

Go Team Defense! Recent FDA Approved Abuse Deterrent Opioids

HYATT REGENCY DENVER & COLORADO CONVENTION CENTER - SEPTEMBER 3-6, 2017

Abuse Deterrent Opioids approved in 2016-17



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Objectives

- 1. Define Abuse Deterrent Opioid (ADO).
- 2. List requirements needed for a medication to obtain ADO labeling.
- 3. Name 4 new ADO's released in January 2016-July 2017.
- 4. Describe advantages and disadvantages over others in the market.
- 5. Be familiar with ADO's impact based on post marketing literature with Oxycontin.



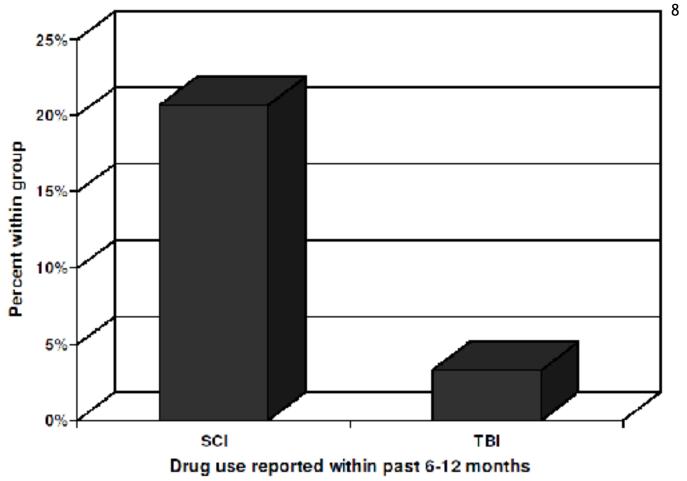
Opioid Abuse in the USA

- From 2000 to 2015
 - > 0.5 million people died from drug overdoses²
- Since 1999
 - The amount of opioid prescriptions and deaths from prescription opioids has quadrupled²
- Overdose rates highest among ages 25 to 54 years³





Substance Abuse Post TBI and SCI



SCI = Spinal cord injury

Figure 3. Substance use in persons with TBI and transmatic spinal cord injury 1-year post-injury. TBI = Traumatic Brain Injury

What are we doing to improve the epidemic?

- Improving opioid prescribing
- Expanded access to substance abuse treatment
- Expanded access to naloxone
- Promotion of PDMP (prescription drug monitoring program)
- Strategies to help prevent high-risk/prescribing
- Improve detection of illegal opioid use trends
- Start using Abuse Deterrent Opioids (ADOs)



Requirements for ADO labeling⁶¹

- Category 1: Laboratory tests to determine how easily AD properties can be compromised
- Category 2: In vivo studies comparing pharmacokinetic profiles before and after manipulation
- Category 3: RCT performed evaluating subjective effects of the formulation
 - Drug liking
 - Whether user would use this product again
- Category 4: Post marketing epidemiological studies
 - assess whether a formulation has been associated with meaningful reductions in adverse clinical outcomes related to abuse and misuse



- Mechanisms to deter opioid abuse¹³
 - Controlled release of drug
 - Sequestered opioid antagonist
 - Tablets that resist crushing and grinding
 - Gelling agents that make injection difficult
 - Reduced amount of intact drug produced by vaporization
 - Increased difficulty extracting pure opioid after dissolution
 - Increased crushed particle size
 - Substances that burn/irritate nasal mucosa
 - Depot/subcutaneous delivery system



Intended Use: Treatment of severe, chronic pain requiring long-term daily, around the clock opioid analgesia in patients with no other adequate treatment options¹³

Lets play





B=Sell











Approved: January 2017

- Abuse Deterrent Properties¹⁵
 - · Resistant to crushing, breaking, and dissolving
 - Retains ER properties when manipulated
 - Forms viscous material when dissolved, which is resistant to needle passage.
- Extended Release Hydrocodone¹⁵
 - How supplied: 15 mg, 30 mg, 45 mg, 60 mg, 90 mg
- Dosing recommendations¹⁵:
 - Opioid Naïve: 15 mg Q12H
 - If converting from other opioid, use conversion table in package insert
 - Single doses of 60 mg or greater or total daily dose of 120 mg are only to be used in those who are considered opioidtolerant



