



# Mirror Mirror on the Wall: Who's the FDA's Fairest ADF of All?

Mark Garofoli, PharmD, MBA, BCGP, CPE

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## Faculty



- Family of 8 Pharmacists  
- Wife, In-Laws, & Cousins
- Family Vineyard in the Marche Region of Italy



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## Disclosures

- Nothing to disclose

This presentation was not a part of the presenter's official duties at the WVU and does not represent the opinion of WVU



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**Opinions...**

**I have personal and professional opinions on pain management. However, some things are better left NSAID.**



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**Learning Objectives**

- Identify the seven current types of abuse-deterrent formulations.
- Recall all available abuse-deterrent formulation (ADF) opioid medications, with particular attention to the select few that are both FDA approved specifically as ADF opioid medications and available on the U.S. market.
- Discuss common methods of manipulation of abuse-deterrent formulation (ADF) opioid medications.



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**CDC MME Thresholds & Driving Speed Limits**

**Avoid**  
**Increasing**  
**Speed Limits  $\geq 90$  MME**

**Caution**  
**50 MME**



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CDC MME Thresholds & Driving Speed Limits

**Caution 50 MEDD**

**Avoid increasing 90 MEDD**

**SEAT BELTS SAVE LIVES**  
**BUCKLE UP EVERY TIME**

**Painweek**

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Driving & Opioid Risk Reduction

<b>PDMP Review</b>
Physical Exam
<b>Urine Drug Screening</b>
Use Caution with Methadone
Short Duration of Initial Opioid
<b>Avoid Sedative Co-Prescribing</b>
Patient & Provider Agreement/Contract
<b>MEDD Cautionary Threshold</b>
Gradual Tapering Plan
Abuse-Deterrent Formulations

**SEAT BELTS SAVE LIVES**  
**BUCKLE UP EVERY TIME**

**Painweek**

Adapted from <https://www.cdc.gov/mmwr/preview/mmwrhtml/0901a11.htm>

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Opioid Abuse Transition

Research

Original Investigation

**The Changing Face of Heroin Use in the United States**  
A Retrospective Analysis of the Past 50 Years

Theodore J. Cicero, PhD; Matthew S. Ellis, MPE; Hilary L. Surratt, PhD; Steven P. Kurtz, PhD

↓

75% of Heroin Users Started with Prescription Opioids

**Painweek**

© Cicero et al. 2019. The Changing Face of Heroin Use in the United States. JAMA December 10, 2019

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### Opioid Abuse Transition

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Research

Original Investigation  
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Theodore J. Cicero, PhD, Matthew S. Ellis, MPE, Hilary L. Surratt, PhD, Steven P. Kurtz, PhD

75% of Heroin Users  
 Started with  
 Prescription Opioids

↻

Family, Friends, Theft ???

↻

Healthcare Professional(s)

**PainWeek** © Cicero et al. (2014). The Changing Face of Heroin Use in the United States. JAMA Psychiatry. 71:129.

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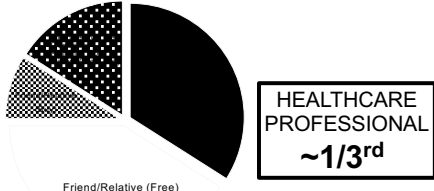
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### Where are these opioids coming from...

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**HEALTHCARE  
 PROFESSIONAL**  
**~1/3<sup>rd</sup>**

**PainWeek** 2017 DEA National Drug Threat Assessment: [https://www.dea.gov/ncd/DR-040-17\\_2017-NDTA.pdf](https://www.dea.gov/ncd/DR-040-17_2017-NDTA.pdf)

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### Opioid Abuse Transition


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Hydrocodone  
 Combo  
 Tablets  
 \$5-10/Tab

Oxycodone  
 Combo IR  
 Products  
 \$10-15/Tab

Oxycodone  
 Sole ER/IR  
 Products  
 \$1.50/mg

Heroin  
 (\$10/Bag)



**ADFs**

**PainWeek** Shah, et al. (2017). Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use - United States, 2000-2015. Morbidity & Mortality Weekly Report, 66(10): 245-249. [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

