

CDER Office of Surveillance and Epidemiology: 2018 Update

Gerald J. Dal Pan, MD, MHS

Director

Office of Surveillance and Epidemiology
Center for Drug Evaluation and Research

FDA/CMS Summit

December 11, 2018

Label Changes Study

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use [DRUG NAME] safely and effectively. See full prescribing information for [DRUG NAME].

[DRUG NAME (nonproprietary name) dosage form, route of administration, controlled substance symbol]

Initial U.S. Approval: [year]

WARNING: [SUBJECT OF WARNING]
See full prescribing information for complete boxed warning.

- [text]
- [text]

-----RECENT MAJOR CHANGES-----

[section (X.X)]	[m/year]
[section (X.X)]	[m/year]

-----INDICATIONS AND USAGE-----

[DRUG NAME] is a [name of pharmacologic class] indicated for:

- [text]
- [text]

-----DOSAGE AND ADMINISTRATION-----

- [text]
- [text]

-----DOSAGE FORMS AND STRENGTHS-----

- [text]

-----CONTRAINDICATIONS-----

- [text]
- [text]

-----WARNINGS AND PRECAUTIONS-----

- [text]
- [text]

-----ADVERSE REACTIONS-----

Most common adverse reactions (incidence > x%) are [text].

To report SUSPECTED ADVERSE REACTIONS, contact [name of manufacturer] at [phone #] or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

-----DRUG INTERACTIONS-----

- [text]
- [text]

-----USE IN SPECIFIC POPULATIONS-----

- [text]
- [text]

See 17 for PATIENT COUNSELING INFORMATION [and FDA-approved patient labeling OR and Medication Guide].

Revised: [m/year]

Data Source - Issues

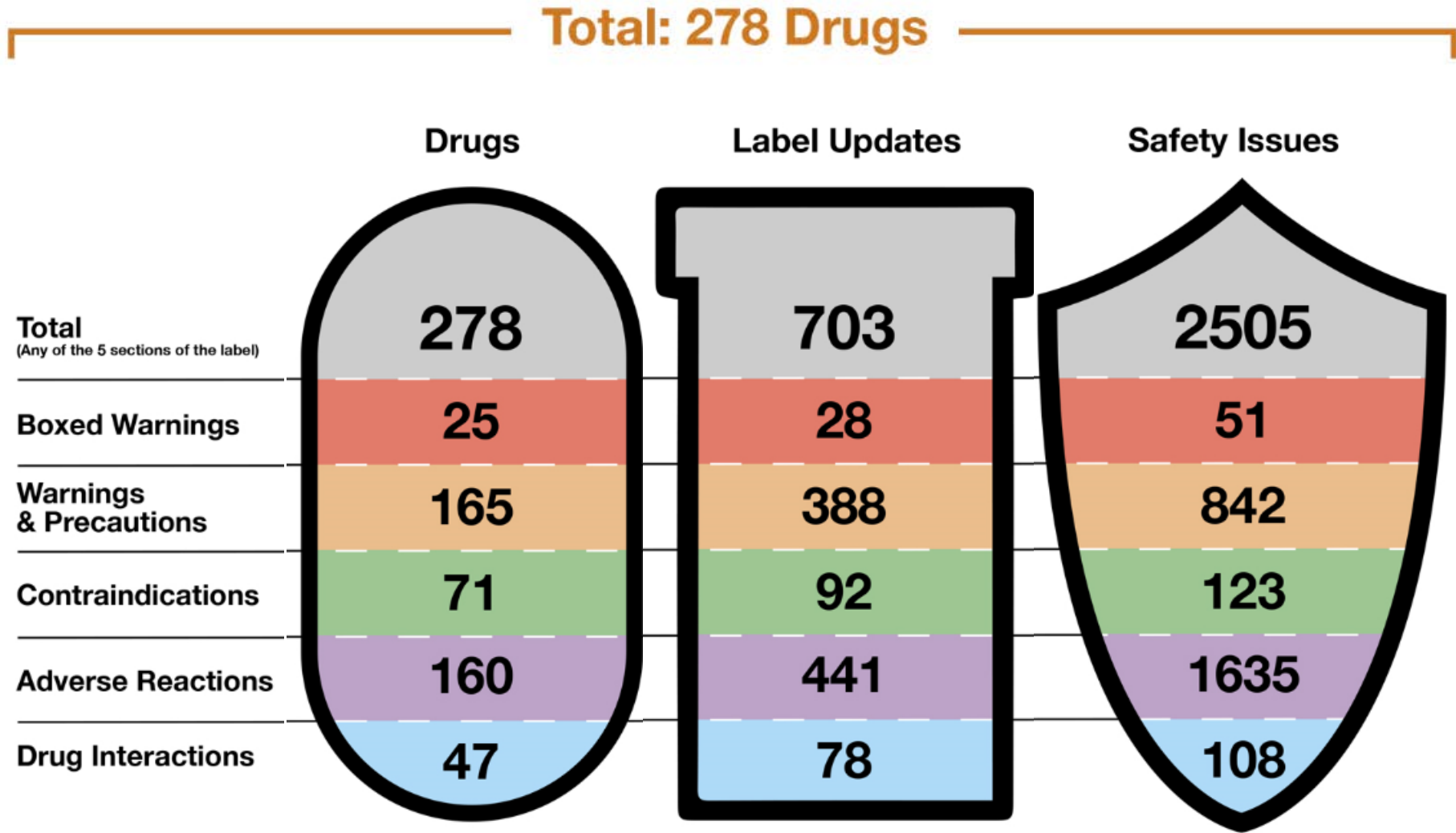
- Issue were identified by reviewing label and approval letter
- Issues were recorded as stated in the label text
- A second reviewer independently reviewed the abstracted individual safety issues
- Enumerated the number of issues incorporated into:
 - Each relevant section of the label
 - Issues per labeling update

Results

- 278 NMEs approved between October 1, 2002 and December 31, 2014.
- 1 safety withdrawal
- 195 (70.1%) with ≥ 1 safety outcome
- 83 (29.9%) no safety related label change or withdrawal

