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First Script Prescription Benefit News
for Workers' Compensation

July 2019

Ask The Pharmacist

To suggest a topic, send an email to:
AskThePharmacist@cvty.us.com

What moved the state of Ohio to drop OxyContin® from their formulary?

The state of Ohio, among the hardest hit in the nation for opioid overdose deaths, has undertaken a number of measures to meet the crisis as it has evolved. A review of opioid use in the injured worker population, completed in 2011, revealed an alarming number (73%) were filling opioid prescriptions.[1] A closed formulary, expanded access to antidote products (naloxone), and opioid focused prescribing guidelines have all followed since and have contributed to some reductions in prescribing and the prevalence of opioid use.

Effective July 1, 2019, Ohio's Bureau of Workers' Compensation (BWC) announced that new prescriptions for OxyContin and its generic equivalents (extended-release preparations of oxycodone) will no longer be covered or included on the state formulary. Melissa Vance, communications director for the BWC said, "Injured workers who currently have prior authorization for OxyContin will continue to be able to take it, until that authorization expires or there is a change in dose. Physicians will be made aware of the change and can advise injured workers on alternatives. There is also an appeals process through the Ohio Industrial Commission that injured workers can take advantage of."[2]

The BWC pharmacy and therapeutics committee voted to retain a single, extended-release oxycodone product, XTampza® ER, an "abuse-deterrent" product, on the formulary. "XTampza is a sustained-release form of oxycodone, like OxyContin, but it utilizes a unique abuse-deterrent technology that makes it difficult to manipulate – crush, snort or inject – for aberrant use," said Terry Welsh, the BWC's chief medical officer. "Thanks to technology, this just seems like the next responsible step to protect our injured workers from potential addiction and overdose death to dangerous drugs."[3]

In response, Robert Josephson, executive director for communications at Purdue Pharma said, "Most importantly, different abuse-deterrent formulations use different methods to deter abuse. No formulation has been approved to claim, based on human liking studies or real-world data, that it is better or safer than another, and none are abuse-proof or less addictive. Instead, each abuse deterrent formulation offers different options for prescribers and patients. Inaccurate characterizations of these different formulations may lead to a false sense of security by patients and/or their health care providers."[2]

Ohio Governor Mike DeWine, a vocal advocate on addressing the opioid crisis, said the move was a step in the right direction. "When an on-the-job injury causes someone serious discomfort, we want that worker to get the needed pain relief, but we also want to ensure that work injuries don't lead to addiction," he said in a statement. "Changing BWC's formulary and replacing OxyContin with a comparable painkiller that is less susceptible to abuse is the responsible thing to do. I commend BWC for taking this step to prevent addiction among injured workers."[2]

Ohio's leading decision to limit access to what may be "the best recognized" opioid brand is one that many will be interested to observe. Does the promise of "abuse deterrent" formulations include reduced opioid abuse, overdose, or addiction? The intuitive response to a strategy that reduces the potential for alteration, abuse, and its related consequences is to welcome it. At First Script, we will be watching closely for a hint, through this experience, of more effective management of pain related to work injuries and the safe return to function, work, and life of injured workers.

1. http://workerscompinsider.com/tag/opioids/
2. www.wci360.com/oh-bwc-eliminates-oxycontin-from-drug-formulary/
3. www.businessinsurance.com/article/20190531/NEWS08/912328802/Ohio-to-phase-out-comp-coverage-for-OxyContin

Drug of the Month

XTampza® ER (oxycodone-extended release)

XTampza ER is one of eight abuse-deterrent opioid products marketed in the U.S. that meets Food and Drug Administration (FDA) criteria for such labeling.[1] Abuse-deterrent opioid medications are more difficult to alter for snorting or injecting purposes but are not "abuse-proof." Oral consumption of higher than prescribed doses is still the most common form of prescription opioid abuse. XTampza ER incorporates a proprietary technology called DETERx®[2] that makes adulteration of the capsule for snorting or injection practically impossible. There are a number of other unique proprietary technologies and methods available that enable other "abuse-deterrent" products.[3]

As wider abuse of prescription opioids took hold in the early 2000s, existing extended-release opioid products were frequently altered (crushed or dissolved) to promote more rapid release and related euphoria. In 2010, a reformulated OxyContin, with abuse-deterrent properties, replaced the original product and several correlated consequences were noted in studies. Prescription opioid overdoses appeared to decline significantly in the three years that followed,[3] but in other studies, heroin overdoses rose by 23%[4] and infectious complications of injection abuse (hepatitis C) also rose significantly.[5] An important question for ongoing real-world studies would be to more clearly identify any causal relationship between prescription opioids that are harder to abuse and the migration to an opioid source in a riskier, illicit channel.

As a significant number of other abuse-deterrent products move forward to market through research, close additional study will be warranted to clearly identify the benefits as well as any significant unintended consequences of stemming prescription opioid abuse through this route, and to clarify the differentiated value of abuse-deterrent products like XTampza ER, Hyslinga™ ER, Arymo™ ER, Embeda®, etc.

It should also be noted that there are several other available products that are arguably "abuse-deterrent"; however, they do not meet the FDA criteria.

1. www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/abuse-deterrent-opioid-analgesics
2. http://paindr.com/xtampza-a-new-oxycodone-er-option/
3. https://cen.acs.org/articles/95/i45/Abuse-deterrent-opioids-Worth-effort.html
4. www.cato.org/publications/research-briefs-economic-policy/how-reformulation-oxycontin-ignited-heroin-epidemic
5. www.modernhealthcare.com/article/20190204/NEWS/190209979/hepatitis-c-cases-spiked-after-oxycontin-reformulated-to-deter-opioid-abuse

First Script® Annual Drug Trends Series

Part One: Evaluating Retail and Mail-Order Prescriptions

In this year's Annual Drug Trends Series, we continue to see success in curbing prescription drug costs within retail and mail-order channels. Check out part one of our infographic series which reflects these trends from 2017 to 2018.

Clinical Updates

Kentucky drug formulary adoption effective July 1, 2019

The Kentucky Department of Workers' Claims (DWC) has enacted workers' compensation formulary rule 803 KAR 25:270. The new rule adopts the current and future Official Disability Guidelines (ODG) formulary and became effective July 1, 2019. To find out more read the latest bulletin.

FDA approves oral disintegrating tablet QmiizODT™

The FDA has approved an oral disintegrating tablet form of meloxicam called QmiizODT. Meloxicam is a popular choice among prescribed Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) used for mild to moderate pain. To find out more read the latest bulletin.

New York drug formulary adoption

The New York Workers' Compensation Board has adopted Rules 12 NYCRR 441.1 regarding its workers' compensation drug formulary. The formulary consists of three phases: "Phase A," "Phase B," and "Perioperative." To find out more read the latest bulletin.

Governmental Activity by State

Find out more about the governmental updates and potential changes currently being proposed in your state

To find out more about the governmental updates and potential changes currently being proposed in your state, visit the Coventry News and Insights Page each month to read our Government Relations Newsletter, or find this month's newsletter here.