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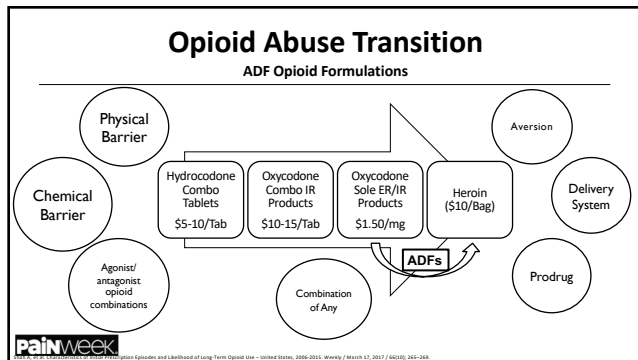
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### Types of Abuse-Deterrent Formulations (ADFs)

ADF Type	Description
1. Physical Barrier	Prevent chewing, crushing, cutting, grating, or grinding
2. Chemical Barrier	Resist extraction of the opioid through use of common solvents including water, alcohol or other organic solvents
3. Agonist/Antagonist Opioid Combinations	Antagonist is added to the formulation to interfere with release if taken in any other way than it was intended
4. Aversion	Substances are added to the dosage form to produce an unpleasant effect if the dosage form is manipulated prior to ingestion or if a higher dosage than directed is used
5. Delivery System	Alternative delivery systems that are more difficult to manipulate (such as a depot injectable, an implant, or transdermal application)
6. Prodrug	Medication contains a prodrug that lacks opioid activity until it has been transformed in the gastrointestinal tract
7. Combination of the above	

**PainWeek**

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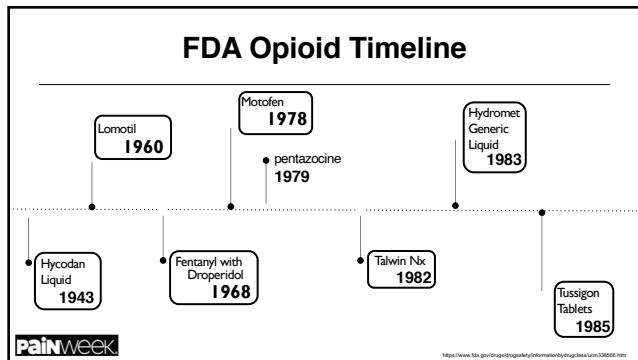
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### The Early “ADFs”

Hydrocodone & homatropine

- Tussigon tablets 5mg/1.5mg (FDA 1985)
- Hydromet liquid 5mg/1.5mg per 5ml (FDA 1943, generic 1983)
- Homatropine
  - Anticholinergic similar to Atropine (Aversion)

**PainWeek**

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### The Early “ADFs”

Phenylpiperidine opioids (diarrhea treatment)

- Lomotil® (diphenoxylate & atropine, 1960)
- Motofen® (difenoxyin & atropine, 1978): metabolite of diphenoxylate
- Atropine
  - Produces *dysphoria* in large doses (aversion)
  - Anticholinergic: blurred vision, constipation, visual disturbances

**PainWeek**

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### The Early “ADF’s”

#### Fentanyl with droperidol

- Dr. Robert Dripps (U of Penn) strong opponent due to abuse concerns
- Dr. Janssen (Janssen Pharmaceuticals) & Dr. Dripps developed the combination product of droperidol to fentanyl in a 50:1 ratio (FDA approved 1968)
- Dr. de Castro (Europe) recommended ratio based on his patient treatments including the droperidol to produce dysphoria if abused
- FDA later approved fentanyl as solo products



Shelley, T. The Fentanyl Story. The Journal of Pain, Vol 15, No 12 (December), 2014 pp 1219-1226.

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### The Early “ADFs”

#### Pentazocine and naloxone (FDA approved in 1982)

- Pentazocine single product
  - Kappa agonist, mu antagonist
  - Single product pentazocine FDA approved 1967
  - Observed to be crushed, mixed w/ antihistamine pyribenzamine, & injected
    - “Pinks & blues”
  - 1<sup>st</sup> DEA reclassification: pentazocine (single product) to CIV in 1979



https://www.fda.gov/oc/opa/foia/foia-information-for-oc-guests/oc-200808.html

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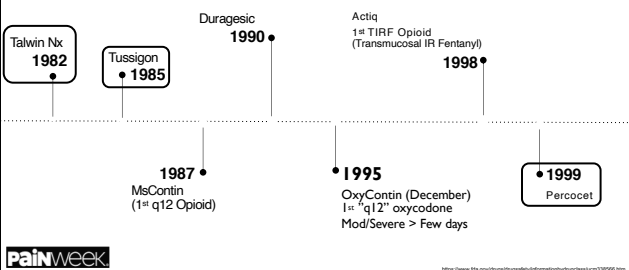
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### FDA Opioid Timeline