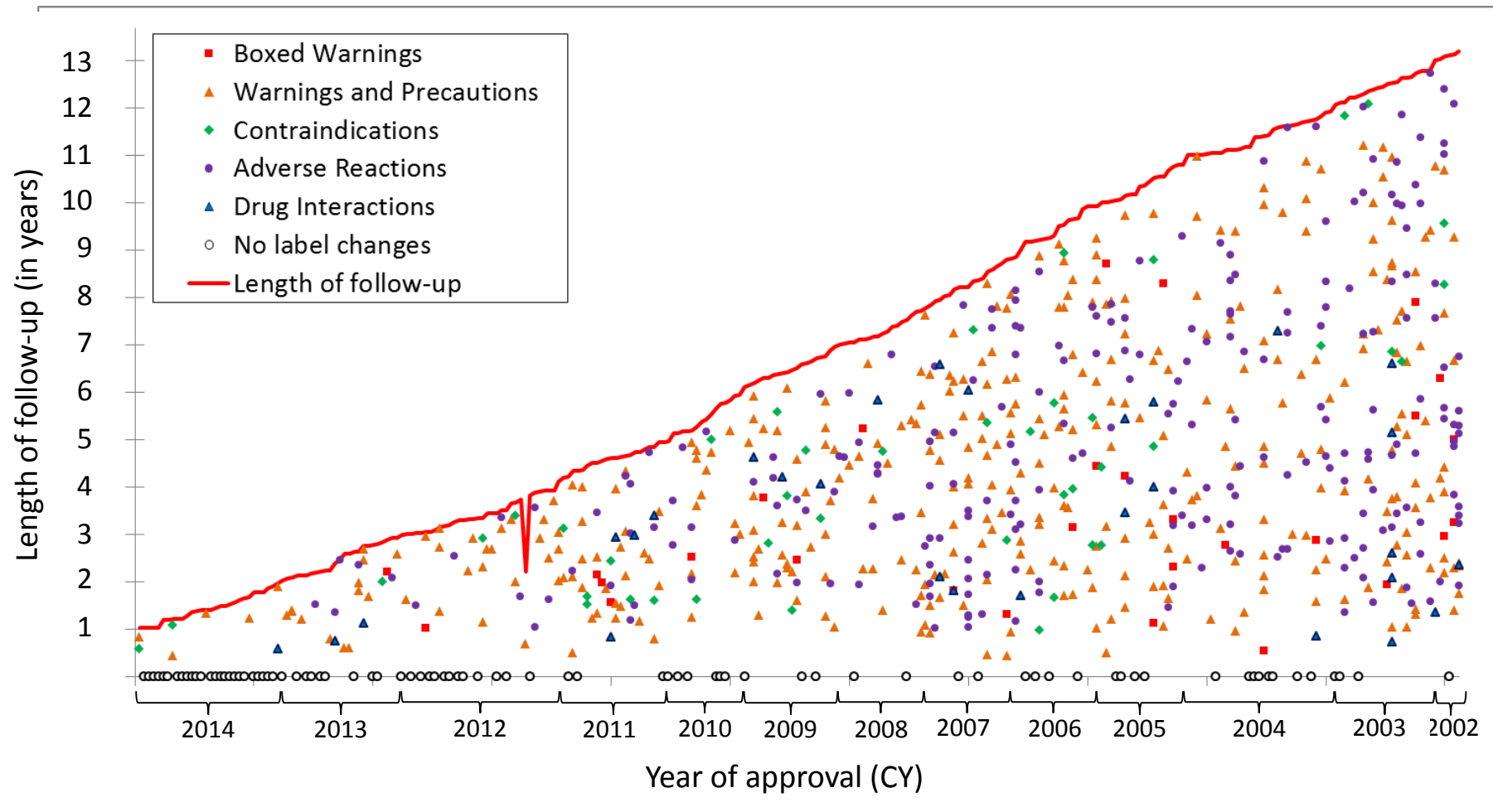


Results

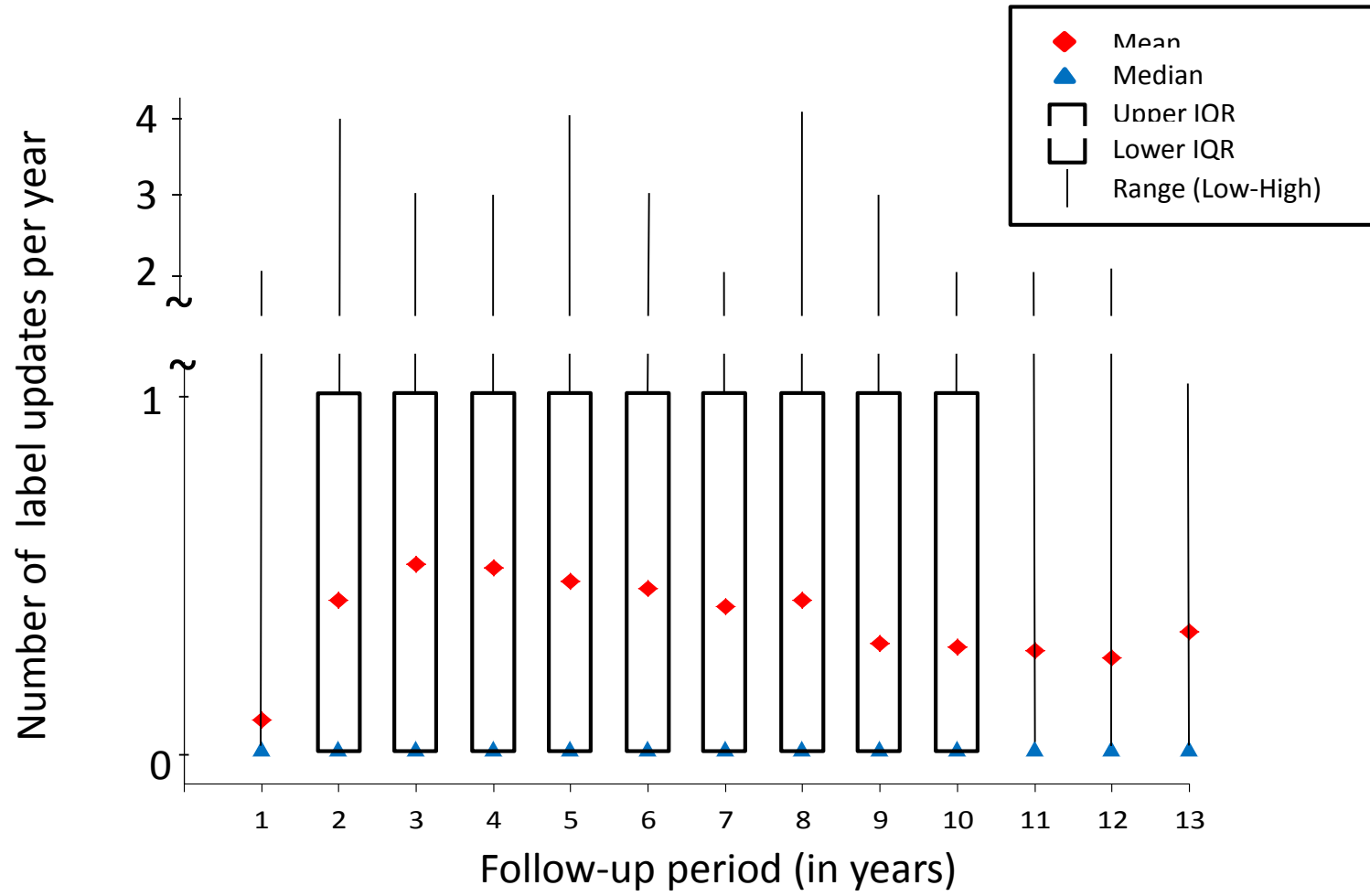


Source: Pinnow et al. *Clin Pharmacol Ther* 2017 Dec 20 doi: 10.1002/cpt.994 [Epub ahead of print]

Hierarchical presentation of time to drug label updates for NMEs by section of the label updated as of December 31, 2015



