Workers' Comp

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

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3 MIN READ

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. In July of 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. 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."[2] 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."[3] 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."[3] 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.businessinsurance.com/article/20190531/NEWS08/912328802/Ohio-to-phase-out-comp-coverage-for-

OxyContin [3] www.wci360.com/oh-bwc-eliminates-oxycontin-from-drug-formulary/



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