

# FDA's Response to the Opioid Crisis and the FDA Safe Use Initiative

Scott K. Winiacki, MD

Professional Affairs and Stakeholder  
Engagement Staff (PASES)

Center For Drug Evaluation and Research  
(CDER)

U.S. Food and Drug Administration

December 8, 2018

# Disclosures

- I have nothing to disclose.

# Disclaimer

This presentation reflects the views of the author and should not be construed to represent FDA's views or policies.

# Objectives

- Discuss FDA's actions related to opioids
- Discuss the role of FDA's Safe Use Initiative in addressing appropriate opioid prescribing
- Review options for the safe disposal of unused medicines



What is the human cost?

[http://www.espn.com/nfl/team/stadium/\\_/name/cin/cincinnati-bengals](http://www.espn.com/nfl/team/stadium/_/name/cin/cincinnati-bengals)

# Prescribed Opioids pose a Risk beyond the Patient who receives the Prescription

- Among people who abuse prescription opioids, most get them
  - From a friend or relative for free (55%)
  - Prescribed by a physician (20%)
  - Bought from a friend or relative (11%)
- Among new heroin users, about **three out of four** report abusing prescription opioids before using heroin.

# U.S. Prescribing Rates - Trends

- U.S. prescribing rates peaked in 2012 at 81.3 prescriptions per 100 persons
  - 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

# What is FDA doing about Opioids?

- FDA has taken numerous actions to address risks associated with opioid use, misuse, and abuse.
- Actions include safety labeling changes; scientific workshops, public hearings, and advisory committee meetings; approval of abuse-deterrent formulations, medication-assisted treatments, and naloxone products; updating/expanding REMS; and requiring postmarket safety studies.
- Opioid safety is not a new area for FDA – FDA's actions regarding opioid risks date back at least 15 years.

# The Opioid Crisis: FDA Priorities

1. Decreasing exposure and preventing new addiction

# The Opioid Crisis: FDA Priorities

1. Decreasing exposure and preventing new addiction
2. Supporting the treatment of those with Opioid Use Disorder

# The Opioid Crisis: FDA Priorities

1. Decreasing exposure and preventing new addiction
2. Supporting the treatment of those with Opioid Use Disorder
3. Fostering the development of novel pain treatment therapies

# The Opioid Crisis: FDA Priorities

1. Decreasing exposure and preventing new addiction
2. Supporting the treatment of those with Opioid Use Disorder
3. Fostering the development of novel pain treatment therapies
4. Improving enforcement and assessing benefit-risk

# Decreasing Exposure & Preventing New Addiction



- **Facilitate appropriate prescribing** of opioid analgesics
  - Solicit public input through public meetings and comments
- Evaluate **indication specific doses**
  - Assessing the current evidence and funding additional research
- Explore how opioid analgesic drug products are **packaged, stored, and discarded.**
  - Examine unit-of-use packaging
  - Packaging in limited amounts (loperamide)
- Consider appropriateness of **mandatory education**
- Ensure **training** is made **available to non-physician prescribers**, including nurses and pharmacists.

# Supporting the Treatment of Those With Opioid Use Disorder (OUD)

- Exploring ways to **expand access** to naloxone and **facilitate the switch** to **OTC naloxone**.
- Facilitate the development of **new MAT options**.
- Take steps **promote the more widespread use** of existing, safe and effective, FDA approved therapies.
- Join efforts to **break the stigma** associated with medications used for treatment of addiction.

# Fostering the Development of Novel Pain Treatment Therapies

- Expand use of **partnerships with non-profits, public meetings, and Advisory Committee** meetings.
- **Collaborate** across HHS
- Support development of **innovative Abuse Deterrent Formulations (ADFs), data** to inform benefit-risk assessment, and **transition to an ADF- prominent market**
  - **Public workshop** for postmarketing **ADF data and evaluation methods.**
  - Contracts to improve **data for ADF assessment** and understand **nomenclature**

# Fostering the Development of Novel Pain Treatment Therapies

- 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**
  - **Innovation challenge** to spur the development of **medical devices and mobile applications** that help combat opioid crisis and prevent and treat opioid addiction.

# Improving Enforcement & Assessing Benefit-Risk

- Consider how to fully **leverage** FDA's current **seizure and import authorities**.
  - Customs and Border Protection **collaboration** to **increase FDA staff** at international mail facilities (IMFs); **reduce the amount** being smuggled into the United States through IMFs.
- Increase oversight of **Illicit** trade.
  - FDA hosted Summit with Internet stakeholders to encourage proactive **limitation of illegal online sales**.