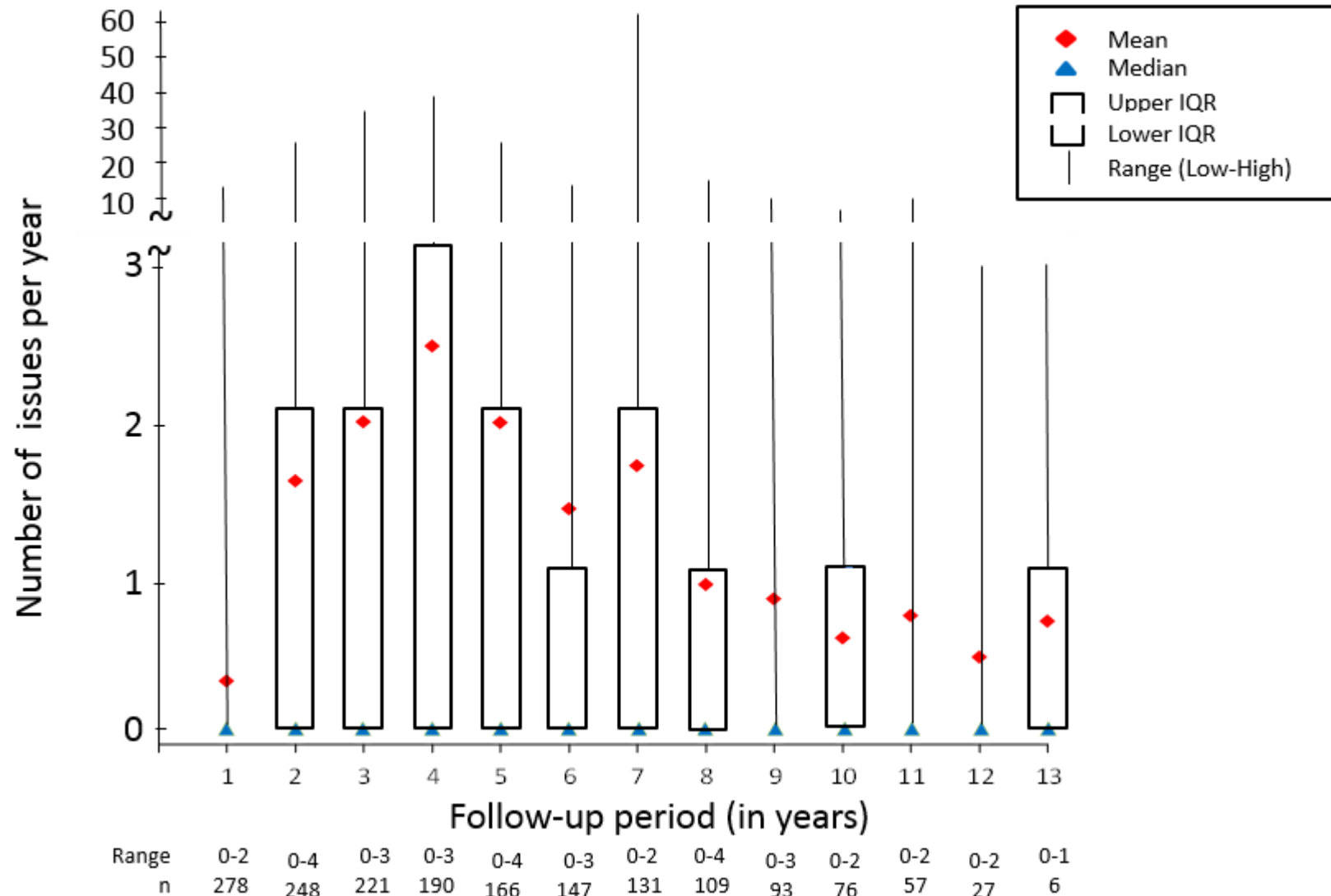
Average number of label updates per year of follow-up



Range	0-2	0-4	0-3	0-3	0-4	0-3	0-2	0-4	0-3	0-2	0-2	0-2	0-1
n	278	248	221	190	166	147	131	109	93	76	57	27	6

Source: Pinnow et al. *Clin Pharmacol Ther* 2017 Dec 20 doi: 10.1002/cpt.994 [Epub ahead of print]

Average number of issues per year of follow-up

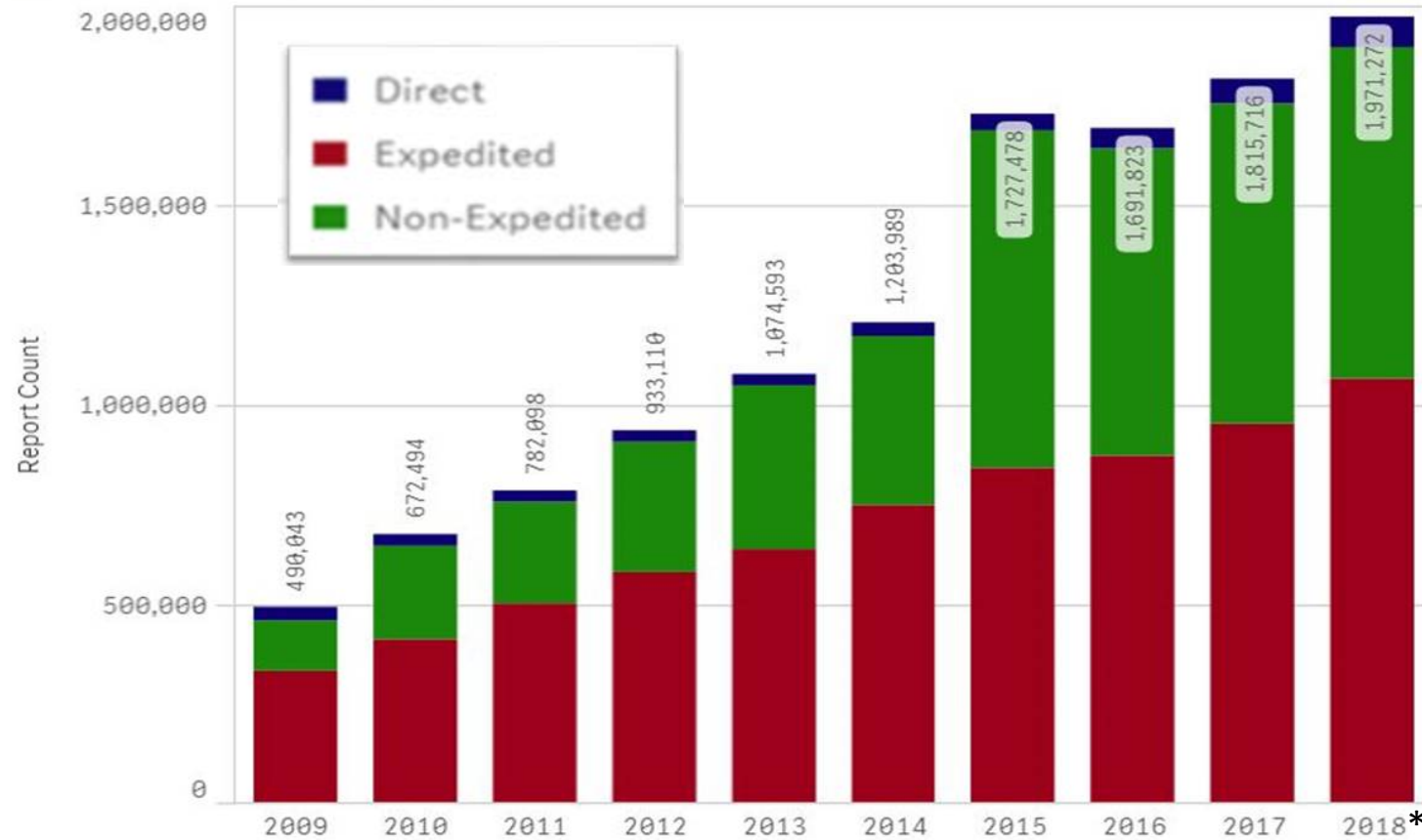


Adverse Event Data

FDA Adverse Event Reporting System (FAERS)



