

Addressing Opioids: The FDA Response to Challenges in Public Health

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Central Message



- FDA is responding to the public health challenges of opioids using all of our available tools to:
 - Address the ongoing crisis of opioid abuse and misuse
 - Address the ongoing shortages of injectable prescription opioids



The Opioid Challenges:

Opioid Abuse and Misuse

Injectable Opioid Shortages



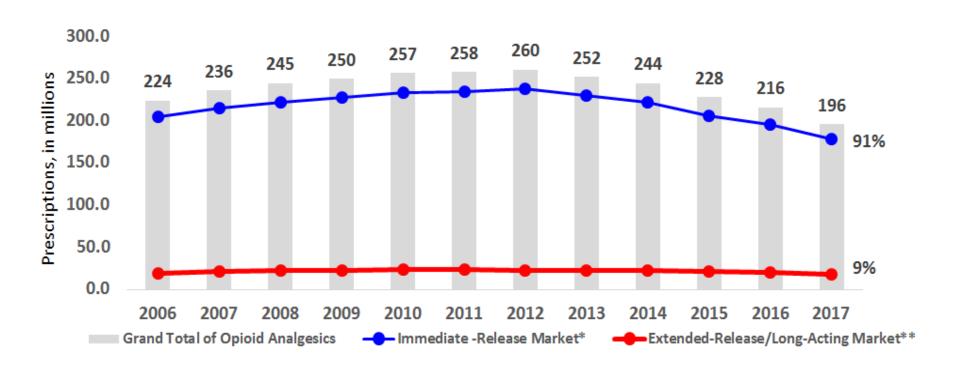
Misuse and Abuse of Prescription Opioid Analgesics Remains an Important Public Health Problem

- In 2017, prescription opioids were the largest category of pharmaceutical products misused and abused in US
 - 11.1 million people estimated to have past-year misuse/abuse
 - 1.7 million people estimated with DSM IV criteria for substance use disorder involving prescription opioid analgesics
- In comparison, 886,000 estimated to have past-year heroin use

Source: Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/.

Crisis Ongoing Despite Falling # of Prescriptions for Opioid Analgesics





Source: IQVIA, National Prescription Audit (NPA) and static data 2006-2011. January 2006-December 2017.

Static data extracted March 2017 and 2012-2017 data extracted February 2018.

Note: Include opioid analgesics only, excluding injectable formulations as well as opioid-containing cough-cold products and opioid-containing medication-assisted treatment (MAT) products

^{*}Immediate-Release formulations include oral solids, oral liquids, rectal, nasal, and transmucosal

^{**}Extended-Release/Long-Acting formulations include oral solids and transdermal patches

Consequences: Prescription Opioids and Overdose Death in the US

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

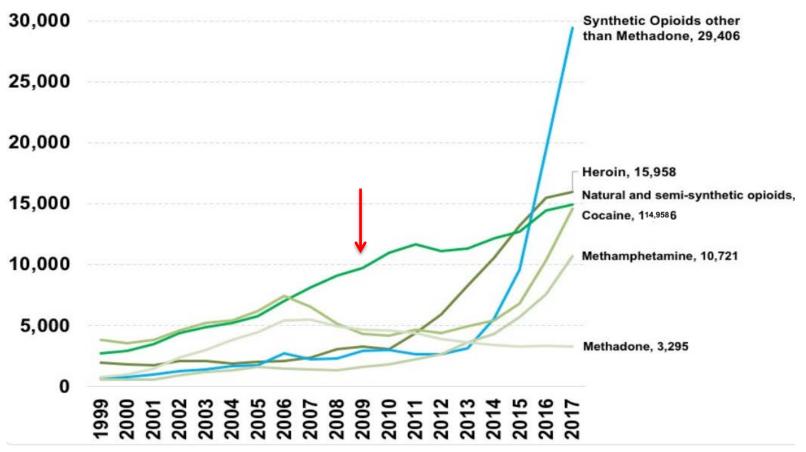


Figure Source: National Institute on Drug Abuse Data Source: CDC Wonder

Available from: https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

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The FDA and Opioid Abuse/Misuse

"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: 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

The Opioid Crisis: FDA's Priorities & Strategies



1. Decreasing Exposure & Prevent New Addiction





Health Care Provider Education

2. Supporting the Treatment of Those With Opioid Use Disorder



Medication Assisted Treatment (MAT)

3. Fostering the Development of Novel Pain Treatment Therapies



Abuse Deterrent Formulations (ADFs)