# Improving Enforcement & Assessing Benefit-Risk

- **Take action**, including product market **withdrawal recommendation**.
  - Requested market **withdrawal** of Opana ER due to **abuse risks in June, 2017**.
- **Improve robustness of benefit-risk assessment framework** for opioid analgesic formulations.
  - Required **safety labeling changes** to limit the use of **prescription opioid cough and cold medicines** containing codeine or hydrocodone in **children** younger than 18 years old.

# Safe Use Initiative

Safe Use funds projects that “develop innovative methods to create, facilitate, and encourage research in the area of safe medication use that seeks to *reduce preventable harm from drugs.*”

- Safe Use currently has 14 active projects.
  - Opioids
  - Hypoglycemia in diabetic patients
  - Stimulant medications in adults
  - Pediatric cough and cold medications
  - National standardization of intravenous (IV) and oral liquid medications
  - Development of a targeted risk-reduction tool for high-alert medications

# Assessing the Impact of a State Intervention on High-Risk Prescribers

## Research Questions:

- Will a targeted intervention directed at high-risk prescribers decrease high-risk opioid prescribing practices?
- Will it reduce prescription drug morbidity and mortality?

# Assessing the Impact of a State Intervention on High-Risk Prescribers

- Data for the New York PDMP will be used to identify “high-risk” prescribers.
- “High-risk” is based on at least 1 patient:
  - receiving a high daily dose of an opioid
  - co-prescribing of an opioid and a benzodiazepine
  - on opioid therapy for 3 consecutive months



# Intervention for High-Risk Prescribers



- Providers identified as “high-risk” will receive an educational intervention.
- Intent of the intervention is to facilitate safer prescribing practices to improve patient safety.
- Intent is not to be punitive, but to promote thoughtful and informed prescribing.

# Letter sent to High-Risk Prescribers



- “We are writing to you because a review of the New York State Prescription Drug Monitoring Program suggests that you may have engaged in high risk opioid prescribing...”
- “If your high-risk opioid prescribing is for patients with chronic non-malignant pain, we urge you to reconsider your prescribing practices.”
- Links providers to CDC guidelines, information on tapering opioids, and how to locate a physician who can prescribe buprenorphine.

# Timeline for Intervention Measurement



- PDMP data will be used to assess the intervention
- First analysis will occur 6 months after letters are sent
- Pre- and post-intervention data will be compared
- Goal: at least a 5% decrease in the number of high-risk opioid prescriptions written

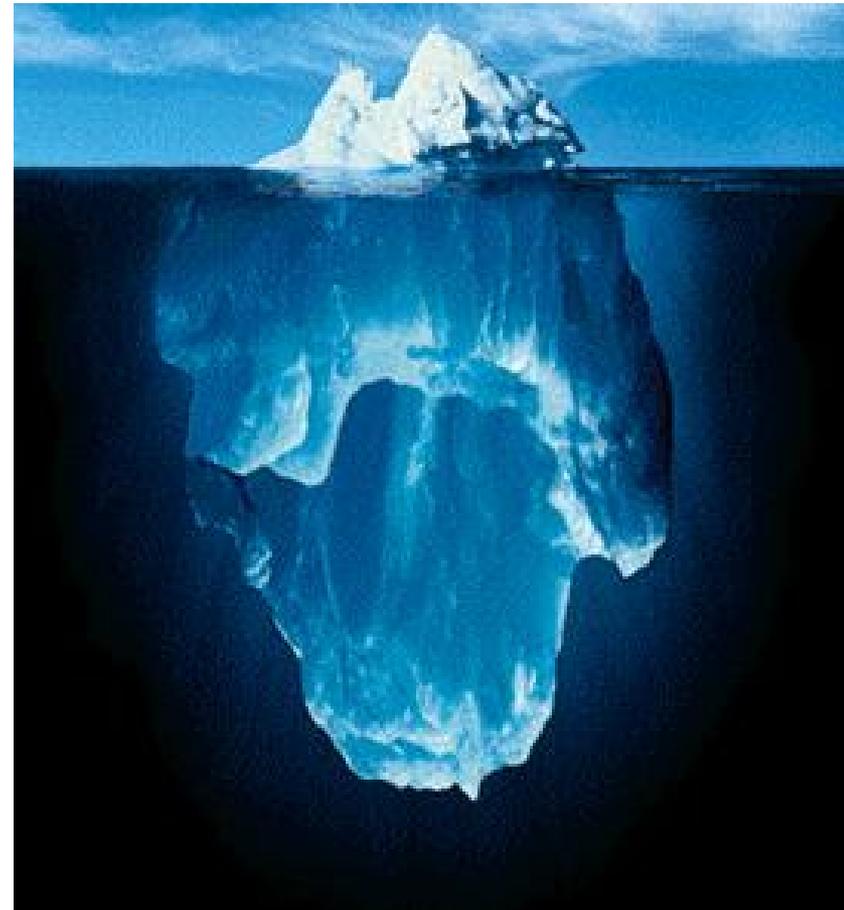
# What's Next?