Reports received by Report Type



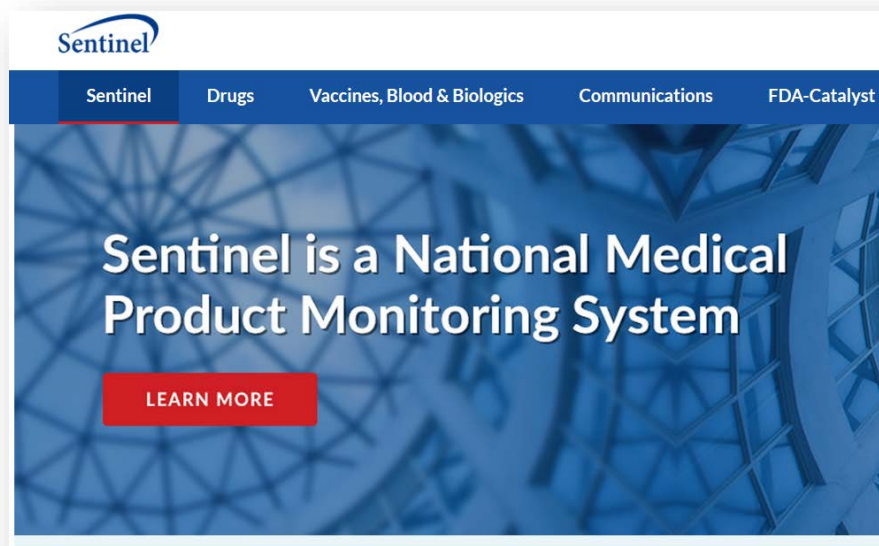
*2018 data through 20 November 2018

Sentinel

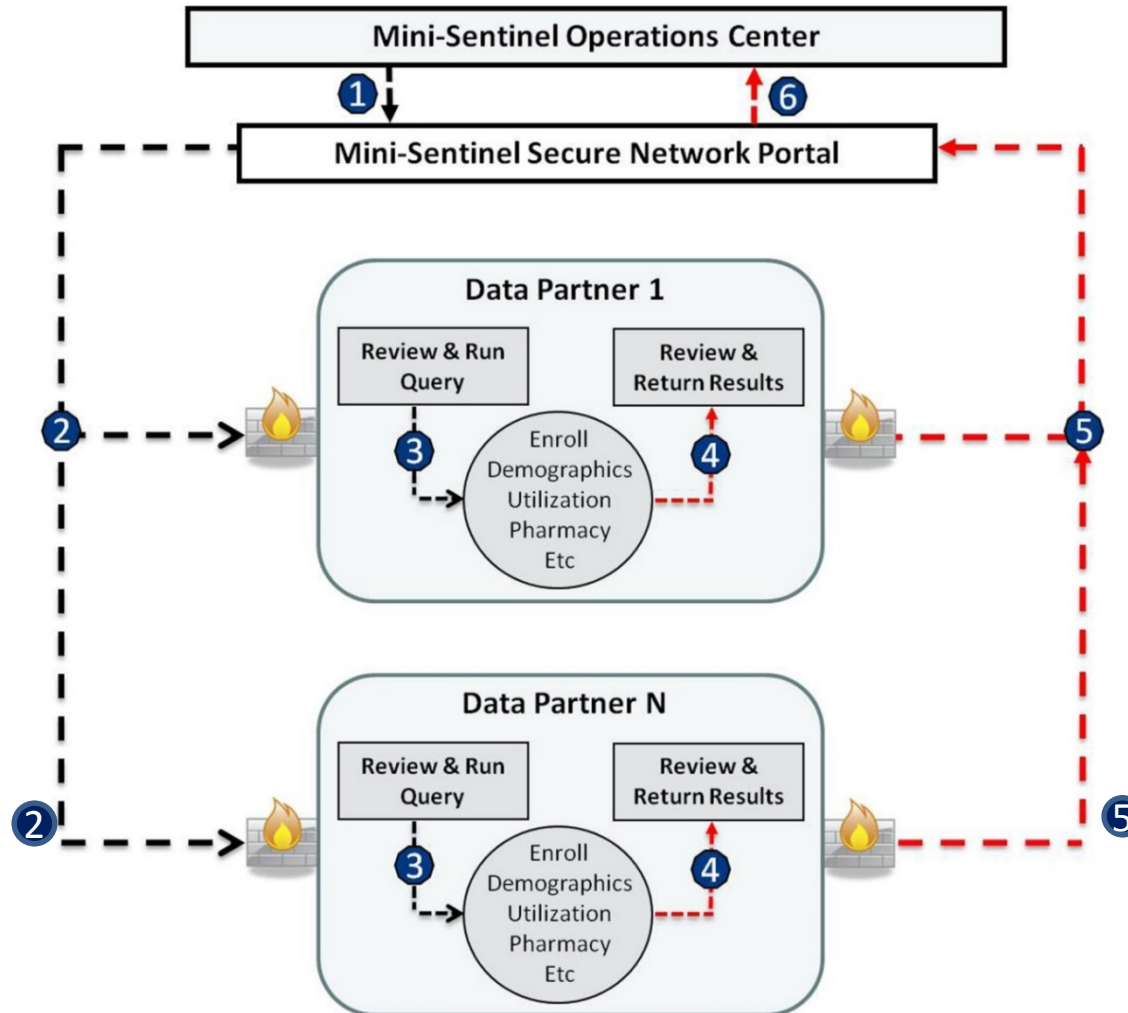
FDA Sentinel System

- National medical product monitoring system
- 17 data partners with 178 million members with pharmacy and medical coverage
- Distributed system where data partners retain physical control of data to protect privacy and security

www.sentinelinitiative.org/



Analysis in Sentinel's Distributed Data Network



1- User creates and submits query (a computer program)

2- Data partners retrieve query

3- Data partners review and run query against their local data

4- Data partners review results

5- Data partners return results via secure network

6- Results are aggregated

ARIA is Comprised of Modular Programs





The FDA Sentinel Initiative — An Evolving National Resource

Richard Platt, M.D., Jeffrey S. Brown, Ph.D., Melissa Robb, M.S., Mark McClellan, M.D., Ph.D., Robert Ball, M.D., M.P.H., Michael D. Nguyen, M.D., and Rachel E. Sherman, M.D., M.P.H.

The Food and Drug Administration (FDA) Sentinel Initiative,¹ which was launched in 2008, has matured from a pilot program designed to assess potential drug-safety signals in insurance claims into a core component of the agency's evolving safety surveillance system. Sentinel is a flexible and robust program that provides evidence on the effects of medical products while protecting

secure querying system, created a very large rigorously curated and updated distributed health information data set, and developed tools permitting rapid, customized analysis.

Distributed data systems, in which data partners maintain physical and operational control over their data, provide a high level of protection for the privacy and security of patients' health

viding guidance on the best use of their data. Although data partners have chosen to respond to nearly all questions sent to them, their ability to opt out of specific queries remains an important contributor to their willingness to participate in the program.

Administrative claims data are the foundation of the Sentinel infrastructure because they are the most reliable and readily avail-

<https://www.nejm.org/doi/full/10.1056/NEJMp1809643>



Just as the Sentinel Initiative looks very different today than it looked 5 years ago, in 5 to 10 years the system will have improved capabilities and will use new data sources and methods.

The Sentinel Initiative can become a critical component of the FDA's implementation of its mandates under the 21st Century Cures Act by providing data and expertise to support the incorporation of real-world data into regulatory decision making in other areas in addition to safety assessments.