Approved: January 2017





10 mg - 15 mg - 20 mg - 30 mg - 40 mg - 50 mg

7



Approved: January 2017

Comparisons

Vantrela ER

- Resistant to crushing and breaking; tablet forms a viscous gel when dessolved¹⁸
- When manipulated lower peak conc and lower early exposure vs. Zohydro

Hysingla ER

 Resistant to crushing and breaking; tablet forms a viscous gel when dessolved¹⁸

Zohydro ER

- Initially FDA approved without AD technology¹⁹
- Reformulated with BeadTek technology¹⁹
 - Excipients form viscous gel when crushed or desolved¹⁸



Approved: January 2017

Comparisons

	Vantrela ER ¹³	Hysingla ER ²⁰	Zohydro ER ²¹
Constipation	12%	3%	8%
Nausea	14%	8%	7 %
Vomiting	5%	6%	1%
Somnolence	3%	1%	0%
Headache	6%	2%	1%
Fatigue	2%	1%	1%



Approved: January 2017

Comparisons

	CO ²²	WY ² 3	OH ²⁴	TN ²⁵	NC ²⁶	NY ²⁷	MA ²⁸	Express scripts ²⁹	CVS Caremark ³⁰
Vantrela ER	NP	-	NC	NC	NC	NC	NC	NC	NC
Hysingla ER	NP	NP	NP	PA	NC	NC	PA	Preferred	PA
Zohydro ER	NP	NP	NP	PA	NP	PA	PA	NP	NC

NC= Not covered

NP=Non Preferred

PA= Prior Authorization required

"-" = No information



vantrela ER Approved: January 2017

Advantages

- ✓ Abuse deterrent technology
- ✓ Purity and peak hydrocodone levels lower than Zohydro when manipulated

Disadvantages

- **Q12H** dosing
 - Alternative: Hysingla Q24H
- Not covered by many insurances





Approved: January 2017









Approved: January 2017

POLL RESULTS



Approved: January 2017

B=Sell



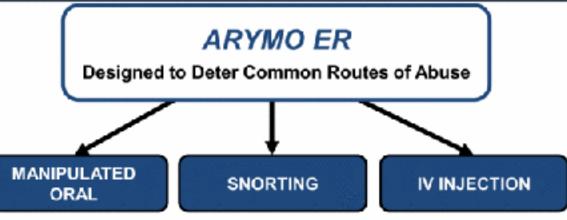


A=BUY

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ARYMO ER Provides a Broad Abuse-Deterrent Profile



- Hard tablet
- Would be difficult to chew
- Resistant to particle size reduction and morphine extraction
- Cannot be reduced to a snortable powder
- Cannot be extracted for injection in needles preferred by abusers



© Capylight 2016. Egalot Corperation



- Abuse Deterrent Properties³³
 - Resistant to crushing, breaking, and dissolving
 - Retains ER properties when manipulated
 - Forms viscous material when dissolved, which is resistant to needle passage.
- Extended Release Hydrocodone³³
 - How supplied: 15 mg, 30 mg, 60 mg
- Dosing recommendations³³:
 - Opioid Naïve: 15 mg Q8 or 12H
 - If converting from other opioid, use conversion table in package insert



Arymo ER

Approved: January 2017

Ary

NDC 69344-311-11

34

Arymo™ER (morphine sulfate)

(morphine sulfate) extended-release

60 mg

e

Attention Dispenser: Accompanying Medicationistant must be provided to the patient upon disperUSP,

100 Tablets



Swallow Tablens

Do not cut, break, chew, crush

NDC 65597-303-10

MorphaBond™ER (morphine sulfate)

(morphine suitate) Extended-release Tablets



Attention Dispenser: Accompanying Medication Guide must be previded to the patient upon dispensing.

Swallow tablets whole. Do not break, crush, dissolve, or chew.

100 Tablets

Rx Only

35



Usual Dosage: Read accompanying prescribing information.