https://www.fda.gov/oc/opa/foia/foia-information-for-oc-guests/oc-200808.html

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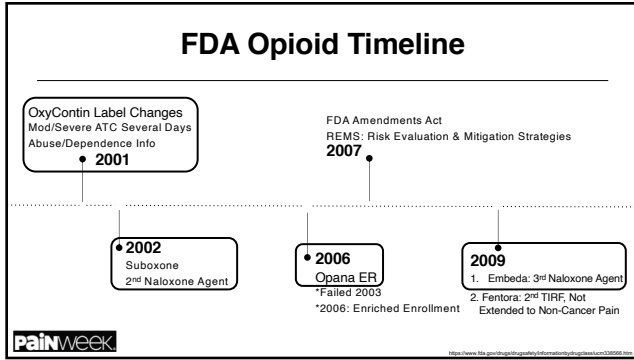
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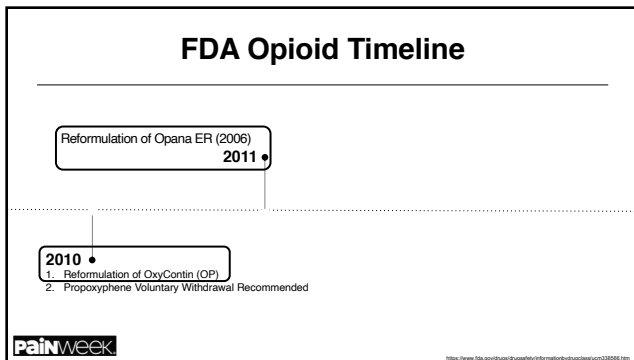
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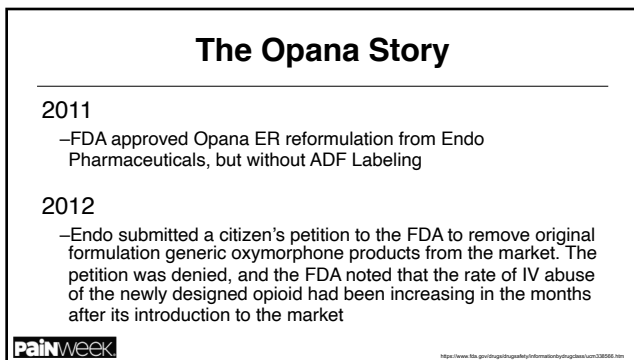
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### Category 3: Abuse Potential Studies

Physically manipulated products compared to regular product

- Cutting
- Grafting
- Milling
- Chewing
- +/- Heat

#### Routes of Administration

- Ingestion (Oral Route)
  - Oral bioavailability
- Injection (Parenteral Route)
  - Extractability and syringeability
- Insufflation (Nasal Route)
  - Nasal bioavailability & PD effects
- Smoking (Inhalation Route)
  - Ability to sublimate



<https://www.fda.gov/oc/ohrt/042017.pdf>

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### Category 3: Abuse Potential Studies

In Vitro Studies	In Vivo Studies
Extractability Studies	Nasal & Oral PK
Performed at Both Room Temp & Elevated Temp	Multiple Strengths Tested
Solvents • Level 1: Deionized water • Level 2: vinegar, 0.2% baking soda solution, 40% ethanol, & carbonated drink • Level 3: 100% ethanol, 100% isopropyl alcohol, acetone, 0.1 N HCl, & 0.1 N NaOH	Agonist/antagonist levels



<https://www.fda.gov/oc/ohrt/042017.pdf>

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### So who made the cut...pun intended



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FDA Approved ADF Opioids available on US Market (July 2020)

Abuse Deterrent Formulation (ADF) Opioids			
Active Ingredient	Product	FDA ADF Approval	Formulation
oxycodone	Xtampza ER®	IN, IV, & PO Chew	ER Capsule
	Xartemis ER® (+APAP)	-	IR/ER Tablet
	OxyContin®	IN & IV	ER Tablet
	Troxyca®	IN, IV, PO Crush	ER Capsule
	Oxaydo®	-	IR Tablet
	RoxyBond®	IN & IV	IR Tablet
tapentadol	Nuzynta ER®	-	ER Tablet
hydromorphone	Exalgo®	-	ER Tablet
morphine	Embeda®	IN & PO Crush	ER Tablet
	Arymo®	IV	
	MorphaBond®	IN & IV	
	Hysingla®	IN, IV, & PO Chew	ER Tablet
hydrocodone	Zohydro ER®	-	ER Capsule
	Vantrela ER®	IV	ER Tablet
	Hydromet®	-	Liquid
	Tusigam®	-	Tablet
benzhydrocodone	Apzoda®	-	Tablet
pentazocine	Islyn NX®	-	Tablet