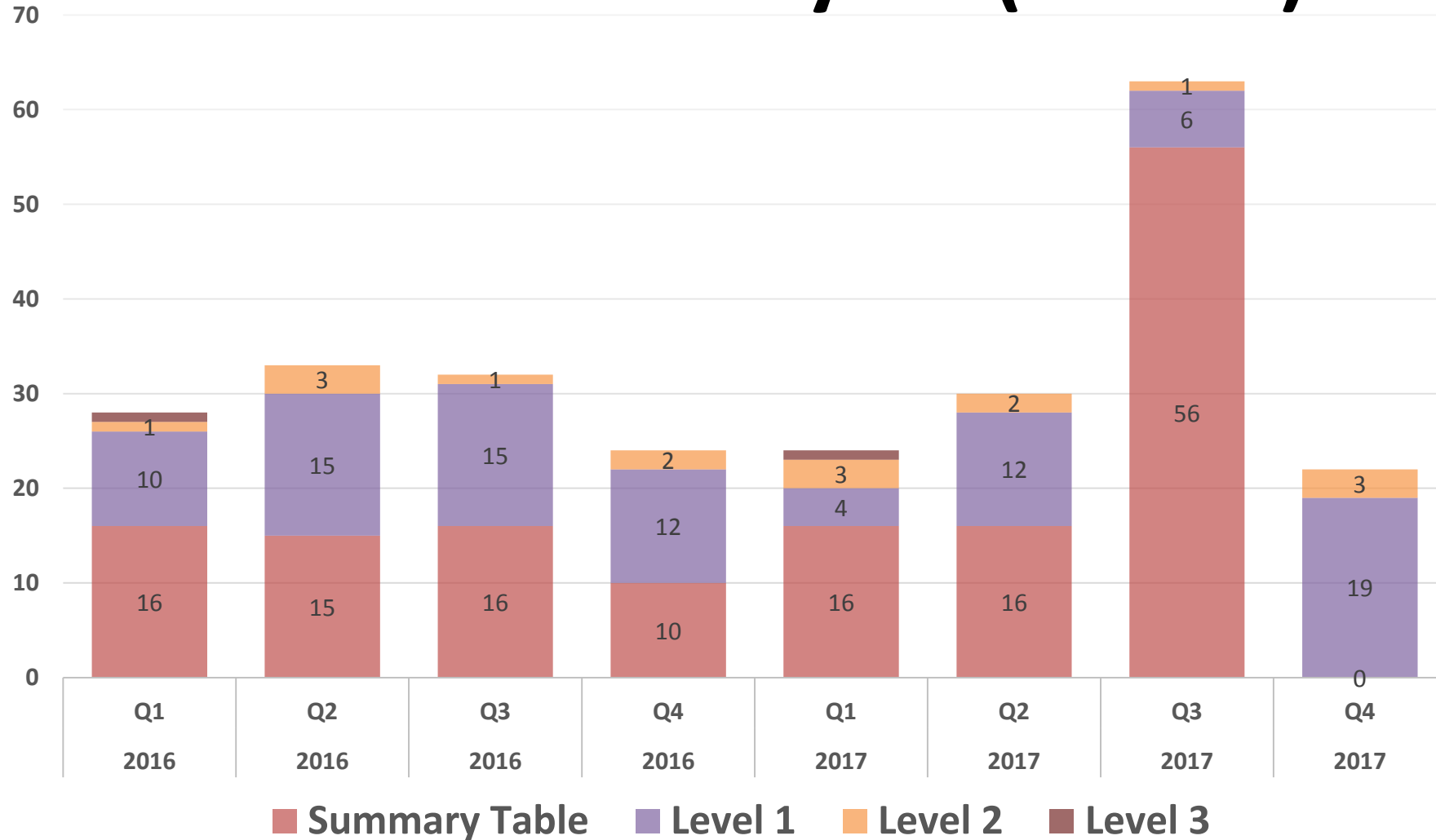
safety signals in insurance claims analysis. Distributed which data physical and over their da level of protection for the privacy infrastructure because they are and security of patients' health the most reliable and readily avail-

<https://www.nejm.org/doi/full/10.1056/NEJMp1809643>

Sentinel Strategic Plan



Sentinel ARIA Analyses (N=256)



Drug Safety in Pregnancy in a Large, Multisite Database: Advances in Analytic Methods, Querying Tools, and Supplemental Data Collection from Patients

Danijela Stojanovic, Liz Suarez, Susan Andrade, David Martin
Friday, November 30, 10-11am EDT



**New Mother-
Infant Linkage**

**New ICD-10
Gestational Age
Algorithm**

**Validation of
ICD-10 Stillbirth
Algorithm**

**Open Source
Mobile App for
Data Collection**

<https://www.sentinelinitiative.org/communications/sentinel-initiative-events/drug-safety-pregnancy-large-multisite-database-advances>

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

A to Z Index | Follow FDA | En Español

Search FDA

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Drugs

Home > Drugs > Science & Research (Drugs)

Science & Research (Drugs)

- Regulatory Science at CDER
- Research Tools and Resources
- Scientific Public Private Partnerships and Consortia
- CDER Scientists
- Regulatory Science in Action
- Videos and Podcasts on Regulatory Science at CDER
- Work With Us
- Science & Research (Drugs) Content Map

FDA's MyStudies Application (App)

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

The U.S. Food and Drug Administration (FDA) is posting computer code and a technical roadmap that will allow researchers and developers to customize and use the FDA's newly created MyStudies app. The FDA MyStudies App is designed to facilitate the input of real world data directly by patients which can be linked to electronic health data supporting traditional clinical trials, pragmatic trials, observational studies and registries. It was developed by the FDA and private sector partners, but open source code and technical documentation are being released to the public, so the app and patient data storage system can be reconfigured by organizations conducting clinical research. The app bore the FDA brand while its functionality was tested in a pilot study, but it can now be rebranded by researchers and developers who would like to customize and rebrand the app.

The FDA MyStudies App has several important features, including:

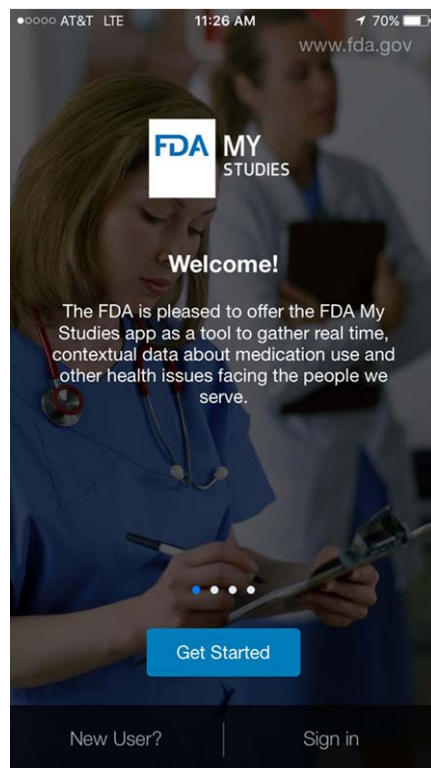
- The data storage environment is secure and supports auditing necessary for compliance with 21 CFR Part 11 and the Federal Information Security Management Act, so it can be used for trials under Investigational New Drug oversight.
- The app is configurable for different therapeutic areas, and health outcomes, which reduces software development hurdles for non-FDA users.