Comparisons

Arymo ER

- Guardian technology
 - More difficult to crush/chew
 - Gels when trying to dissolve it

Morphabond ER

- Sentrybond technology³⁶
 - Harder to adulterate
 - Designed to maintain intended release profile of extended release product



Comparisons

Arymo ER

- Common Side Effects³³
 - Constipation
 - Dizziness
 - Sedation
 - Nausea/vomiting
 - Sweating
 - Dysphoria
 - Euphoric mood

Morphabond ER

- Common Side Effects³⁷
 - Constipation
 - Dizziness
 - Sedation
 - Nausea/vomiting
 - Sweating
 - Dysphoira
 - Euphoric mood



Comparisons

	CO ²²	WY ² 3	OH ²⁴	TN ²⁵	NC ²⁶	NY ²⁷	MA ²⁸	Express scripts ²⁹	CVS Caremark ³⁰
Arymo ER	NC	-	NC	PA	NC	NC	PA	NP	NC
Morphabond	NP	-	NC	PA	NC	NC	NC	NP	NC

NC= Not covered

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✓Advantages ✓Has abuse deterrent technology



Oisadvantages

- Will potentially need Q8H dosing
- Not covered by many insurances



A=BUY

B=Sell





• POLL RESULTS

arymo ER Approved: January 2017



B=Sell





A=BUY

B=Sell

TROXYCA® ER

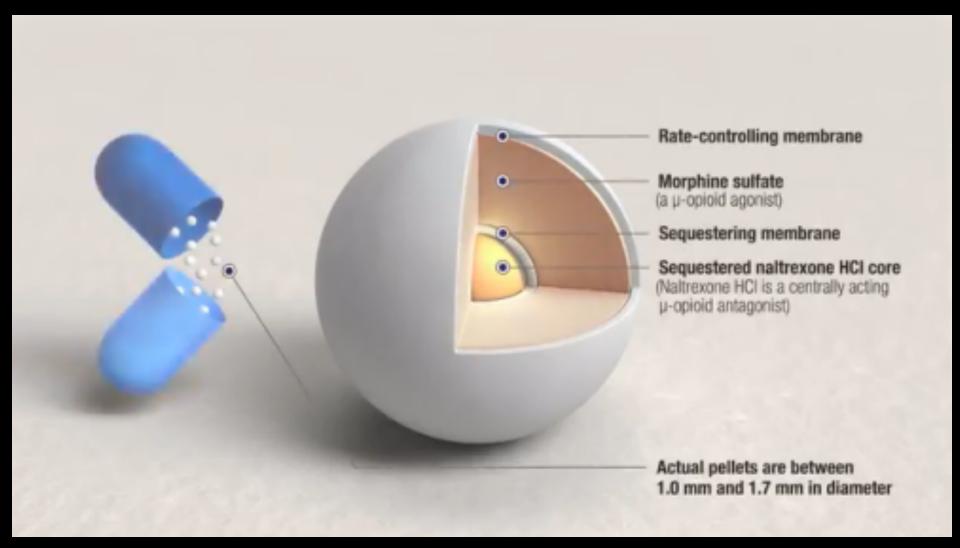
(oxycodone hydrochloride and naltrexone hydrochloride) extended-release capsules

20 mg/2.4 mg

THE PELLETS SHOULD NOT BE CHEWED, CRUSHED, OR DISSOLVED.

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Troxyca ER: Abuse Deterrent Technology





Troxyca ER Approved: December 2016

• Strengths:³⁸

Oxycodone	Naltrexone
10mg	1.2mg
20mg	2.4mg
30mg	3.6mg
40mg	4.8mg
60mg	7.2mg
80mg	9.6mg

• Dose: 38

- Opioid Naïve: Oxycodone 10mg/Naltrexone 1.2mg ER PO Q12H
- May adjust dose by oxycodone 20mg/naltrexone 2.4mg Q 2-3 days PRN based on efficacy, safety and tolerability.





- Administration:
 - Should be taken orally. Do not crush, cut or chew
 - May be opened and contents sprinkled on applesauce and swallowed without chewing.
 - DO NOT administer through a feeding tube or nasogastric tube



Troxyca ER Approved: December 2016

Comparisons



ALWAYS DISPENSE WITH MEDICATION GUIDE NDC 60793-531-01 Pfizer

TROXYCA® ER (oxycodone hydrochloride and naltrexone hydrochloride) extended-release capsules

20 mg/2.4 mg

THE PELLETS SHOULD NOT BE CHEWED, CRUSHED, OR DISSOLVED. 100 Capsules Rx only



Comparison

Troxyca ER

- Same ADO mechanism
- Likely precipitates withdrawal if accidently chewed.