\*Targiniq (oxycodone) & Opans (oxymorphone) are Off Market\*

**PainWeek**

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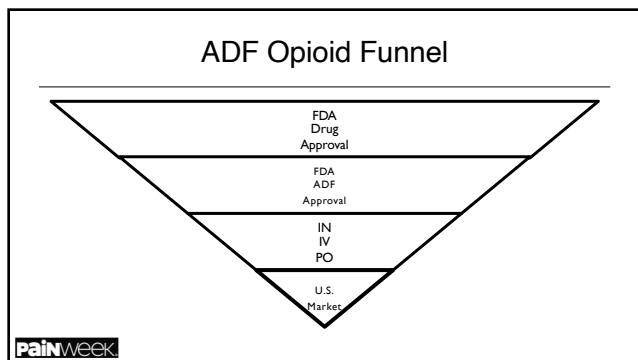
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FDA Approved ADF Opioids on US Market (July 2020)

Medicine	Product	FDA ADF Approval			Formulation
oxycodone	Xtampza ER®	IN	IV	PO Chew	ER Capsule
	OxyContin®	IN	IV		ER Tablet
hydrocodone	Hysingla®	IN	IV	PO Chew	ER Tablet
morphine	Embeda®	IN		PO Crush	ER Tablet
	Arymo®		IV		
	MorphaBond®	IN	IV		

**PainWeek**

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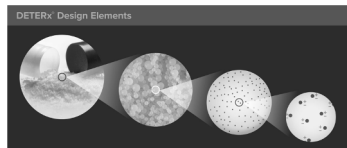
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## Xtampza ER®

- DETERx Technology
  - Waxy microspheres solidify in a needle
- FDA ADF Approved
  - IN, IV, & PO
- Take with food
  - GI activated, not pH
- Can be opened and sprinkled into a G-Tube or on food



Microspheres made of PLGA and wax possess extended-release properties

Inactive components are made of hydrophilic waxy matrix

Drug is homogeneously dispersed within each microsphere

Drug binds chemically with inactive components



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Xtampza ER (oxycodone) Dosage	Equivalent to	Extended-release Oxycodone HCl Dosage
9 mg		10 mg
13.5 mg		15 mg
18 mg		20 mg
27 mg		30 mg
36 mg		40 mg
<hr/>		
27 mg + 27 mg		60 mg
36 mg + 36 mg		80 mg



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## OxyContin®

- Original formulation (1996-2009): "OC" Imprint
- Newer formulation (2010-present): "OP" Imprint

Strength	10 mg	15 mg	20 mg	30 mg	40 mg	80 mg
Comparison of original (first) versus reformulated OxyContin® tablets (second).						



39

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### OxyContin®

- RESISTEC technology
  - Forms a viscous gel with water
- ADF Category 3 study (IN/IV)
  - 57% reduction in drug liking
  - 43% no reduction in drug liking
- Phase 4
  - ~50% decrease in doctor chopping, overdoses, & poison center calls (heroin replaced?)
- Q12h dosing ???



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**Homophone**

the same      sound

right ✓	see 👁️	hair 👱
write ✍️	sea 🌊	hare 🐰



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### Oxy-Crisping

#### Tools of the Trade

- Grater (PediEgg)
- Ceramic/glass plate
- Paper towel
- Microwave
- Fridge/freezer



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### Oxy-Crisping

**Tools of the Trade**

- Grater  (lemon zester)
- Ceramic/glass plate
- Paper towel
- Microwave
- Fridge/freezer

**PainWeek** www.bsl.org

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43

### FDA Approved ADF Opioids on US Market (July 2020)

Medicine	Product	FDA ADF Approval			Formulation
oxycodone	Xtampza ER®	IN	IV	PO Chew	ER Capsule
	OxyContin®	IN	IV		ER Tablet
hydrocodone	Hysingla®	IN	IV	PO Chew	ER Tablet
morphine	Embeda®	IN		PO Crush	ER Tablet
	Arymo®		IV		
	MorphaBond®	IN	IV		

