the Treatment of Those With Opioid Use Disorder

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<td>• Exploring ways to <strong>expand access</strong> to naloxone and <strong>facilitate the switch</strong> to OTC naloxone.</td>
<td>• Precedent setting research: FDA-led labeling study to facilitate the <strong>switch</strong> from prescription to OTC naloxone.</td>
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<td>• Facilitate the development of <strong>new MAT options</strong>.</td>
<td>• Issuing Guidances for product developers to <strong>facilitate the development of new treatments</strong>.</td>
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<td>• Take steps <strong>promote the more widespread use</strong> of existing, safe and effective, FDA approved therapies.</td>
<td>• NIH <strong>collaboration</strong> to identify <strong>new endpoints</strong> in MAT drug development and <strong>facilitate new formulations</strong>.</td>
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<td>• Join efforts to <strong>break the stigma</strong> associated with medications used for treatment of addiction.</td>
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### 3. Fostering the Development of Novel Pain Treatment Therapies

#### HOW?

- Expand use of partnerships with non-profit organizations, public meetings, and **Advisory Committee** meetings.
- **Collaborate** across HHS.

#### WHAT?

- **FDA grant** supporting Drug-Free Kids campaign.
- Public-private-partnership (PPP) with NIH and developers under the Critical Path initiative.
- **Jul 2017:** Commissioned NASEM consensus report.
- **Feb 14, 2018:** Advisory Committee meeting for Hydexor (hydrocodone/APAP/promethazine) — for short term **management** of acute pain while **preventing** and **reducing** opioid-induced **nausea** and **vomiting**.
### 3. Fostering the Development of Novel Pain Treatment Therapies

**HOW?**

- Support development of innovative ADFs, data to inform benefit-risk assessment, and transition to an ADF-prominent market.
- Ensure ADF label nomenclature enables providers to adequately distinguish between the risk of abuse and the risk of addiction.
- Explore use of Fast Track and Breakthrough Therapy Designations.
- Encourage novel therapies, including medical devices.

**WHAT?**

- Jul 2017: Public workshop for postmarketing ADF data and evaluation methods.
- Issued final guidance on generic ADFs.
- 2018: Contracts to improve data for ADF assessment and understand nomenclature.
- Summer 2017: FDA/NIH meeting series on pain treatment alternatives.
## 4. Improving Enforcement & Assessing Benefit-Risk

### HOW?
- Consider how to fully **leverage** FDA’s current **seizure authorities**.
- Increase oversight of **Illicit** trade.
- **Take action**, including product market **withdrawal recommendation**.
- **Improve robustness of benefit-risk assessment framework** for opioid analgesic formulations.

### WHAT?
- **Collaboration** with Customs and Border Protection to **increase FDA staff** stationed at international mail facilities (IMFs) to increase **seizure of opioids** being smuggled into the United States through **international mail facilities (IMFs)**.
- **Jun 2017**: Requested market **withdrawal** of Opana ER due to abuse risks.
- **Sep 2017**: Pediatric **Advisory Committee** for hydrocodone or codeine containing cough treatment in **pediatric patients**.
FDA Will Use All of its Available Tools to Accomplish These Goals

• Improving the safe use of opioids through careful and appropriate regulatory activities
• Improving the safe use of opioids through careful and appropriate policy development
• Improving the treatment of pain through improved science
• Improving the safe use of opioids through communication, partnership and collaboration
Solutions Must Come from Many Sources

- FDA is one of many Federal agencies addressing issues involving opioids
- Many Federal Agencies working together on issue
- Each state has programs to address opioids
- Guidelines and educational programs are available from specialty societies and State Medical Boards
- Healthcare institutions
- Advocacy groups
- Individual providers (n = 800,000+)
- Patients (n = millions)
Summary and Conclusions

• FDA working to address opioid epidemic as a part of the larger HHS response
  – One of the FDA’s very highest priorities
  – FDA one of many groups focused on the issue

• Going forward, FDA is committed to taking decisive actions, grounded in the available science and appropriate public input to address this critical challenge to the US health and welfare

• Our focus is addressing opioid abuse while assuring appropriate access to effective pain treatment
Thank You