ABUSE-DETERRENT PRODUCTS

LENGTH OF AUTHORIZATION: Up to 3 months

CLINICAL NOTES\(^1\):
Opioid products can be abused in a number of ways. For example, they can be swallowed whole, crushed and smoked or snorted, dissolved and injected. Abuse-deterrent technologies should target known or expected routes of abuse relevant to the proposed product. As a general framework, abuse-deterrent formulations can currently be categorized as follows:

- **Physical/chemical barriers** – Physical barriers can prevent crushing, chewing, cutting, grinding or grating of the dosage form. Chemical barriers, such as gelling agents, can resist extraction of the opioid using common solvents like water, alcohol, simulated biological media, or other organic solvents. Physical and chemical barriers can limit drug release following mechanical manipulation, or change the physical form of a drug, rendering it less amenable to abuse.

- **Agonist/antagonist combinations** – An opioid antagonist can be added to interfere with, reduce, or defeat the euphoria associated with abuse. The antagonist can be sequestered and released only upon manipulation of the product. For example, a drug product can be formulated such that the substance that acts as an antagonist is not clinically active when the product is swallowed, but becomes active if the product is crushed and injected or snorted.

- **Aversion** – Substances can be added to the product to produce an unpleasant effect if the dosage form is manipulated or is used at a higher dosage than directed. For example, the formulation can include a substance irritating to the nasal mucosa if ground and snorted.

- **Delivery System** (including use of depot injectable formulations and implants) – Certain drug release designs or the method of drug delivery can offer resistance to abuse. For example, sustained-release depot injectable formulation or a subcutaneous implant may be difficult to manipulate.

- **New molecular entities and prodrugs** – The properties of a new molecular entity (NME) or prodrug could include the need for enzymatic activation, different receptor binding profiles, slower penetration into the central nervous system, or other novel effects. Prodrugs with abuse-deterrent properties could provide a chemical barrier to the in vitro conversion to the parent opioid, which may deter the abuse of the parent opioid. New molecular entities and prodrugs are subject to evaluation of abuse potential for purposes of the Controlled Substances Act (CSA).

- **Combination** – Two or more of the above methods could be combined to deter abuse.

- **Novel approaches** – This category encompasses novel approaches or technologies that are not captured in the previous categories.

REVIEW CRITERIA:

- Patient must be 18 years of age or older
- Trial and failure to non-opioid analgesics must be submitted
- Trial and failure to immediate-release opioids must be submitted (tolerance and adequacy of the medication must be addressed)
- Submission of justification of the need for the management of pain severe enough to require daily, around the clock, long-term opioid treatment (not indicated for as needed analgesic)
- Trial and failure to preferred agent (Embeda) is required