<https://www.fda.gov/NewsEvents/Newsroom/FDAInBrief/ucm625228.htm>

<https://www.fda.gov/Drugs/ScienceResearch/ucm624785.htm>








<https://github.com/PopMedNet-Team/FDA-My-Studies-Mobile-Application-System>

FDA My Studies

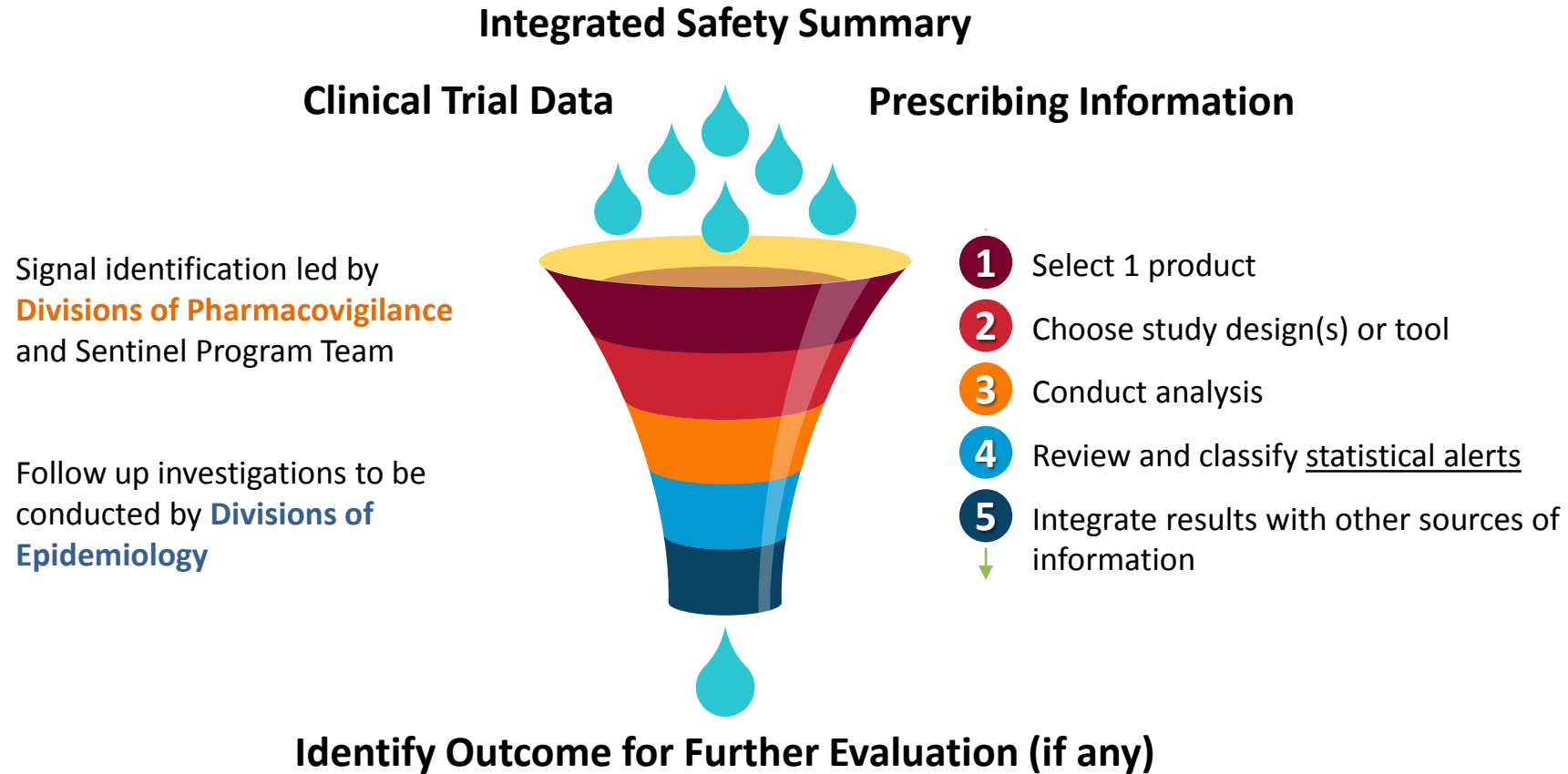


- Mobile App
 - Standard frameworks - ResearchKit (iOS), ResearchStack (Android)
 - Gateway capability
- Web-based configuration portal
- Secure Storage Environment
 - FISMA complaint
 - Partitioned for distributed research
 - Responses can be downloaded in broadly compatible formats (e.g., for use in SAS, Excel, etc.)

Signal Detection Approaches Available in Sentinel

-  **Pre-Specified Panel of Select Outcomes**
Prospective sequential surveillance tool (Level 3) 
-  **One Product, All Outcomes**
TreeScan 
-  **One Outcome, All Products**
DrugScan 
-  **All Products, All Outcomes**
No existing tool in Sentinel

Proposed Sentinel Signal Identification Process



Advancing the Sentinel System



Duke MARGOLIS CENTER for Health Policy

Home About Our Work People News **Events** Give

Events > Improving the Efficiency of Outcome Validation in the Sentinel System

Improving the Efficiency of Outcome Validation in the Sentinel System

May 17, 2018 - 9:00 am
 Duke-Robert J. Margolis, MD, Center for Health Policy
 1201 Pennsylvania Ave, NW Suite 500
 Washington, DC 20004

Description

The Sentinel System, authorized in 2007 by The Food and Drug Administration Amendments Act (FDAAA), is an active and fully functioning post market surveillance system that can rapidly scale distributed analyses on data collected by a diverse range of Sentinel Data Partners. In close partnership with key stakeholders, FDA has accomplished numerous milestones designing, building, and using Sentinel's data infrastructure to inform regulatory decisions. A key component of Sentinel, the Active Post-Market Risk Identification System (ARIA), represents a set of querying tools combined with electronic health care data in the Sentinel common data model to conduct safety assessments. FDA is routinely using ARIA to inform a variety of regulatory actions including label changes, Advisory Committee deliberations, and other important safety assessment decisions.

By law, before using ARIA, the FDA must first determine whether the data and methods under ARIA are "sufficient" to answer regulatory questions of interest. The FDA defines sufficient as the availability of adequate data (e.g. the drug or biologic of interest, comparators, confounders, and covariates) and appropriate tools to provide a satisfactory level of precision to answer questions. The FDA has determined ARIA to be sufficient to inform some regulatory actions, however, there are instances when the infrastructure is deemed insufficient. Preliminary agency analyses have identified outcome validation as a major contributing factor driving ARIA insufficiency.



Duke MARGOLIS CENTER for Health Policy

Home About Our Work People News **Events** Give

Events > Public Webinar: Planned Next Steps to Advance the Sentinel System

Public Webinar: Planned Next Steps to Advance the Sentinel System

July 26, 2018 - 2:00 pm to 3:00 pm [Register now](#)

Contact Info

Sarah Supsiri
 5187968992
 sarah.supsiri@duke.edu

Description

In cooperative agreement with the U.S. Food and Drug Administration (FDA), The Robert J. Margolis, MD, Center for Health Policy is convening a public webinar on planned next steps to advance FDA's Sentinel System.

The Sentinel System, authorized in 2007 by The Food and Drug Administration Amendments Act (FDAAA), is an active and fully functioning post market surveillance system that can rapidly scale distributed analyses on data collected by a diverse range of Sentinel Data Partners. The Active Post-Market Risk Identification System (ARIA), a key component of the Sentinel System, represents a set of querying tools combined with electronic health care data in the Sentinel common data model to conduct safety assessments on pharmaceutical products. FDA is routinely using ARIA to inform a variety of regulatory actions including label changes, Advisory Committee deliberations, and other important safety assessment decisions.

Speakers

- Gregory Daniel, Duke-Robert J. Margolis, MD, Center for Health Policy
- Robert Ball, U.S. Food and Drug Administration
- Jeffrey Brown, Harvard Medical School & Harvard Pilgrim Health Care Institute

- Explore opportunities to leverage advances in machine learning, natural language processing, artificial intelligence
- Expand the Sentinel Common Data Model
- Enhance existing data sources, particularly with electronic health records

<https://healthpolicy.duke.edu/events/improving-efficiency-outcome-validation-sentinel-system>
<https://healthpolicy.duke.edu/events/public-webinar-planned-next-steps-advance-sentinel-system>

FDA's Sentinel Initiative - News and Events



FDA is committed to an open public process that will enable information to be disseminated and stakeholder contributions to be gathered as it explores the scientific, technical, and policy issues that will affect the Sentinel System's development.