Embeda ER

- Same ADO mechanism
- Precipitates withdrawal if is accidently chewed.⁵¹
- Contraindicated with use of MAOI's or use within 14days

	Troxyca ER ¹³	Embeda ER ¹³
Constipation	3.4-21.3%	7-31%
Nausea	14.4-25.3%	11-22%
Vomiting	6.2-13.9%	4-8%
Somnolence	Not Reported	1-14%
Headache	1.4-11.6%	Not Reported
Peripheral Edema	0.7-3.8%	Not Reported



Comparison

Troxyca ER

- Oxycodone + naltrexone
- No ceiling dose 45
- Effects on constipation:?
 - 3.4-14.9%¹³

Targiniq

- Oxycodone + naloxone
- Analgesic ceiling: 180-240mg ⁴⁵
- Reduces the side effect of constipation.⁴⁵
 - Bowel Function Index scores improved with Targiniq vs Oxycodone alone after 4 weeks of tx.⁵⁰



Comparison

	CO ²²	WY23	OH ²⁴	TN ²⁵	NC ²⁶	NY ²⁷	MA ²⁸		CVS Caremark ³⁰
Troxyca ER	NC	NC	-	-	-	-	-	-	-
Embeda	PA	NC	PA	Preferred	-	-	PA	-	-
Targiniq	NC	NC	-	-	-	-	-	-	-

NC= Not covered

NP=Non Preferred

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"-" = No information



Advantages

- **√**Deter abuse
- √Can be opened and contents sprinkled on applesauce for ingestion.⁵¹
- ✓Is an ADO option opioid switching from morphine
- √Puts ADO's into public circulation.



Disadvantages

Possible link between withdrawal and serious cardiovascular adverse events in opioids antagonists approved for treating opioid induced constipation.⁵¹

€ Expense

• Not covered by many insurance companies





B=Sell

Buy or Sell?

(oxycodone hydrochloride and naltrexone hydrochloride) extended-release capsules

20 mg/2.4 mg

THE PELLETS SHOULD NOT BE CHEWED, CRUSHED, OR DISSOLVED.



Troxyca ER

POLL RESULTS



B=Sell



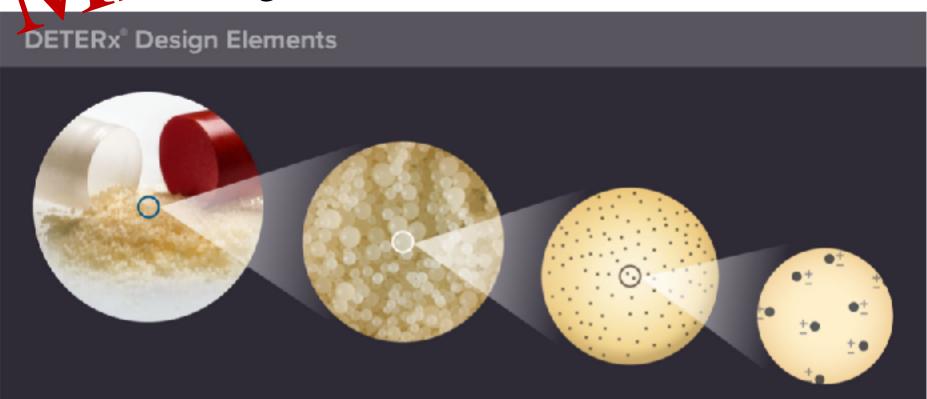
52

A=BUY











Microspheres made of API, fatty acid and waxes impart extended-release properties



Inactive components are made of hydrophobic, waxy materials



Drug is homogeneously dispersed within each microsphere



Drug binds chemically with inactive components



• Strengths:

		_52
Xtampza ER	Equivalence to oxycodone HCL	
9mg	10mg	
13.5mg	15mg	
18mg	20mg	
27mg	30mg	
36mg	40mg	

• Dose: 52

- Opioid Naïve: 9mg PO Q12H
- May adjust dose by 25-50% Q 1-2 days PRN based on efficacy, safety and tolerability.
- Maximum daily dosage 288mg (eight 36mg capsules, equivalent to 320mg oxycodone HCL)



Administration

- Oral whole capsules or sprinkle capsule contents on soft food or into a cup and administering directly into mouth.
- May be administered via G-tube or nasogastric tube
- Must be given with food
 - Same amount of food at each dose recommended to achieve consistent plasma concentrations.
 - When administered in the fed state, the bioavailability of oxycodone extended-release capsules is 14% greater than that of immediate-release solution. When given while fasted, bioavailability is 25% less than that of the immediate-release solution.