- Assessing the current state of evidence on indication-specific prescribing
- Exploring a variety of methods to assess and improve opioid prescribing
  - Assessing the actual needs of patients
  - Developing indication- specific recommendations
  - Testing the influence of default prescriptions in EHRs
- Goal: reduce prescribing to the needed indications and to the amounts necessary to manage pain, while minimizing any opioids that remain and might be diverted.

# Solutions Will Need to Come from Many Sources



- FDA is one of many Federal agencies addressing issues involving opioids (n = 1)
- Many Federal Agencies share information via the Federal Interagency Working Group on Opioids
- Each state has programs to address opioids (n = 50)
- Guidelines and educational programs are available from specialty societies
- Healthcare institutions
- Advocacy groups
- Individual providers (n = 1,637,937)
- Patients (n = millions)



# What Can You Do?

## Dispose of Unused Medicines

- After surgery, patients may have unused opioid medications
  - 67% to 92% of patients reported unused opioids
  - 42% to 71% of tablets were not used
- These opioids may become misused or abused
  - 73% to 75% of patients reported opioids were not stored in locked containers
- Use of FDA-recommended disposal methods is low
  - No study reported > 9% of patients used FDA recommended methods

# Disposal of Unused Medicines

- Several appropriate options exist
  - Medicine take-back options (periodic events and permanent collection sites)
  - Most medicines can be mixed in a plastic bag with dirt or cat litter and placed in household trash
  - Flushing certain potentially dangerous medicines

Follow these simple steps to dispose of medicines in the household trash

**MIX**  
Mix medicines (do not crush tablets or capsules) with an **unpalatable substance** such as dirt, cat litter, or used coffee grounds;



**PLACE**  
Place the mixture in a **container** such as a sealed plastic bag;



**THROW**  
Throw the container in your household trash;



**SCRATCH OUT**  
Scratch out **all personal information** on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.



[https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Medicines\\_recommended](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Medicines_recommended)

# Flush List

- If a take-back option is not available, some medicines are recommended to be flushed
- Minimizes risk of exposure to others – especially children and pets

Active Ingredient	Found in Brand Names
Benzhydrocodone /Acetaminophen	<a href="#">Apadaz</a>
Buprenorphine	<a href="#">Belbuca</a> , <a href="#">Bunavail</a> , <a href="#">Butrans</a> , <a href="#">Suboxone</a> , <a href="#">Subutex</a> , <a href="#">Zubsolv</a>
Fentanyl	<a href="#">Abstral</a> , <a href="#">Actiq</a> , <a href="#">Duragesic</a> , <a href="#">Fentora</a> , <a href="#">Onsolis</a>
Diazepam	<a href="#">Diastat</a> / <a href="#">Diastat AcuDial rectal gel</a>
Hydrocodone	Anexsia, <a href="#">Hysingla ER</a> , Lortab, <a href="#">Norco</a> , Reprexain, Vicodin, <a href="#">Vicoprofen</a> , <a href="#">Zohydro ER</a>
Hydromorphone	<a href="#">Dilaudid</a> , <a href="#">Exalgo</a>
Meperidine	<a href="#">Demerol</a>
Methadone	<a href="#">Dolophine</a> , <a href="#">Methadose</a>
Methylphenidate	<a href="#">Daytrana transdermal patch system</a>
Morphine	<a href="#">Arymo ER</a> , <a href="#">Embeda</a> , <a href="#">Kadian</a> , <a href="#">Morphabond ER</a> , <a href="#">MS Contin</a> , <a href="#">Avinza</a>
Oxycodone	<a href="#">Combunox</a> , <a href="#">Oxaydo</a> (formerly Oxecta), <a href="#">OxyContin</a> , <a href="#">Percocet</a> , <a href="#">Percodan</a> , Roxicet, <a href="#">Roxicodone</a> , <a href="#">Roxybond</a> , <a href="#">Targiniq ER</a> , <a href="#">Xartemis XR</a> , <a href="#">Xtampza ER</a>
Oxymorphone	<a href="#">Opana</a> , Opana ER
Tapentadol	<a href="#">Nucynta</a> , <a href="#">Nucynta ER</a>
Sodium Oxybate	<a href="#">Xyrem oral solution</a>

[https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Medicines\\_recommended](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Medicines_recommended)

# Thank You

# Questions???

Contact information:  
[scott.winiecki@fda.hhs.gov](mailto:scott.winiecki@fda.hhs.gov)