[Sign up for E-mail Updates](#)

Upcoming Events

Eleventh Annual Sentinel Initiative Public Workshop

The Sentinel Initiative was launched in response to the Food and Drug Administration Amendments Act of 2007 (FDAAA) and is comprised of several components including the [Sentinel System](#), the [Active Risk Identification and Analysis](#), the Biologics Effectiveness and Safety System ([BEST IDIQ #1](#), [BEST IDIQ #2](#)) and [FDA Catalyst](#). The Food and Drug Administration (FDA) is committed to facilitating stakeholder engagement on approaches to modernize the Sentinel Initiative's capabilities. The Annual Public Workshop is a gathering of the Sentinel community and leading experts to share recent developments within the Sentinel Initiative, provide training on Sentinel System's tools and data infrastructure, and promote engagement and collaboration with patients, industry, academia, and consumers. This year marks the Eleventh Annual Sentinel Initiative Public Workshop and will be a two-day event. Please note that there are separate registrations for each day of the meeting and there are two different locations for Days 1 and 2. Day 3 is by invitation only for international regulators.

<https://www.fda.gov/Safety/ucm149341.htm>



Sentinel Annual Meeting | Day 1

DAY 1 | Sentinel Initiative Public Workshop, April 3, 2019

Registration: Open to everyone. Please register through this [Duke Margolis link](#).

Location: Hyatt Regency Bethesda

1 Bethesda Metro Center

Bethesda, MD 20814

Agenda and Details: Day 1 will be convened by the Robert J. Margolis, MD, Center for Health Policy at Duke University under a cooperative agreement with FDA. The workshop will feature updates on how the Sentinel Initiative is being used by FDA as a core safety surveillance program from leaders at FDA and from investigators within the Sentinel Initiative. Discussion will also highlight strategic initiatives and potential future directions for continued improvements to the distributed data infrastructure. There will be opportunities throughout the day's discussion for stakeholders to provide input and ask questions.



Sentinel Annual Meeting | Day 2

DAY 2 | Sentinel System Analysis Tools Training: Hands-On Workshop, April 4, 2019

Registration: Open to everyone. Please register through this [Day 2](#) link.

Location: FDA White Oak Campus
10903 New Hampshire Avenue
Building 31, Room 1503 A (the Great Room)
Silver Spring, MD 20993

Agenda and Details: Day 2 will be the third public training sponsored by FDA and the Sentinel Operations Center targeting researchers who have prior experience executing epidemiologic analyses with claims data using SAS statistical packages and programming. Registrants are expected to have either attended the prior Sentinel Public Training Events held in [July 2017 \(Part 1\)](#) and [February 2018 \(Part 2\)](#) or viewed the recorded contents online prior to attending. This workshop will build on these prior trainings using a hands-on laboratory format. Attendees should bring a laptop to the training to participate. Due to the interactive nature of the training, no online participation will be available.

Risk Evaluation and Mitigation Strategies

Development of a Shared System REMS

- This draft guidance is meant to enhance clarity and transparency of the development process for shared system REMS, specifically it:
 - Provides recommendations for industry on the development of a shared system REMS for multiple prescription drug products, including biological products
 - Provides information about the benefits of shared system REMS
 - Describes situations in which a shared system is not required under the statute, but the Agency may encourage manufacturers to develop one to reduce burden on the healthcare system

Development of a Shared System REMS Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER), Lubna Merchant, Office of Surveillance and Epidemiology, at 301-796-5162 or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

June 2018
Drug Safety



Waivers of the Single, Shared System REMS Requirement

- This guidance is meant to provide clarity to help alleviate the delays in ANDA approvals that can be caused by prolonged negotiations over the development of a single, shared system REMS, specifically it:
 - describes the factors FDA will consider in evaluating a request for a waiver of the single, shared system requirement
 - provides recommendations to ANDA applicants regarding the submission and content of waiver requests
 - addresses the requirement that any separate system use a different, comparable aspect of the ETASU

Waivers of the Single, Shared System REMS Requirement Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact the Center for Drug Evaluation and Research (CDER) at 301-796-2089 or the Office of Communication, Outreach and Development (CBER), 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Drug Evaluation and Research (CBER)

June 2018
Drug Safety

FDA issued its report on the use of accredited CE as a method to implement HCP education under a REMS

- Part of the REMS Integration Initiative
- FDA looked at the feasibility of using Continuing Education for individual REMS
- Report concluded that CE can be a useful tool to implement HCP education:
 - Will likely require FDA to provide a *blueprint* which serves as the basis for the content of the education
 - More practically implemented in the postapproval setting

REMS and Continuing Education for Health Care Providers

FDA Feasibility Report

FDA REMS Resources Portal

- Launched in 2018 in response to stakeholder requests for easier access and to improve their understanding of REMS



New REMS Webpages Launched

Today the U.S. Food and Drug Administration (FDA) is launching a [new set of web pages](#) that aims to provide a one-stop source for general information about Risk Evaluation and Mitigation Strategy (REMS) programs. These webpages organize general REMS information according to audience (i.e., patients, health care professionals and industry) and most pages are presented in a short question and answer format.

In 2007, the Food, Drug Administration Amendments Act gave FDA the authority to require a REMS when FDA determines it is necessary to ensure the benefits of the drug outweigh the risks. Over the past decade, REMS have enabled FDA to approve drugs that otherwise might not have been approvable. However, REMS can also place a burden on the healthcare delivery system.

One piece of value feedback FDA has received regarding REMS is that information on drug-specific REMS, and on REMS more generally, can be difficult to locate on the web. REMS information will now be easier to find, relevant and ultimately more useful because organization of the new web content is based on the role a person might have in a REMS program. Also, other newly created pages guide visitors to current information about REMS programs, FDA guidances, public meetings, and educational resources.

Our goal is to enable easier compliance with these programs so that patient access to drugs with REMS can be maintained, while still preserving their safe use.

As always, FDA welcomes feedback. Please use the [Contact REMS Form](#) to send us any comments you have on the newly created REMS webpages.

Navigating Within the Portal



“Landing page”

“Navigation Bar”

Home > Drugs > Drug Safety and Availability > Risk Evaluation and Mitigation Strategies (REMS)

Risk Evaluation and Mitigation Strategies (REMS)

What's in a REMS?

Frequently Asked Questions (FAQs) about REMS

Roles of Different Participants in REMS

FDA's Role in Managing Medication Risks

REMS News, Education, Meetings and Improvement Efforts

Resources for You

- Current REMS

Risk Evaluation and Mitigation Strategies (REMS)

A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh the risks. REMS are designed to help reduce the occurrence and/or severity of certain serious risks, by informing and/or supporting the execution of the safe use conditions described in the medication's FDA-approved prescribing information.

REMS are designed to help reduce the occurrence and/or severity of certain serious risks, by informing and/or supporting the execution of the safe use conditions described in the medication's FDA-approved prescribing information.

REMS are not designed to mitigate all the adverse events of a medication, these are communicated to health care providers in the medication's prescribing information. Rather, REMS focus on preventing, monitoring and/or managing a specific serious risk by informing, educating and/or reinforcing actions to reduce the frequency and/or severity of the event.

REMS in Action: An Example

Here is one example of a product that has a serious risk and a REMS. The set of REMS requirements were designed to make sure all patients receive special monitoring during the period when a side effect is most likely to occur so it can be detected and treated.

