Opioids: Current Status of the Crisis, Response, and Future Directions

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U.S. Food and Drug Administration

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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

• Review the current scope of the opioid crisis
• Discuss FDA’s actions related to opioids
• Examine the role of opioids in dentistry
• Look at recommendations made by several expert panels
• Review options for the safe disposal of unused medicines
Where are we now?

• Almost 2 million Americans abused or were dependent on prescription opioids in 2014.
• An estimated 10 million people used prescription opioids for non-medical use in 2014.
• There were an estimated 64,070 drug overdose deaths in the U.S. in 2016.
  – 42,249 were due to opioids (estimated)
• Opioid overdoses continue to increase
  – 33,091 in 2015

https://www.cdc.gov/drugoverdose/data/statedeaths.html
What is the human cost?

http://www.espn.com/nfl/team/stadium/_/name/cin/cincinnati-bengals
Drug Overdose Deaths

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

- Synthetic Opioids other than Methadone, 20,145
- Heroin, 15,446
- Natural and semi-synthetic opioids, 14,427
- Cocaine, 10,619
- Methamphetamine, 7,663
- Methadone, 3,314

Drugs Involved in U.S. Overdose Deaths** - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

Number and age-adjusted rates of drug overdose deaths by state, US 2013

https://www.cdc.gov/drugoverdose/data/statedeaths.html
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.

https://www.cdc.gov/drugoverdose/data/prescribing.html
U.S. Prescribing Rates 2013

https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
U.S. Prescribing Rates 2014
U.S. Prescribing Rates 2015
U.S. Prescribing Rates 2016
U.S. Prescribing Rates 2016

Rates vary widely, with some counties having a rate 7 times the national average.

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

https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
Objectives

• Review the current scope of the opioid crisis
• **Discuss FDA’s actions related to opioids**
• Examine the role of opioids in dentistry
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• Review options for the safe disposal of unused medicines
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: An FDA Priority

Take immediate steps to reduce the scope of the epidemic of opioid addiction

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
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</thead>
<tbody>
<tr>
<td>May 2017</td>
<td>Established FDA Opioid Policy Steering Committee (OPSC)</td>
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<tr>
<td>September 2017</td>
<td>Solicit public input on how FDA authorities can or should be used to address the crisis. Public docket closed December 2017; FDA reviewing over 900 comments.</td>
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<tr>
<td>January 2018</td>
<td>FDA hosted a public hearing to bring stakeholders together to discuss new approaches. Public docket closed March 2018; FDA reviewing over 500 comments.</td>
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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
FDA Priorities align to HHS Strategic Priorities and other National Activities

<table>
<thead>
<tr>
<th>HHS STRATEGIC PRIORITIES</th>
<th>FDA PRIORITIES</th>
<th>OTHER ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening public health surveillance</td>
<td><strong>1. Decreasing Exposure &amp; Prevent New Addiction</strong></td>
<td>President’s Commission on Combating Drug Addiction</td>
</tr>
<tr>
<td>Targeting availability and distribution of overdose-reversing drugs</td>
<td><strong>2. Supporting the Treatment of Those With Opioid Use Disorder</strong></td>
<td>Office of National Drug Control Policy Recommendations</td>
</tr>
<tr>
<td>Supporting cutting-edge research</td>
<td><strong>3. Fostering the Development of Novel Pain Treatment Therapies</strong></td>
<td>Comprehensive Addiction and Recovery Act (CARA)</td>
</tr>
<tr>
<td>Improving access to treatment and recovery services</td>
<td><strong>4. Improving Enforcement &amp; Assessing Benefit-Risk</strong></td>
<td>National Pain Strategy Recommendations</td>
</tr>
<tr>
<td>Advancing the practice of pain management</td>
<td></td>
<td>National Public Health Emergency</td>
</tr>
</tbody>
</table>
1. Decreasing Exposure & Prevent New Addiction

**HOW?**

- Facilitate appropriate prescribing of opioid analgesics.
- Evaluate indication specific doses.

**WHAT?**

- Jan 30, 2018: Held a public meeting to gain input on how FDA’s authorities could facilitate appropriate prescribing; reviewing over 500 comments.
1. Decreasing Exposure & Prevent New Addiction

**HOW?**

- 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.

