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Newsletter

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Drug Utilization Review for Oklahoma Medicaid

OxyContin® and Oklahoma

The use, possible misuse, and abuse of OxyContin is an issue that has received national attention. While OxyContin is a medication of great value in the treatment of chronic pain, some states have seen an increase in OxyContin related deaths. The question from many providers is "Is this an issue in Oklahoma?". The question will be examined in four parts. The first part is a review of OxyContin and its recent labeling changes, the second part is a retrospective analysis of OxyContin usage in Oklahoma's Medicaid population, the third part is a report on current misuse, abuse, and diversion in Oklahoma and the fourth part is a list of "red flag" alerts to physician and pharmacy providers.

OxyContin Review

OxyContin is a controlled-release formulation of oxycodone HCl. Oxycodone is derived from the opium alkaloid thebaine and a pure opioid agonist. Not only does oxycodone produce analgesia but it also produces respiratory depression by direct action on brain stem respiratory centers. Release of oxycodone from OxyContin tablets is pH dependent and is well absorbed with 60-87% oral bioavailability. Food does not have a significant effect upon absorption. The onset of analgesia occurs usually within one hour.



OxyContin is indicated for the management of moderate to severe pain when around the clock pain management is needed. OxyContin is not indicated nor intended for "as needed" use. It is not indicated for pain control immediately post-operatively (the first 12-24 hours) unless the patient has been taking the medication chronically prior to surgery. OxyContin should be dosed every 12 hours around the clock with or without adjuvants for breakthrough pain. The usual starting dose for opioid naïve patients is 10mg every

12 hours. Dosage adjustments can be made every 1-2 days. Since it is a sustained release product, it is vital that the tablet not be split, crushed, or chewed as this will make the entire dose available for immediate absorption. Because OxyContin is designed to be released over 12 hours, it is better to increase the dose rather than shorten the dosing interval when adequate pain control is not achieved. While most patients can use a symmetrical dosing schedule (10mg every 12 hours) some patients may benefit from asymmetrical dosing (20mg every morning, 10mg every evening).

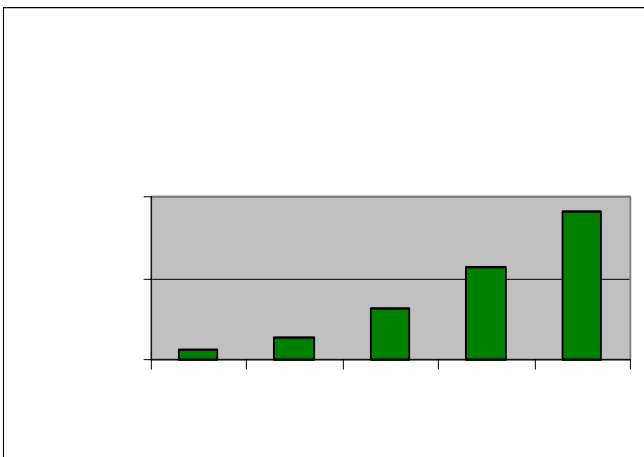
The most serious adverse effects of oxycodone are respiratory depression, apnea, respiratory arrest, hypotension, circulatory depression and shock. Concurrent use of other CNS depressants increases the possibility of these adverse events. The most common side effects of oxycodone are constipation, nausea, somnolence, dizziness, pruritus,

vomiting, headache, dry mouth and sweating.

OxyContin Utilization

A review of OxyContin usage in the Oklahoma Medicaid population for the past 5 years was performed to determine prescribing trends. This review revealed that OxyContin usage has nearly doubled every year since its release in 1996. For the most recent year (April 2000 to March 2001) pharmacy claims were reviewed for those recipients who received at least one paid prescription for OxyContin. There were 2,051 recipients. A total of 9064 prescriptions were dispensed during this time costing a total of \$1,836,507. The average cost per recipient was \$895 with an average cost per prescription of \$203.

The increase in utilization may be attributed to a number of factors: 1) the increased awareness and promotion of the drug; 2) the utilization of more aggressive pain management strategies by physicians; and 3) the possible misuse or abuse of OxyContin.



OxyContin Abuse in Oklahoma

At a recent Medicaid Drug Utilization Review Board meeting, Dr. John Duncan of the Oklahoma Bureau of Narcotics and Dangerous Drugs addressed the subject of OxyContin use in Oklahoma. Dr. Duncan stated that extensive review of various sources of data including information provided by state and local police agencies did not show a problem of diversion of OxyContin in the state of Oklahoma. He noted that utilization in the general population has doubled annually in the past five years much as it has within the Medicaid program. He postulates that this is most likely due to both a change in chronic pain management therapies and an increased comfort level that physicians may have with prescribing Schedule II narcotics for chronic pain. Dr. Duncan did state that recent and future media attention might call attention to OxyContin and thus create a diversion issue in the state.

OxyContin “Red Flags”

While OxyContin is currently not a diversion issue in the state, drug seeking or doctor shopping can still be an issue. The following items can be considered “Red flags” for possible problems with patients receiving or requesting OxyContin therapy.