Comparisons

	Oxycontin	Xtampza ER			
Formulation	Tablet	Capsule			
Abuse deterrent Properties	Physical/chemical barrier Difficult to crush or break Resistent to chemical extraction Forms a viscous gel when dissolved	Physical/Chemical barrier Microspheres are resistant to crushing and chewing Melted or dissolved capsules are difficult to inject			
Administration	Oral Do not crush Without regards to food	Oral, G-tube, Nasogastric tube Can be crushed Take with food with every dose			



Comparisons

	CO ²²	WY ² 3	OH ²⁴	TN ²⁵	NC ²⁶	NY ²⁷	MA ²⁸	Express scripts ²⁹	CVS Caremark ³⁰
Xtampza ER	-	NP	NP**	NP***	-	-	PA	-	-
Oxycontin	PA*	NP	NP**	NP***	NP***	-	PA	Preferred	Preferred

*will be approved for members who've failed treatment with two other preferred products and at least one other opioid in the past year. Failed includes: lack of efficacy, allergy, intolerable side effects, or significant drug-drug interactions.

** For a non-preferred drug, there must have been inadequate clinical response to preferred alternatives, including a trial of no less than one week each of at least two preferred generics or brand

***Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.

NC= Not covered

NP= Non-preferred

PA= Prior Authorization required

"-" = No information



Advantages

- **√**Deter abuse
- ✓Will not have the risk of withdrawal and serious cardiovascular adverse events seen with opioid antagonists approved for treating opioid induced constipation.⁵¹
- √Contents can be opened and sprinkled onto applesauce for ingestion. Can also be given via G-tube or nasogastric tube.
- √No withdrawal risk if accidently chewed.



Disadvantages

- Must be taken with food for maximal effect and continue to be taken with food to ensure consistent plasma levels.
- Not bioequivalent with current ER Oxycodone, so monitoring for safety and efficacy upon transition is a must.
- Not covered by insurance companies at this time



Buy or Sell?





B=Sell



POLL RESULTS

Xtampza ER Oxycodone ER Approved April 26, 2016



B=Sell



Effectiveness of ADO's

ADO formulations "Oxycontin"



32% reduction ER oxycodone- related poison control abuse cases⁵⁶

15% rate of poisonings related to therapeutic use of ER oxycodone⁵⁶

In 140,496 people assessed for substance abuse problems found that ER oxycodone abuse declined by 33%, non oral abuse declined by 66% and frequency of abuse deceased by 30%57

Rate of ER oxycodone diversion decline by 50%⁵⁶

Street Price of ER oxycodone declined by 22%⁵⁶



Effectiveness of ADO's

ADO formulations "Oxycontin"



Estimated prescription overdose rate 20% lower 2yrs after Oxycontin reformulation⁵⁸

But Heroin overdose rate increased by 23%⁵⁸

abuse-deterrent opioids may be related to slightly lower overall healthcare costs for members with ICD-9 codes associated with opioid abuse; this finding was not replicated among members without comorbidities of addiction.⁵⁵



 Post marketing studies for Hyslinga and Embeda are scheduled for completion in 2018 and 2019



- ADO's: opioids formulated with abuse deterrent mechanisms
- There are 4 categories of studies required for ADO labeling
 - 1. How easily can they be compromised
 - 2. How different do kinetics behave before and after manipulation
 - 3. Drug likeability
 - 4. Post marketing epidemiological studies



ADO's



- There are 4 categories of studies required for ADO labeling
- There were 4 Abuse Deterrent Opioids approved between January 2016 and July 2017
 - Vantrela ER- No advantage over other ADO's
 - Arymo- No advantage over other ADO's
 - Troxyca
 - Same abuse deterrent mechanism as Embeda.
 - Not much advantage over other ADO's
 - Xtampza
 - feeding tube, nasogastric tube requirements and need crushed med for oral consumption
 - Need for consistent food intake at dosing time



- · ADO's are one piece of the puzzle.
- There are multiple mechanisms to abuse deterrence in opioid formulations.
- People whom are addicted go to extreme lengths for their fix. ADO's will not stop addiction.
- ADO's help prevent misuse of these products.
- The cost benefit of ADO's are not known yet.
- ADO's do not take the place of vigilant monitoring and follow-up.



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