**PainWeek** www.bsl.org

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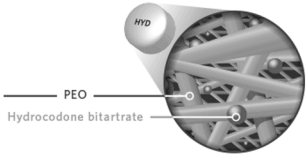
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### Hysingla®

- RESISTEC Technology (\*Same as OxyContin)  
–Forms a viscous gel around water
- ADF Category 3 studies (IN, IV, & PO): ~80% reduction in drug liking

HYdrocodone  
SINGle dose  
Long Acting



**PainWeek** www.bsl.org

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### Hysingla®

Hydrocodone/bupropion  
10mg/325mg  
1 T q 4 to 6 h  
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**Painweek**

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### FDA Approved ADF Opioids on US Market (July 2020)

Medicine	Product	FDA ADF Approval			Formulation
oxycodone	Xtampza ER®	IN	IV	PO Chew	ER Capsule
	OxyContin®	IN	IV		ER Tablet
hydrocodone	Hysingla®	IN	IV	PO Chew	ER Tablet
morphine	Embeda®	IN		PO Crush	ER Tablet
	Arymo®		IV		
	MorphaBond®	IN	IV		

**Painweek**

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### Arymo®

- Guardian technology (polymer matrix)
  - Physical & chemical barrier
- FDA ADF approved for IV
- Oxycodone product in pipeline

**Painweek**

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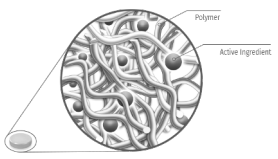
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## MorphaBond®

- Sentry Bond Technology
- Dose every 8 to 12 hours
- Can be taken +/- food
- FDA ADF approved for IV & IN




Polymer


Active ingredient




15 mg



30 mg



60 mg



100 mg

**PainWeek**

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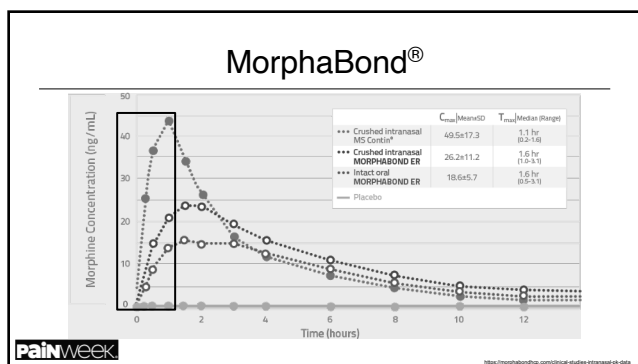
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## Embeda®

- Sequestered naltrexone induces withdrawal if abused and ingested
- FDA ADF approved IN & PO  
—Only FDA ADF opioid originally w/o IV
- Morphine:naltrexone ratio 100:4

EMBEDA vs IR MORPHINE Oral IR (Study 1)<sup>1,2</sup>

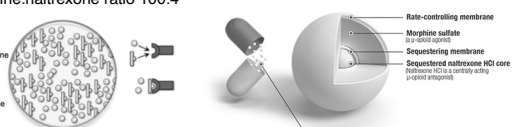
EMBEDA intact vs EMBEDA crushed in solution vs IR morphine in solution vs placebo

EMBEDA vs ER MORPHINE Oral ER (Study 2)<sup>1,2</sup>

EMBEDA crushed in solution vs ER morphine crushed in solution vs placebo

EMBEDA vs ER MORPHINE Intranasal (Study 3)<sup>1,2</sup>

Crushed EMBEDA vs crushed ER morphine vs placebo



Rate-controlling membrane

Morphine sulfate in solution

Sequestering membrane

Sequestered naltrexone HCl core (naltrexone HCl is a mixed sigma-1/partial antagonist)

Actual pellets are between 1.0 mm and 1.7 mm in diameter

**PainWeek**

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
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## Embeda®

EMBEDA is available in 6 dosage strengths<sup>1</sup>

 20 mg/0.8 mg	 30 mg/1.2 mg	 50 mg/2 mg
 60 mg/2.4 mg	 80 mg/3.2 mg	 100 mg/4 mg*

**PainWeek**

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## MAT Buprenorphine Products with Naloxone...

FORMULATION	STRENGTH			
Sublingual Tablet	2mg BUP 0.5mg NX	-	8mg BUP 2mg NX	-
Sublingual Film	2mg BUP 0.5mg NX	4mg BUP 1mg NX	8mg BUP 2mg NX	12mg BUP 3mg NX

**PainWeek**

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## Buprenorphine vs Naloxone

### Bluelight

Lazylazzyoe (9/1/2010, 5:57am)

As someone who regularly injects Suboxone, I prefer injecting Suboxone instead of using sublingual mainly because of the efficacy. I can inject 1 to 2mg and be good for an entire day, compared to 4mg sublingual. It also takes affect in 15 minutes instead of 90 minutes.