**WHAT?**

- **Jun 1, 2017:** FDA/Duke Margolis *workshop and white paper* on packaging, storage, and disposal solutions.
- **Dec 11-12, 2017:** Held *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-the-counter anti-diarrheal medicine loperamide to curb intentional misuse and abuse.
## 1. Decreasing Exposure & Prevent New Addiction

### HOW?

- Consider appropriateness of **mandatory education** and how FDA would operationalize such a requirement.
- Ensure **training** is made available to non-physician prescribers, including nurses and pharmacists.

### WHAT?

- **May 9-10, 2017**: FDA public workshop on pain management training.
- **Sept 28, 2017**: FDA issued **letters** notifying sponsors of IR opioids their drugs will be subject to more stringent set of requirements under REMS. The **training** must be made available to **health care providers** who prescribe **IR opioid analgesics**.
- **Jan 30, 2018**: FDA posted revised opioid analgesic **prescriber training blueprint**, which will be final when the Opioid Analgesic REMS is approved later this year.
2. Supporting the Treatment of Those With Opioid Use Disorder (OUD)

<table>
<thead>
<tr>
<th>HOW?</th>
<th>WHAT?</th>
</tr>
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<tbody>
<tr>
<td>• Exploring ways to <strong>expand access</strong> to naloxone and <strong>facilitate the switch</strong> to <strong>OTC naloxone</strong>.</td>
<td>• <strong>2017-Ongoing: Precedent setting:</strong> FDA-led labeling study to facilitate the <strong>switch</strong> from prescription to <strong>OTC naloxone</strong>.</td>
</tr>
<tr>
<td>• Facilitate the development of <strong>new MAT options</strong>.</td>
<td>• <strong>Ongoing:</strong> NIH <strong>collaboration</strong> to identify new MAT endpoints and <strong>facilitate new formulations</strong>.</td>
</tr>
<tr>
<td>• Take steps <strong>promote the more widespread use</strong> of existing, safe and effective, FDA approved therapies.</td>
<td>• <strong>Nov 2017:</strong> Approved first once-monthly buprenorphine injection, a <strong>MAT option</strong> for moderate-to-severe OUD.</td>
</tr>
<tr>
<td>• Join efforts to <strong>break the stigma</strong> associated with medications used for treatment of addiction.</td>
<td>• <strong>Apr 2018:</strong> Held Patient Focused Drug Development (<strong>PFDD</strong>) meeting on <strong>OUD</strong>.</td>
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<td>• <strong>Apr 2018:</strong> Issued draft guidance “<strong>Opioid Dependence: Developing Buprenorphine Depot Products for Treatment.</strong>”</td>
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<td></td>
<td>• <strong>May 2018:</strong> Approved first <strong>non-opioid treatment</strong> for the mitigation of <strong>withdrawal symptoms</strong> associated with abrupt discontinuation of opioids.</td>
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</tbody>
</table>
### 3. Fostering the Development of Novel Pain Treatment Therapies

<table>
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<tr>
<td>• Expand use of partnerships with non-profit organizations, public meetings, and <strong>Advisory Committee</strong> meetings.</td>
<td>• <strong>Ongoing: FDA grant</strong> supported Drug-Free Kids campaign.</td>
</tr>
<tr>
<td>• <strong>Collaborate</strong> across HHS.</td>
<td>• <strong>Public-private-partnership (PPP)</strong> under the Critical Path initiative.</td>
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<tr>
<td></td>
<td>• <strong>Dec 2017: Participated</strong> on Administration’s Opioid Fast Track Action Committee (<strong>FTAC</strong>)</td>
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<tr>
<td></td>
<td>• <strong>May 22, 2018:</strong> AC meeting buprenorphine sublingual spray, for treatment of moderate-to-severe acute pain.</td>
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<td></td>
<td>• <strong>June 26, 2018:</strong> AC meeting oxycodone extended-release capsules intended to have abuse-deterrent properties.</td>
</tr>
<tr>
<td></td>
<td>• <strong>July 9, 2018:</strong> PFDD meeting on <strong>chronic pain</strong>.</td>
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</table>
| • Support development of **innovative** ADFs, **data** to inform benefit-risk assessment, and **transition to an ADF-prominent market**.  
• Ensure ADF **label nomenclature** enables providers to adequately distinguish between the risk of abuse and the risk of addiction. | • Jul 2017: Public workshop for postmarketing **ADF data and evaluation methods**.  
• Nov 2017: Issued final **guidance on generic ADFs**.  
• **2018**: Contracts to improve **data for ADF assessment** and understand **nomenclature**. |
| • Explore use of Fast Track and Breakthrough Therapy Designations.  
• Encourage novel therapies, including **medical devices**. | • **Summer 2017**: FDA/NIH **meeting series** on pain treatment alternatives.  
• **May 2018**: **innovation challenge** to spur the development of **medical devices and mobile applications** that help combat opioid crisis and prevent and treat opioid addiction. |
## 4. Improving Enforcement & Assessing Benefit-Risk