✓ Pain Treatment Alternatives

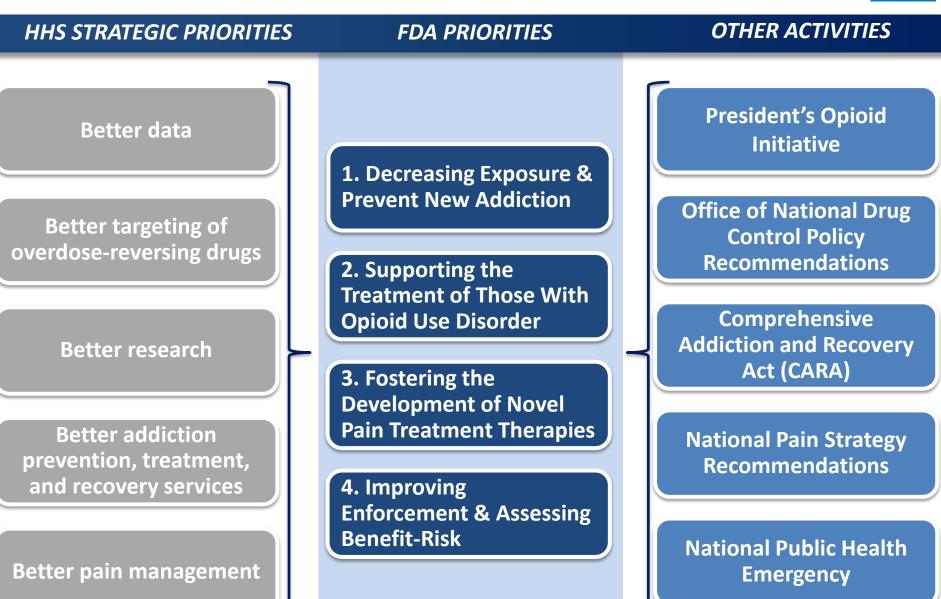
4. Improving Enforcement & Assessing Benefit-Risk

Improving Enforcement

Assessing Benefit-Risk

FDA Priorities align to HHS Strategic Priorities and other National Activities





FDA Priorities Align with Recently Passed SUPPORT Act



- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT)
- Many new provisions affecting FDA including tools to:
 - more efficiently stop illegal, illicit, unapproved, counterfeit and potentially dangerous drugs from entering the U.S. through the IMFs
 - reduce exposure to opioids as a way to lower the rate of new addiction
 - require certain packaging, such as unit dose blister packs, for opioids and other drugs that pose a risk of abuse or overdose
 - require that opioids be dispensed with a mail-back pouch or other safe disposal option
- Implementation ongoing

Example: Decreasing Exposure & Preventing New Addiction



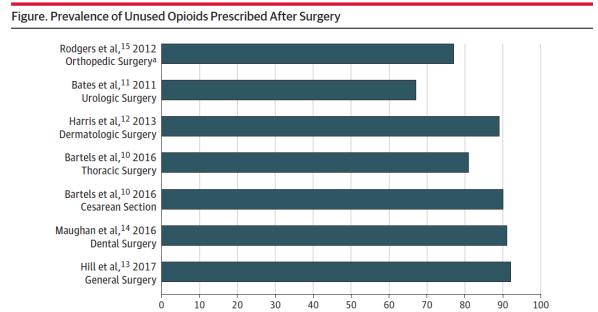
HOW? WHAT?



- 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: Public
 workshop to gain input on
 packaging strategies. Public
 docket closed March 2018 with 44
 comments.
- Jan 2018: Requested packaging in limited amounts of over-thecounter anti-diarrheal medicine loperamide to curb intentional misuse and abuse.



Target: Leftover Opioid Analgesics Reported in Post-surgical Populations



^apercentage of patients reporting use of 15 tablets or fewer

- Across many surgical procedures,
- >>50% of patients
 reported excess supply
 of opioid analgesics
 after treatment of
 acute pain
- Most patients kept excess supply and stored supply in unsecured locations

Patient-Reported Unused Opioids After Surgery, %

www.fda.gov

Figure Source: Bicket MC, Long JJ, Pronovost PJ, Alexander GC, Wu CL. Prescription Opioid Analgesics Commonl, After Surgery: A Systematic Review. JAMA Surg. 2017 Nov 1;152(11):1066-1071.