You do have to be careful though, it is much easier to precipitate withdrawal this way. Wait a little longer for your induction, even longer if coming down off methadone.

The other thing that gets me is that I buy my Suboxone on the street, because between the doc and the pharmacy I'd be paying \$150/month & \$7.50/pill. If the doc would just prescribe Subtex, I could get it generic and do it legit for about the same cost. It drives me nuts as Suboxone is just as easy to abuse as the Subutex. Not to mention the whole pain management specialist thing is a big scam. There's no reason why a regular doc can't prescribe this schedule 3 drug.

Dread (10/1/2010, 2:08am)

Naloxone was put in there to trick the FDA, and it worked!  
It was put in to extend the patent, they had to come up with a "new" product to keep the big bucks coming in.

**PainWeek** www.bluelight.org

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## Buprenorphine vs Naloxone

### Package Insert

#### 5.2 Risk of Respiratory and Central Nervous System (CNS) Depression

Buprenorphine has been associated with life-threatening respiratory depression and death. Many, but not all, post-marketing reports regarding coma and death involved misuse by self-injection or were associated with the concomitant use of buprenorphine and benzodiazepines or other CNS depressants, including alcohol. Warn patients of the potential danger of self-administration of benzodiazepines or other CNS depressants while under treatment with SUBOXONE sublingual film [see Warnings and Precautions (5.3), Drug Interactions (7)].

... active substantial heroin or other full mu-opioid dependence. However, clinicians should be aware that some opioid-dependent persons, particularly those with a low level of full mu-opioid physical dependence or those whose opioid physical dependence is predominantly to buprenorphine, abuse buprenorphine/naloxone combinations by the intravenous or intranasal route. In methadone-maintained patients and heroin-



Suboxone Full Prescribing Information, February 27, 2019. [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2013/022144b02b1.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2013/022144b02b1.pdf)

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## Buprenorphine Battles...



THE UNITED STATES DEPARTMENT OF JUSTICE

FOR IMMEDIATE RELEASE

Tuesday, April 9, 2019

### Indivior Inc. Indicted for Fraudulently Marketing Prescription Opioid

Company Allegedly Lured to Doctors and Public Health Care Benefit Programs About the Safety and Diversion Risks of Suboxone Film

CLERK'S OFFICE U.S. DISTRICT COURT AT ABRINGDON, VA FILED	
APR 09 2019	
JULIA C. DUGLEY, CLERK	
BY: <i>[Signature]</i> DEPUTY CLERK	
UNITED STATES OF AMERICA	)
v.	)
INDIVIOR INC. (a/k/a Reckitt Benckiser Pharmaceuticals Inc.) and INDIVIOR PLC	)
Case No. 1:19-cr-00116	)
Violations: 18 U.S.C. §§ 2, 1341, 1343, 1347, 1349	)



<https://www.justice.gov/opa/pr/2019/04/09-indivior-inc-indicted-fraudulently-marketing-prescription-opioid>  
<https://www.justice.gov/opa/pr/2019/04/09-indivior-inc-indicted-fraudulently-marketing-prescription-opioid>

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## Buprenorphine Battles...but the War???

BUSINESS NEWS | JULY 10, 2019 2:10 PM | UPDATED 2:10 PM EDT

### Reckitt to pay \$1.4 billion to end opioid addiction treatment probes

Steve Zlotnik, Reuters, Pittsburgh, Pa.

4 MIN READ



(Reuters) - Reckitt Benckiser (RBL) has agreed to pay up to \$1.4 billion (\$1.1 billion) to end U.S. federal investigations into the marketing of an opioid addiction treatment by its former business Indivior, lifting a cloud that has been hanging over the British company for years.

Separately on Thursday, Indivior raised its full-year profit and revenue guidance after Suboxone lost market share at a slower pace than expected, sending its shares 35% higher.