### HOW?

- Consider how to fully leverage FDA’s current **seizure and import authorities**.
- Increase oversight of **Illicit trade**.

### WHAT?

- 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.
- **Jan 2018**: FDA and FTC **take action** against companies **illegally marketing unapproved products** with claims to help with opioid addiction and withdrawal.
  - **March 2018**: spending bill allocated **$94 million** to expand FDA’s efforts at IMFs to address the opioid crisis.
  - **June 27, 2018**: FDA hosting Summit with Internet stakeholders to encourage proactive **limitation of illegal online sales**.
4. Improving Enforcement & Assessing Benefit-Risk

**HOW?**

- **Take action**, including product market **withdrawal recommendation**.
- **Improve robustness** of **benefit-risk assessment framework** for opioid analgesic formulations.

**WHAT?**

- **Jun 2017**: Requested market **withdrawal** of Opana ER due to abuse risks.
- **Jan 2018**: 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.
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Opioid Prescribing by Specialty

Based on “Opioid Prescribing Rates by Specialty, IMS Health, 2012”
Opioid Prescribing by Dentists

• The proportion of all opioids prescribed by dentists has been decreasing
  – From 15.5% in 2009 to 6.4% in 2012

• However, the prescribing rate per 1000 patients has increased
  – From 130.58 in 2010 to 147.44 in 2015
  – Large increase seen in 11 – 19 year old group – from 99.71 in 2010 to 165.94 in 2015

• Dentists prescribe 44.9% of all initial opioids
Recommendations from the ADA President

1. Consider the use of non-narcotic pain medications as first line treatment

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Recommendations from the ADA President

1. Consider the use of non-narcotic pain medications as first line treatment
2.Prescribe fewer pills when opioids are needed
3. Counsel patients regarding benefits and risks of opioids, and the risk of addiction
4. Recognize when patients may have a substance use disorder or are prone to addiction
   – Consult the state PDMP

Benefits and Harms of Analgesic Meds in Acute Dental Pain

• An overview of current systematic reviews
• 5 reviews included
• Goal: summarize benefits and harms of analgesic agents

• Data based on 3rd molar extraction
• Regimens with the highest proportion of patients obtaining at least a 50% reduction in pain
  – Ibuprofen 600mg (77%)
  – Ibuprofen 400mg and 1000 mg acetaminophen (72%)
  – Ibuprofen 200mg and 500mg acetaminophen (69%)

https://jada.ada.org/article/S0002-8177(18)30117-X/pdf
Benefits and Harms of Analgesic Meds in Acute Dental Pain

• Adverse event data is often incomplete and of variable quality

• Opioids were more commonly associated with adverse events

• It is Important to set realistic expectations
  – The goal is to keep the patient as comfortable as possible
  – Some discomfort is normal and will likely occur

https://jada.ada.org/article/S0002-8177(18)30117-X/pdf
Reducing Opioid Prescribing

• Protocol developed at the University of Minnesota School of Dentistry
  – Use of NSAIDS as first line therapy
  – When opioids are indicated, prescribe the lowest dose and number of pills that will adequately treat pain
  – Check state PDMP
    • Do not prescribe opioids to those with an existing opioid prescription
  – Document reasons for deviations from the protocol in the patient record

Results: Protocol Implementation

• Opioids prescriptions decreased 47.1% (from 5279 in the 15 months pre-protocol to 2792 in the 15 months after protocol introduction)
• Average number of pills prescribed decreased 17.9%
• Refill prescriptions were rare (≤5/quarter)
• No increase in after-hours or return visits for inadequate pain control (anecdotal)
Potential Targets for Provider-Level Intervention