- Active alcohol or other substance abuse, or a history of chronic, high-dose benzodiazepine use
- Opioid Rxs filled at multiple pharmacies
- Opioid Rxs written by multiple physicians
- Positive urine screen for illicit drugs and/or legal drugs that have not been prescribed
- Pattern of early refills or escalating drug use in the absence of physician directions to do so
- No documented therapeutic improvement in function and/or comfort within a 6/8 week trial of opioid therapy
- OxyContin Rx written q8h, q6h, q4h ...
- Highest appropriate tablet strength is not used (e.g. 16x 10mg tabs/day vs. 2x 80mg tabs/day)
- Reports of “lost” or “stolen” opioid prescriptions
- Polypharmacy – multiple and different opioids prescribed for the same patient

Questions regarding dosing or appropriateness of OxyContin therapy should be clarified with the

patient's physician(s).

Adult Immunizations

Fall leaves will be appearing soon and the chill of winter will not be far behind. This is an opportune time to discuss major adult immunizations. With changing recommendations and vaccine supply occasionally being a problem, advance thought and planning can be of great benefit to both Medicaid Providers and Clients.

Influenza Vaccine

One of the most important immunizations is the annual Influenza Vaccine. It is important to remind patients that this vaccine changes each flu season, requiring reimmunization every year. This vaccine is indicated for the following populations:

- adults 50 years of age and older
- residents of nursing facilities with chronic medical conditions
- persons > 6 months of age with chronic cardiovascular or chronic pulmonary disorders, metabolic diseases, renal dysfunction, hemoglobinopathies, immunosuppressive or immunodeficient disorders
- women in their second or third trimester of pregnancy during influenza season
- persons 6 months to 18 years of age receiving long term aspirin treatment
- groups (caregivers and household members) who can infect high-risk patients.

Contraindications to receiving the vaccine are those patients with acute febrile illness and those with an anaphylactic allergy to eggs.

Last year there was a shortage of Influenza vaccine early in the season. According to the latest bulletin from the Centers for Disease Control, there will be some delays in distribution again this year. A small amount of vaccine will be available in October with the bulk of doses released during November and December. It is very important to use the doses released early for the high-risk population (those chronically ill or in nursing facilities). The "healthy" patients over age 50 should receive their immunizations in November or December, as supply allows. Healthy

patient who wait until November or December for their vaccine should be assured that their immunity will be active before the peak of flu season in January and February.

Pneumococcal Vaccine

The second immunization that adults need to consider is the Pneumococcal Vaccine (23-valent Polysaccharide). This vaccine helps protect against pneumococcal pneumonia and bacteremia. This immunization is recommended for the following patients:

- adults age 65 years and older
- persons over 2 years of age with chronic cardiovascular or pulmonary disorders
- persons over 2 years of age with a modified immune response due to splenic dysfunction or asplenia
- hematologic malignancy, renal failure, organ transplantation, or immunosuppressive infections including HIV, and certain American Indian populations
- Nursing home residents are another population segment that would benefit from immunization.

Pneumococcal vaccine usually requires only a one-time dose. It is contraindicated during the first trimester of pregnancy and to individuals hypersensitive to the vaccine or any of its components, including thimerosal.

Tetanus and Diphtheria Toxoids

The last major immunization recommended for adults is Tetanus and Diphtheria Toxoids Combined (Td). Most adults receive a series of tetanus and diphtheria during childhood and only require a "booster" every 10 years. However, supplies of Td are still extremely low. In response to this nationwide shortage, the CDC has temporarily modified its vaccination recommendation. They have requested that routine adult and adolescent "boosters" be postponed until 2002. Please note that pediatric formulations of Diphtheria and Tetanus toxoids (DT) and acellular Pertussis vaccine (DTaP) should not be used in patients over 7 years of age.

The CDC recommends Td vaccination as usual in the following circumstances:

- persons with severe or contaminated wounds if more than 5 years have passed since the last dose of Td

- persons with clean and minor wounds if more than 10 years have passed since the last dose of Td
- persons traveling to countries where the risk for diphtheria is high
- persons who have received less than 3 doses of vaccine containing tetanus and diphtheria (i.e. the primary series)
- pregnant women who have not been vaccinated in the past 10 years

Meningococcal Vaccine

While the majority of adults will not need the Meningococcal Polysaccharide Vaccine, several patient populations are considered candidates for the vaccine. The American College Health Association (ACHA) and the CDC recommend that college students, particularly freshmen living in dormitories, consider vaccination. The vaccine is also recommended for patients with functional or actual asplenia and those traveling to endemic areas (especially sub-Saharan Africa). The vaccine is contraindicated in those with acute illness or immediate-type sensitivity to thimerosal or any other component of the vaccine.

Additional information about these and other adult immunizations may be obtained from the State Department of Health, Immunization Service (405-271-4073) or through the Centers for Disease Control (www.cdc.gov).

Visit OHCA on the Web!!

www.ohca.state.ok.gov

Information for both Providers and Recipients

Medicaid Pharmacy Help Desk Contact Numbers

271-6349	(Pharmacist OKC metro)
1-800-831-8921	(Pharmacist toll free)
271-9048	(Prescriber OKC metro)
1-877-269-2768	(Prescriber toll free)

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 ORI-W4403
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 Oklahoma City, OK 73190

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