<https://www.reuters.com/article/indivior-reckitt/indivior-reckitt-to-pay-14-billion-to-end-opioid-addiction-treatment-probes-idUSKCN190001>

57

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### Buprenorphine Improves & Saves Lives

When Utilized as Approved by the FDA

**PainWeek**

58

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### FDA Approved ADF Opioids on US Market

(July 2020)

Medicine	Product	FDA ADF Approval			Formulation
oxycodone	Xtampza ER®	IN	IV	PO Chew	ER Capsule
	OxyContin®	IN	IV		ER Tablet
hydrocodone	Hysingla®	IN	IV	PO Chew	ER Tablet
morphine	Embeda®	IN		PO Crush	ER Tablet
	Arymo®		IV		
	MorphaBond®	IN	IV		

**PainWeek**

59

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### ADFs, At What Cost?

Chemical Barrier

Physical Barrier

Aversion

Combination of Any

Non-ADF Opioids	ADF Opioids
\$5.82 Average Cost	\$11.60 Average Cost \$6.86 Break-Even Cost

Agonist/antagonist opioid combinations

Delivery System

Prodrug

**Conflicts of Interest:**  
 Astra  
 Anthem  
 Blue Cross Blue Shield of Massachusetts  
 Blue Shield of California  
 Harvard Pilgrim Health Care  
 Kaiser Permanente  
 Partners Healthcare  
 Premier Blue Cross  
 United HealthCare  
 Washington State Health Care Authority

**PainWeek**

60

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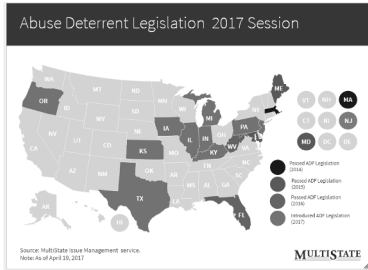
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### States Mandating (By Law) ADF Opioid Coverage

- Massachusetts (2014)
- Maine (2015)
- Maryland (2015)
- Florida (2016)
- West Virginia (2016)



Source: Multistate Issue Management Service. View as of April 15, 2017.



61

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### ADF Opioid Pipeline TAAP

- TAAP (Trypsin Activated Abuse Protection)
  - Trypsin is found only in the small intestine
- MPAR (Multi-Pill Abuse Resistance)
  - A small amount of trypsin inhibitor (soybeans & egg whites) added to each pill not affecting opioid release
  - If multiple pills are ingested (on purpose or accidentally) the trypsin inhibitor blocks the activation of the opioid prodrug



<http://www.american.com/story/multi-act>

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### Trypsin → Protein Breakdown

**Painweek**

<http://www.physiologymodels.info/digestion/proteins.htm>

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### ADF Opioid Pipeline TAAP & MPAR

- Oxycodone (PF614)
  - 12-hour  $t_{1/2}$  (true BID dosing)
- Hydromorphone ER (PF329)
- Amphetamine (PF8001/8026)
  - ADHD
- R-Methadone (PF26810)
  - Medication assisted treatment

**PF614 PROVEN TO BE TAMPER-PROOF**

TAAP™: PHASE I CLINICAL DATA

**Painweek**

<https://www.painweek.com/technology/>

65

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**Painweek**

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### Audience Question #1

A 45yo female patient with chronic lower back pain and hypertension presents to your practice as a new patient already having utilized hydrocodone, for many years. While performing an opioid risk assessment, you find out that she is living in a house with a spouse who has a substance-use disorder. You would like to convert the patient's current non-abuse-deterrent formulation (ADF) ER opioid to an FDA approved ADF ER opioid formulation that is readily available on the US market. Which of the following is the most appropriate selection based on this intention?

- a) Zohydro ER
- b) Hysingla
- c) Vantrela
- d) Xtampza ER




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### Audience Question #1

A 45yo female patient with chronic lower back pain and hypertension presents to your practice as a new patient already having utilized hydrocodone, for many years. While performing an opioid risk assessment, you find out that she is living in a house with a spouse who has a substance-use disorder. You would like to convert the patient's current non-abuse-deterrent formulation (ADF) ER opioid to an FDA approved ADF ER opioid formulation that is readily available on the US market. Which of the following is the most appropriate selection based on this intention?

- a) Zohydro ER
- b) **HYSINGLA [CORRECT ANSWER]**
- c) Vantrela
- d) Xtampza ER

Medicine	Product
oxycodone	Xtampza ER®
	OxyContin®
hydrocodone	Hysingla®
	Embeda®
morphine	Arymo®
	MorphaBond®




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68

### Audience Question #2

A 55yo male patient with chronic lower back pain and DM2 presents to your practice as a new patient already having utilized oxycodone for many years. Upon performing an opioid risk assessment, you find that he is of high risk for opioid abuse. He also states that he would prefer an opioid medication that can be sprinkled on his food instead of swallowing the pill whole. You would like to convert the patient's current non-abuse-deterrent formulation (ADF) ER opioid to an FDA approved ADF ER opioid formulation that is readily available on the US market. Which of the following is the most appropriate selection based on this intention?