• Survey of 87 dentists
• A one-time on-line survey, 59 items
• Conducted in late 2014 – early 2015

Demographics:
• 64% male
• Mean age: 51 years
• 79.3% identified specialty as “general dentistry”
• 69% spent 81 – 100% of time in patient care
• Urban, suburban, and small town settings represented about equally

Results of Survey

• Explained risks of taking opioids: 28.8% never or almost never
• Regularly screen for prescription drug abuse: 44%
• Ever accessed PDMP: 38%
  – 87.9% of those who used PDMP found info helpful or very helpful
• Discussed importance of secure storage: 45.5% never or almost never
• Discussed appropriate disposal: 60.6% never or almost never
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Recent Expert Input on the Opioid Crisis

In the last year, several expert panels have made recommendations on how to respond to the opioid crisis.

• National Academies of Sciences, Engineering, and Medicine (NASEM)
• President’s Commission on Combating Drug Addiction and the Opioid Crisis
• National Governors Association
What do Other Groups Recommend?

• National Academies of Sciences, Engineering, and Medicine (NASEM) developed a report to:
  – Inform FDA on the state of the science regarding opioid misuse and abuse
  – Make recommendations on the options available to FDA to address the prescription opioid overdose epidemic.
  – Report released July 13, 2017

http://nationalacademies.org/hmd/Reports.aspx
NASEM Recommendations

• Invest in research to better understand pain, opioid use disorder, and public health implications of opioids.
• Improve reporting of data on pain and opioid use disorder
• Improve the use of PDMP data
• Improve education for health care providers and evaluate the impact of patient and public education
• Reduce barriers to accessing non-opioid treatment options for pain
NASEM Recommendations

• Reduce barriers to coverage of medications used to treat opioid use disorder
• Improve access to naloxone
• Incorporate public health considerations into opioid-related regulatory decisions
• Increase the transparency of regulatory decisions regarding opioids
• Strengthen the post-approval oversight of opioids
• Conduct a full review of currently marketed opioids
Presidential Commission

• Established by Executive Order on March 29, 2017.
• Mission: “to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response.”
• Draft final report released November 1, 2017

https://www.whitehouse.gov/ondcp/presidents-commission/mission
Recommendations of the President’s Commission

- Expand treatment capacity
- Mandate prescriber education initiatives
- Remove policy and reimbursement barriers to Medication-Assisted Treatment (MAT)
- Allow naloxone administration by EMTs; implement co-prescribing pilot programs
- Prioritize resources to detect and prevent the illegal importation of fentanyl
- Enhance interstate data sharing via state-based PDMPs

Recommendations of the President’s Commission

• Modify policies that discourage the use of non-opioid treatments for pain
• Review and modify rate-setting to better cover the true costs of SUD treatment
• Improve data collection with regard to overdoses, naloxone administration, overdose deaths, treatment programs, and federally funded interventions.
  – Enable real time surveillance at all levels
National Governors Association (NGA)

• Reflects the input of governors across the country
• “Recommendations for Federal action to end the opioid crisis”
• Report released January 18, 2018
Recommendations from NGA

• Require interoperability between electronic health records (EHRs) and state PDMP
• Require prescribers to register with their state PDMP and complete evidence-based training on pain management
• Allow state Medicaid programs to offer the full continuum of evidence-based care, including residential treatment
Recommendations from NGA

• Increase federal support for state efforts to address the opioid crisis, with flexibility for states to meet the needs of their communities
  – Wider availability of naloxone
  – Maintenance and ongoing operation of state PDMPs
  – Capacity building for medical examiners

• Awareness campaign to promote prevention and reduce stigma associated with substance use disorder
Common Themes from NASEM, President’s Commission, and NGA

• These groups made similar recommendations in several areas (reducing barriers, naloxone access, PDMPs, provider education)
• Many of these recommendations are already being implemented.
• Challenges remain. There does not seem to be a single “solution,” although many of these recommendations are likely to be impactful.
Where are we now?

- Overall, opioid prescribing is decreasing over the last several years.
- Deaths from opioids continue to rise. This appears due to increasing use of illicit fentanyl and derivatives.
- Finding new and additional ways to address opioid use, misuse, and abuse remains an urgent public health issue.
Solutions Will Need to Come from Many Sources

“This crisis has gotten so large and pervasive that it is simply beyond the scope of any one of our agencies to make a meaningful impact. It is only by working together and in partnership with state and private entities that we are going to slowly reverse the trend of new addiction...”