Opioid Analgesic Needs Vary by Condition/Procedure

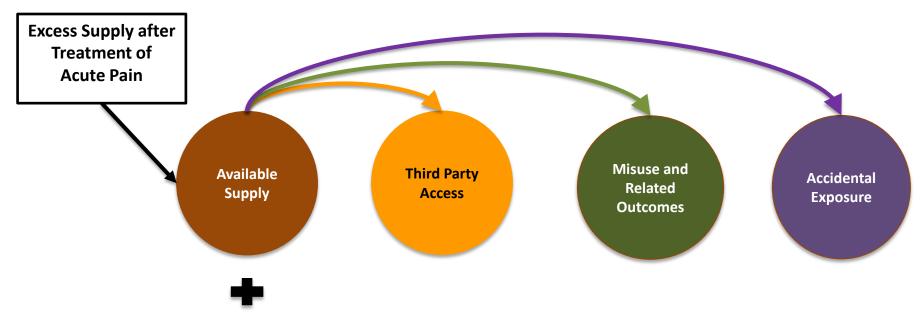


Procedure	Mean/ (range) tablets filled	Mean/Median tablets consumed	~Days Used	~Leftover tablets
Outpatient Shoulder Surgery	60 (n.d.)*	37 (n.d.)*	9-10	23
Cesarean Delivery	40 (5-80)*	20*	4-5	20
Tooth Extraction	28 (n.d.)	13	2-3	15
Upper Extremity Surgery	30 (n.d.)	14 (Bone); 9 (Soft Tissue)	2-3	15
Laparoscopic Cholecystectomy	30 (0-100)	10-12	2-3	20
Laparoscopic Appendectomy	30 (n.d.)*	12*	2-3	18
Partial Mastectomy with Node Biopsy	23 (0-60)	6	1-2	17
Laparoscopic Inguinal Hernia Repair	33 (15-70)	9	1-2	24
Open Inguinal Hernia Repair	30 (15-120)	9	1-2	21
Partial Mastectomy	21 (0-50)	3	1	18
Dermatologic Surgery	9 (3-20)	4	1	5

^{1.} Hill, et al., Ann Surg, 2017; 2. Bateman, et al., Obstet Gyn, 2017; 3. Maughan, et al., Drug Alc Dep, 2016; 4. Harris, et al., JAMA Dermatol. 2013; 5. Bockman, et al. J Pain, 2017 (Abstract); 6. Kumar, et al. AJSM, 2017

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Issue: Opioid Analgesic in the Home Can Feed Other Problems if Misused



- Non-Secure Storage
- Lack of Disposal

FDA Response: Potential Work on Packaging



- Exploring whether a defined, short-term supply of medication could be packaged in a manner that limits the number of pills dispensed (e.g., blister packs)
- Exploring packaging that could make it easier to track the number of doses that have been taken or reduce the risk for third-party access, such as teens ingesting pills they found in a medicine cabinet
- Work to improve storage and encourage prompt disposal to reduce the available supply of unused opioids



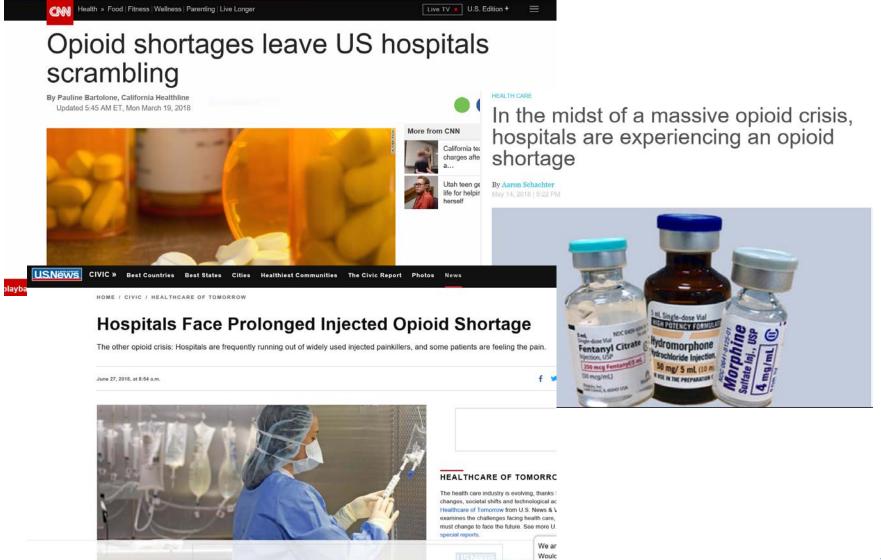
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Shortages of Injectable Opioids







- Critical need for use in post-op settings
- One large manufacturer reported shortages of multiple critical drugs including injectable hydromorphone and morphine due to manufacturing, distribution, third party supplier delays, as well as remediation efforts at one of their facilities, beginning in July of 2017
- Lack of alternative sources for needed products with sufficient capacity to meet added demand