Zyprexa Relprevv REMS

Zyprexa Relprevv is a long-acting injectable anti-psychotic medication used to treat schizophrenia in adults. Zyprexa Relprevv can cause serious reactions following injection called post-injection delirium sedation syndrome. Symptoms, including feeling sleepier than usual (sedation), coma, and feeling confused or disoriented (delirium) occurred in clinical studies within 3 hours after treatment with Zyprexa Relprevv. The risk of post-injection delirium sedation syndrome is present with every injection, although it is a small risk - less than 1 percent.

To reduce the risk of post-injection delirium sedation syndrome, FDA required the manufacturer of Zyprexa Relprevv to develop a REMS. The purpose of the REMS is to ensure that the drug is administered only in certified health care facilities that can observe patients for at least three hours and provide the medical care necessary in case of an adverse event.

Risk Evaluation and Mitigation Strategies (REMS)

- ★ What's in a REMS?
- Frequently Asked Questions (FAQs) about REMS
- ★ Roles of Different Participants in REMS
- FDA's Role in Managing Medication Risks
- ★ REMS News, Education, Meetings and Improvement Efforts

Resources for You

- ★ • Current REMS

“Key HCP Pages”

Medication Error Prevention Program

Contents of a Complete Submission for Threshold Analyses and Human Factors Submissions



- Draft issued in September 2018
- Describes to industry and FDA staff the contents of and submission procedures for threshold analyses and human factors submissions that will support efficient Agency review, and presents timelines for FDA's review of such submissions.

Contents of a Complete Submission for Threshold Analyses and Human Factors Submissions to Drug and Biologic Applications Guidance for Industry and FDA Staff

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact Quynh Nhu Nguyen, 301-796-6273, or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

September 2018
Procedural

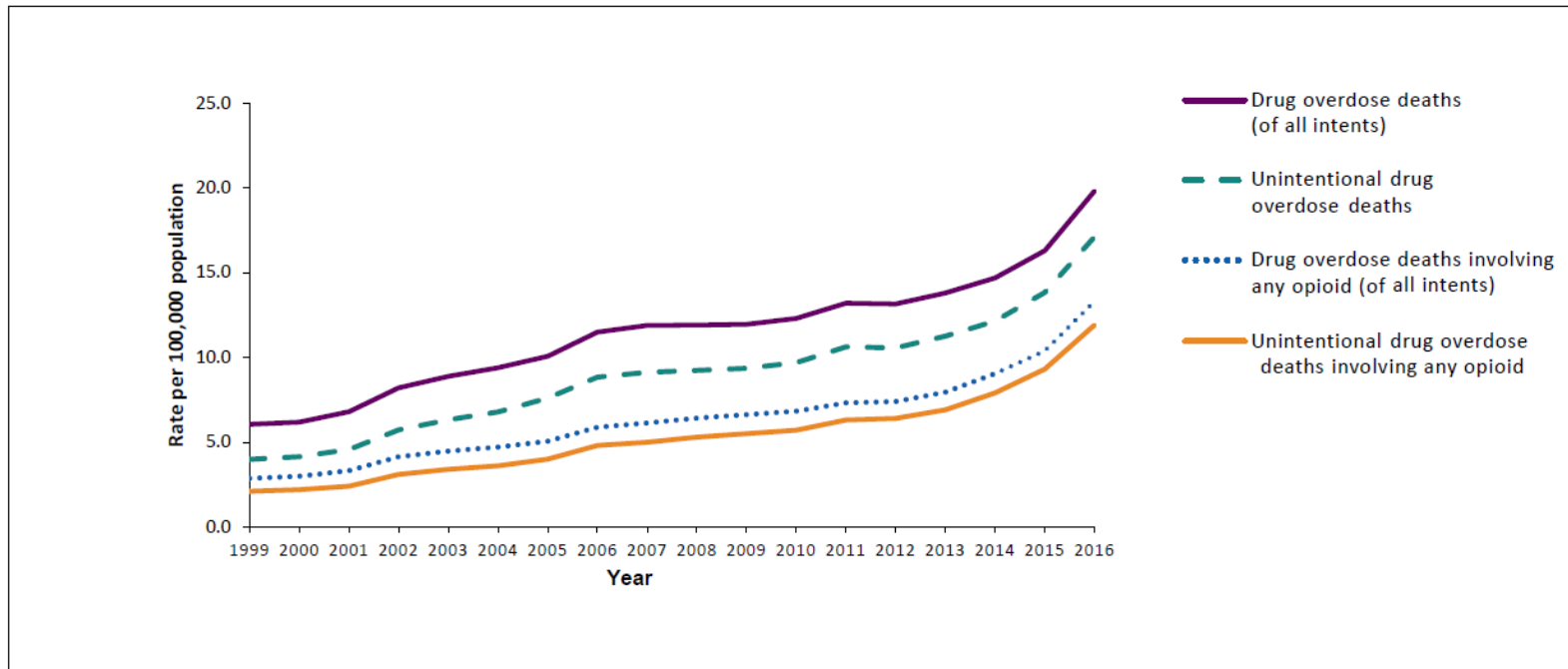
Phonetic Orthographic Computerized Analysis (POCA) Database Update

- First released to public in Spring 2009 as a search tool to identify similar drug names
 - Assigns similarity scores
 - Searches databases listing approved product names and internal databases listing proposed proprietary names*
- FDA has adapted the POCA tool to include a database of suffixes that are incorporated within the nonproprietary name of approved biological products.
- The new features of the POCA enable reviewers to
 - compare a suffix candidate to drug names (brand or established names) to avoid the suffix candidates that are too similar to other drug names, or
 - conduct target comparisons of suffix candidates to the suffix component of biological nonproprietary names.

Prescription Opioid Abuse

Trends in Drug Overdose Deaths

FIGURE 2A Age-adjusted rates^a of drug overdose deaths^b and drug overdose deaths involving any opioid^c for all intents and for unintentional intent by year — United States, 1999–2016





Opioids

- Another busy year!
- Seven of nine Drug Safety and Risk Management Advisory Committee meetings 2018 concerned opioids
- Increasing public health focus

Opioids REMS

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

A to Z Index | Follow FDA | En Español

Search FDA

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

News & Events

Home > News & Events > Newsroom > Press Announcements

FDA News Release

FDA takes important steps to encourage appropriate and rational prescribing of opioids through final approval of new safety measures governing the use of immediate-release opioid analgesic medications

Today's action places immediate-release opioid analgesic drugs intended for use in an outpatient setting into agency's Opioid Analgesic Risk Evaluation and Mitigation Strategy

SHARE | TWEET | LINKEDIN | PIN IT | EMAIL | PRINT

For Immediate Release September 18, 2018

Inquiries

Media

- Lyndsay Meyer
240-402-5345
- Michael Felberbaum
240-402-9548

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

A to Z Index | Follow FDA | En Español

Search FDA

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Drugs

Home > Drugs > Drug Safety and Availability > Information by Drug Class

Information by Drug Class

Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS)

SHARE | TWEET | LINKEDIN | PIN IT | EMAIL | PRINT

Extended-release, long-acting (ER/LA), and immediate-release (IR) opioid analgesics, such as hydrocodone, oxycodone, and morphine, are powerful pain-reducing medications that have both benefits as well as potentially serious risks. The FDA has determined that a REMS is necessary for all opioid analgesics intended for outpatient use to ensure that the benefits of these drugs continue to outweigh the risks. The **Opioid Analgesic REMS**, approved on September 18, 2018, is one strategy among multiple national and state efforts to reduce the risk of abuse, misuse, addiction, overdose, and deaths due to prescription opioid analgesics.





U.S. FOOD & DRUG
ADMINISTRATION