- a) Embeda
- b) Zohydro ER
- c) OxyContin
- d) Xtampza ER




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### Audience Question #2

A 55yo male patient with chronic lower back pain and DM2 presents to your practice as a new patient already having utilized oxycodone for many years. Upon performing an opioid risk assessment, you find that he is of high risk for opioid abuse. He also states that he would prefer an opioid medication that can be sprinkled on his food instead of swallowing the pill whole. You would like to convert the patient's current non-abuse-deterrent formulation (ADF) ER opioid to an FDA approved ADF ER opioid formulation that is readily available on the US market. Which of the following is the most appropriate selection based on this intention?

- a) Embeda
- b) Zohydro ER
- c) OxyContin
- d) XTAMPZA ER [CORRECT ANSWER]

Medicine	Product
oxycodone	Xtampza ER®
	OxyContin®
hydrocodone	Hysingla®
morphine	Embeda®
	Arymo®
	MorphoBond®



70

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### Audience Question #3

Which of the following states have legislation mandating the prescription insurance benefit coverage of abuse-deterrent formulation (ADF) opioid medications in at least some manner?

- a) Massachusetts
- b) Maryland
- c) Florida
- d) All of the above



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### Audience Question #3

Which of the following states have legislation mandating the prescription insurance benefit coverage of abuse-deterrent formulation (ADF) opioid medications in at least some manner?

- a) Massachusetts
  - b) Maryland
  - c) Florida
  - d) ALL OF THE ABOVE [CORRECT ANSWER]
- |                        |
|------------------------|
| ▪ Massachusetts (2014) |
| ▪ Maine (2015)         |
| ▪ Maryland (2015)      |
| ▪ Florida (2016)       |
| ▪ West Virginia (2016) |



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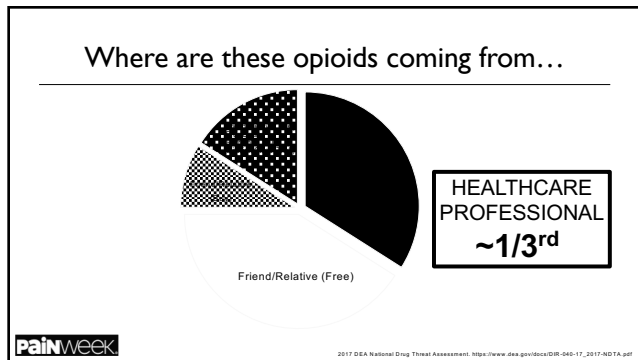
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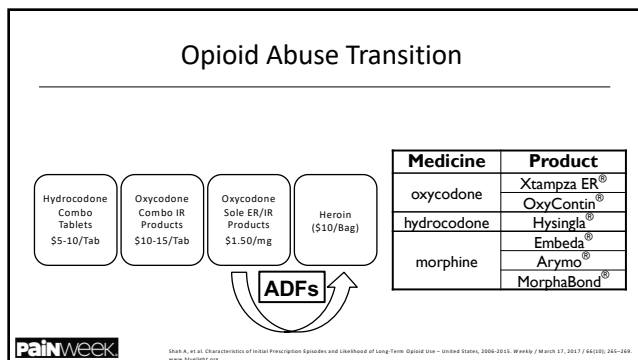
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74

### Discussion

**Mark Garofoli, PharmD, MBA, BCGP, CPE**  
**LinkedIn: Mark Garofoli**

**DIAMORPHINE HYDROCHLORIDE**  
**5 mg, 10 mg, 30 mg, 100 mg or 500 mg FOR INJECTION**

**PACKAGE LEAFLET'S INFORMATION FOR THE USER**

Read all of this leaflet carefully before you start using this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

**HOW TO USE IT**

1. What Diamorphine is and what it is used for
2. Before you receive Diamorphine
3. How to receive Diamorphine
4. Possible side effects
5. How to store Diamorphine
6. Further information

**WHAT DIAMORPHINE IS AND WHAT IT IS USED FOR**

Diamorphine is a narcotic analgesic.

Diamorphine is used to treat severe pain associated with:

- terminal illness
- heart attack
- fluid on the lungs.

**Painweek**

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