Abuse-Deterrent Opioids – Evidence Evaluation & Labeling

Medication: <u>Embeda® (morphine/naltrexone e</u>	xtended-release capsule)
Evaluation Date: <u>04/07/2016</u>	Evaluation History: $oxtimes$ Initial Version 1.0, or $oxtimes$ Version
Current Product Labeling established: (select of Document (4/2015)	one) [$oxtimes$ Prior to] or [$oxtimes$ After] publication of FDA Guidance to Industry
This is a: (Check all that apply) ☐ New product ☐ Existing product, new formulation ☐ Existing product with new/update ☑ Other: Initial evaluation of existing	ed labeling
Product Abuse Deterrent Property Classifica ☐ Physical / Chemical barrier ☒ Agonist / Antagonist combination ☐ Aversion ☐ Delivery System ☐ New Molecular entity or Prodrug ☐ Combination (check combined item ☐ Novel Approach	
Product Labeling:	
Does the product have FDA abuse det	errent labeling? $oxtimes$ Yes or $oxtimes$ No Year obtained: 2014
Abuse Deterrent Evidence provided. Summa Guidance to Industry Document	ry of in-depth literature review and product evaluation based on FDA
	ation and extraction studies (Category 1) dy data indicates that crushing Embeda® pellets results in simultaneous rexone.
•	y 2) dy data indicates that crushed Embeda® pellets resulted in plasma at were not significantly different from administration of naltrexone
	ategory 3) I clinical abuse potential study assessed Drug Liking as primary endpoin rushed Embeda®, intact Embeda®, morphine solution and placebo.
	ategory 3) l clinical abuse potential study assessed Drug Liking and Drug High as administration of crushed Embeda® in solution, crushed MS Contin® in
	ategory 3) anasal clinical abuse potential study assessed Drug Liking and Drug High utranasal administration/insufflation of crushed Embeda®, crushed MS
	avenous clinical abuse potential study assessed primary endpoint of v high are you now?" after administration of simulated solution of

☐ Additional S	Studies / Post Market data which assessed the impact of abuse-deterrent formulation (Category
•	t market — Formal studies included recommended study design features (see page 19 FDA Guidance document)
	Description of Research:
	☐ Determination if use of product results in meaningful reductions in abuse, misuse, and related adverse clinical outcomes, including addiction, overdose, and death Description of Research:
	easures and Data Interpretation in Abuse Potential Studies andardized Instruments Visual Analogue Scales (VAS) Description of Research: Maximum effect (E _{max}) Drug Liking within 2 hours of dosing, E _{max} Drug High within 2 hours, Drug Liking, Drug High, Take Drug Again, Good Effects, Any Drug Effects, Bad Drug Effects, Feel Sick, Nausea, Sleepy, Dizzy, Nasal Effects, "How high are you right now?" and "Do you like the drug?".
	☐ Profile of Mood States Description of Research:
o Da	ata Interpretation ⊠ Primary Analysis Description of Research: <u>Difference of mean E_{max} Drug Liking, ARCI scale scores, Cole/ARCI scale scores, pupil diameter (Study 1); least squares mean difference E_{max} <u>Drug Liking and Drug High (Study 2 and 3); least squares mean difference E_{max} "How high are you now?" (Study 4).</u></u>
	Statistical Analysis Description of Research: <u>Linear mixed-effect ANCOVA with fixed-effect terms for treatment, period and sequence</u> , and a random effect term for subjects nested within sequence (Study 1): <u>mixed-effect model with fixed effects for sequence</u> , period, and treatment, and a random effect for subject nested in sequence (Study 2, 3 and 4).
	□ Data and dropout for non-completers □ Description of Research: Data regarding dropout and non-completers was provided in all clinical abuse potential studies.
☐ None of the Strength of Ev	above ridence of Abuse Deterrent Properties:
<u>cl</u> re ov	Evidence is based on physical/chemical property, theoretical assumptions or manufacturer's aims and is not yet supported by scientifically sound outcome data which demonstrates a duction in the abuse of the product in the community setting compared to levels of abuse, verdose, and death that occurred when only formulations of the same opioid without abuse-exterrent properties were available (Category III)
<u>m</u> de of	Evidence is based on physical/chemical property, clinical abuse potential studies or laboratory anipulation studies and is not yet supported by scientifically sound outcome data which emonstrates a reduction in the abuse of the product in the community setting compared to levels abuse, overdose, and death that occurred when only formulations of the same opioid without-buse-deterrent properties were available (Category II)
<u>re</u> ov	There is evidence, supported by scientifically sound outcome data, which demonstrates a duction in the abuse of the product in the community setting compared to levels of abuse, verdose, and death that occurred when only formulations of the same opioid without abuse-