### Welcome

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# Should we (HHS and the Pharmaceutical Industry) Follow the DEA's Example Related to Product Scheduling?

Abuse Liability Testing Under NIDA Contracts

> David White Carol Hubner Hirsch Davis

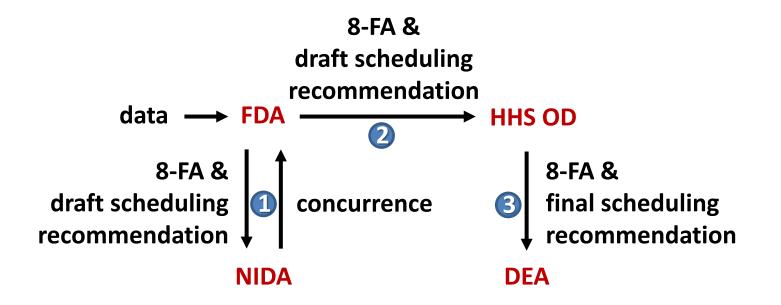


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HHS Scheduling Recommendations

> Jane Acri Nathan Appel David McCann



If control is required by US obligations under international treaties, the DEA can order control of a drug under the schedule it deems most appropriate without regard to HHS recommendations.

(paraphrased from the CSA)

# Should we (HHS and the Pharmaceutical Industry) Follow the DEA's Example Related to Product Scheduling?

### **Differential Scheduling of Products and Drug Substance**

- 1985: Marinol<sup>®</sup> (THC in sesame oil) placed in Schedule II THC Schedule I
- 1999: Marinol<sup>®</sup> changed to Schedule III THC Schedule I
- 2017: Syndros<sup>®</sup> (THC oral solution) placed in Schedule II Marinol<sup>®</sup> Schedule III THC Schedule I
- 2018: Epidiolex<sup>®</sup> (CBD product) placed in Schedule V; CBD Schedule I

## What about abuse-deterrent formulations?

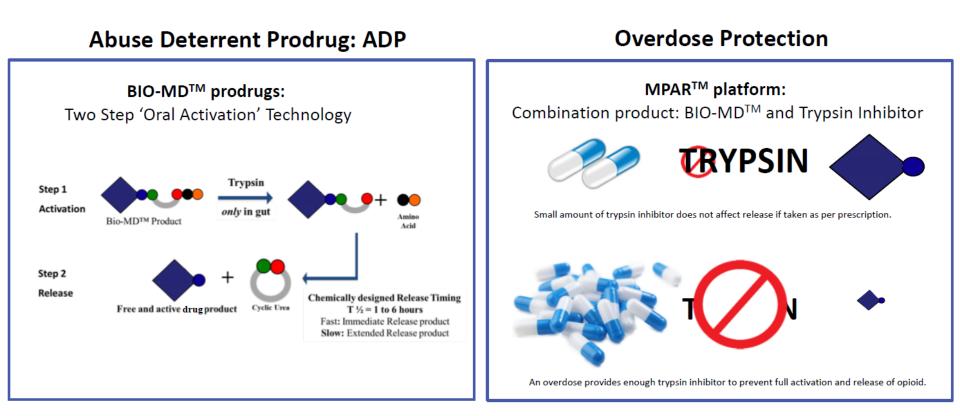
When taken by the intended (oral) route, current abuse-deterrent formulations of oxycodone and other Schedule II opioids appear to carry the same risk of overdose death as non-abuse-deterrent formulations.

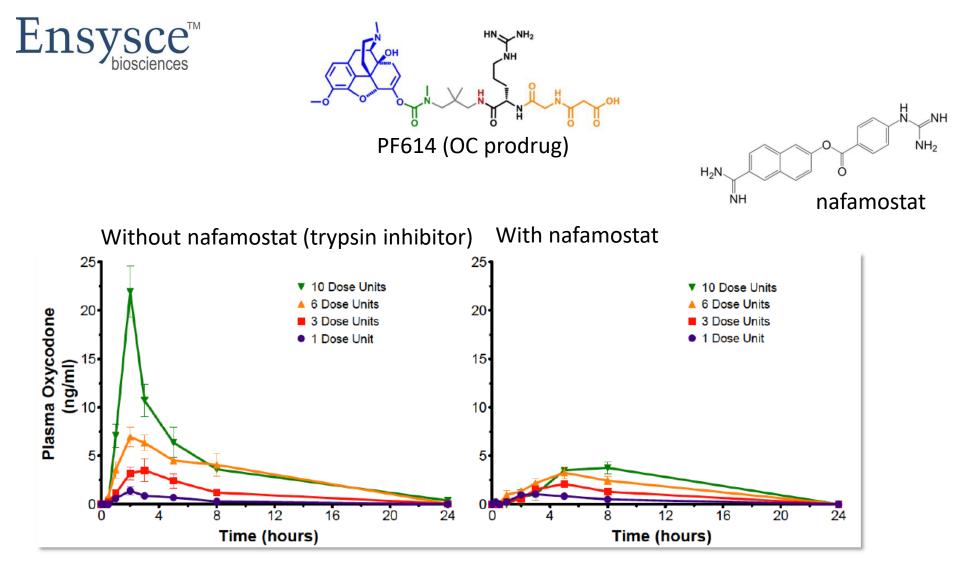
Buprenorphine (Schedule III) appears to carry a lower risk of overdose death due to partial agonist activity at *mu*-opioid and NOP receptors.

# What if the risk of overdose death can be decreased through formulation?

Both Ensysce Biosciences and Elysium Therapeutics received NIDA grants in 2018 for the development of "overdose-deterrent" opioid formulations.







In rats n=4/dose OC = oxycodone MPAR<sup>™</sup> = PF614 with nafamostat

The combination of PF614 with trypsin inhibitor, nafamostat shows attenuation of activation of prodrug with muti-pill administration. If we embrace the concept of product-specific scheduling, it may stimulate further innovation in the development of overdose-deterrent products.