FDA Work to Address IV Opioids Shortage



FDA working with manufacturers to bring additional products to market

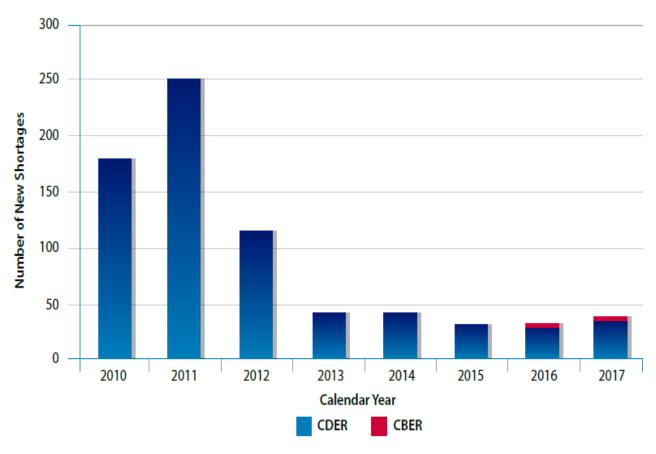
- Expediting review of all related applications new approvals from two other manufacturers for morphine and hydromorphone are now being launched
- Releasing Carpuject syringes with potential cracked needle hubs under regulatory discretion with instructions for healthcare professionals to inspect and withdraw contents with a filter needle before administering to patients
- Extending expiration dating for multiple opioid products listed on the FDA website based on data from the manufacturer
- Allowing temporary import of unapproved hydromorphone in coordination with DEA

FDA Response to IV Opioids Shortage (contil

- Coordinating with DEA on quota issues
 - FDA shares information with DEA through a Memorandum of Understanding
 - Providing a market assessment to DEA to assist them in their decision about whether to grant the quota



Trends in New Drug Shortages 2010-2017



From FDA Drug Shortage Report to Congress, 2017 https://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM610662.pdf

What FDA <u>Does</u> to Address Drug Shortages









- Drug Shortage Staff focused on addressing drug shortages
 - Facilitate temporary and long-term strategies to address shortages
 - Coordinate timely and comprehensive risk/benefit decisions within FDA
 - Personnel across multiple FDA Offices involved in shortage response
 - Distribute information (web posting, professional organizations):
 - https://www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm
- Goal: Maintain availability while minimizing risk to patients

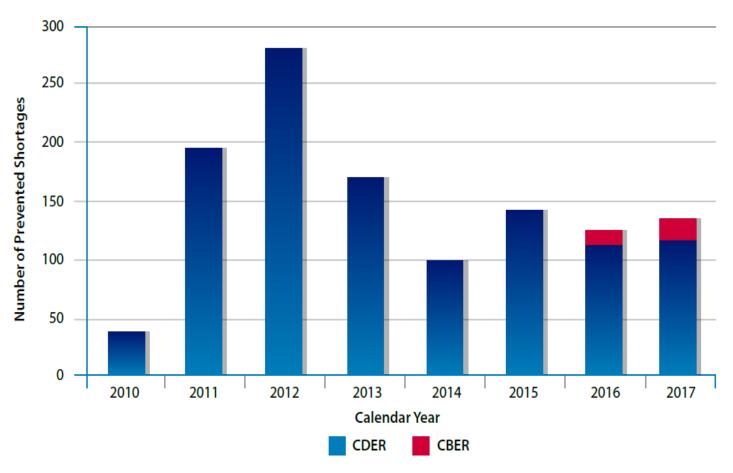


What FDA <u>Cannot Do</u> to Address Drug Shortages

- FDA cannot require:
 - A company to disclose details of why a shortage occurs
 - A company to make a drug
 - A company to make more of a drug
 - How much and to whom the drug is distributed

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Trends in Preventing Drug Shortages 2010-2017 (FDA)



From FDA Drug Shortage Report to Congress, 2017 https://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/U CM610662.pdf

Lessons Learned



- Availability of drugs for patients is critical for healthcare
 - Interruptions of drug manufacturing due to any reason can lead to drug shortages with devastating impact on public health
- Sources of drug shortages include manufacturing challenges and natural disasters
 - FDA response tailored to address underlying cause(s)
 - Communications and information sharing are critical both to preventing and to mitigating shortages
- Recovery from shortages takes time. <u>Prevention</u> is critical to reducing the numbers of drug shortages

Ongoing FDA Shortage Work



- FDA Drug Shortage Taskforce
 - Announced July 2018
 - Goal of improved understanding of the forces leading to drug shortages and identify potential solutions
- Stakeholder Listening Sessions
 - ✓ Pharmacies and Hospitals
 - ✓ Manufacturing Groups
 - ✓ Medical Groups
 - ✓ GPO's and Distributors
- Public meeting November 2018
- Taskforce Members
 - Food and Drug Administration (CDER, CBER, CDRH, ORA)
 - Center for Medicare and Medicaid Services
 - The Office of the Assistant Secretary of Preparedness and Response
 - The Department of Veterans Affairs
 - The Department of Defense
 - The Federal Trade Commission

Conclusions



- FDA's response to issues raised by opioids reflect unique challenges of how they are used, misused and abused
 - Addressing opioid abuse crisis a top priority for FDA
 - Multiple ongoing activities coordinated within a policy framework focused on public health impacts
 - Separately, injectable opioid shortages reflect the larger challenge of drug shortages today
 - FDA response is aimed at understanding and preventing shortages where possible, and at mitigating those that cannot be avoided



Thank You