- Scott Gottlieb, FDA Commissioner
Testimony to the Senate Committee on Health, Education Labor and Pensions
October 5, 2017

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)
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Unused Opioids in Out-patient Dental Surgery

• Randomized trial designed to measure the effect of an intervention to encourage disposal of unused pills
• Intervention arm received info on disposal and a hotline to call for instructions for a pharmacy-based disposal program.
• Incentive offered for each survey and interview, totaling $50 for completion of all items
• After third molar extraction, patients were contacted by text on days 1 – 7, 14, and 21

Unused Opioids Study

- 79 patients randomized
- 72 patients received and filled an opioid-containing prescription
- 67 patients did not develop dry socket (5 with dry socket analyzed separately)
- 97% of surveys completed
- 91% of patients reported they were very satisfied with the survey experience
Unused Opioids Study - Results

• Mean number of pills prescribed: 28
• Mean number of pills taken: 13

➤ Only 46% of dispensed pills were used, leaving 54% (n = 1010) unused

• Projected nationally, this could be 100,000,000 unused pills per year
  – Risk for diversion, addiction

• “Disposed of or intended to dispose of” unused opioids: 52% vs. 30% (p = 0.11)

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

https://jamanetwork.com/journals/jamasurgery/article-abstract/2644905
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

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.

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Found in Brand Names</th>
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<tbody>
<tr>
<td>Benzhydrocodone/Acetaminophen</td>
<td>Apadaz</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Belbuca, Bunavail, Butrans, Suboxone, Subutex, Zubsolv</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Actiq, Duragesic, Fentora, Onsolis</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Diastat/Diastat AcuDial rectal gel</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Anexsia, Hysingla ER, Lortab, Norco, Reprexain, Vicodin, Vicoprofen, Zohydro ER</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Diauxid, Exalgo</td>
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<tr>
<td>Meperidine</td>
<td>Demerol</td>
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<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
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<tr>
<td>Methylphenidate</td>
<td>Daytrana transdermal patch system</td>
</tr>
<tr>
<td>Morphine</td>
<td>Arymo ER, Embeda, Kadian, Morphabond ER, MS Contin, Avinza</td>
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<tr>
<td>Oxycodone</td>
<td>Combunox, Oxydo (formerly Oxecta), OxyContin, Percocet, Percodan, Roxicet, Roxicodone, Roxybond, Targiniq ER, Xartemis XR, Xtampza ER</td>
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<tr>
<td>Oxymorphone</td>
<td>Opana, Opana ER</td>
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<tr>
<td>Tapentadol</td>
<td>Nucynta, Nucynta ER</td>
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<tr>
<td>Sodium Oxybate</td>
<td>Xyrem oral solution</td>
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https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Medicines_recommend
Thank You

Questions???

Contact information:
scott.winiecki@fda.hhs.gov
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

<table>
<thead>
<tr>
<th>American Academy of Family Physicians</th>
<th>American Psychiatric Association</th>
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<tr>
<td>American Academy of Neurology</td>
<td>American Society of Addiction Medicine</td>
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<tr>
<td>Addiction Technology Transfer Center</td>
<td>American Society of Pain Management Nursing</td>
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<tr>
<td>American Academy of Pain Medicine</td>
<td>Association for Medical Education and Research in Substance Abuse</td>
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<td>American Academy of Pediatrics</td>
<td>International Nurses Society on Addictions</td>
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<td>American College of Emergency Physicians</td>
<td>American Psychiatric Nurses Association</td>
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<td>American College of Physicians</td>
<td>National Association of Community Health Centers</td>
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<td>American Dental Association</td>
<td>National Association of Drug Court Professionals</td>
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<tr>
<td>American Medical Association</td>
<td>Southeastern Consortium for Substance Abuse Training</td>
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<td>American Osteopathic Academy of Addiction Medicine</td>
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</table>
Webinar Evaluations

• Each PCSS-O partner organization is asked to distribute a post and 30-day evaluation to participants for their completion.

• Participants in today’s webinar will be emailed the link on July 20th to complete their evaluations.

• Thank you for your feedback!
ADA Contact Information

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