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Adios OxyContin

It's been all over the news the last few days. Production of OxyContin®, the long-acting form of the powerful narcotic analgesic oxycodone, is being halted. Rampant addiction, including the snorting and injection of crushed tablets, has prompted this action.

The manufacturer, Purdue Pharma, is now producing a hardened, non-crushable form of the drug called OxyNeo® to act as a replacement. OxyNeo® is bioequivalent to Oxycontin® so there should be no difference in resident response to the new product.

In the interim, those who have filled a prescription for OxyContin® anytime between September 1, 2011 and February 28, 2012 will retain coverage until April 1, 2012. All such residents will be covered for OxyNeo® until February 28, 2013. OxyNeo® coverage will commence on February 29th. A new prescription will be required, as it is not interchangeable with OxyContin®. GeriatRx will send a supply of OxyNeo® accompanied by a

new prescription once OxyContin® coverage expires. Please continue to use all on-hand OxyContin® until it is finished as the medication is quite expensive and considerable documentation is required for its destruction.

Where OxyContin® has not been used in the recent past, OxyNeo® coverage will be more difficult to obtain. This will also be true of "grandfathered" prescriptions that lose their covered status on February 28, 2013. The *Exceptional Access Program* (formerly Section 8) will allow coverage "for the treatment of chronic pain in patients who have experienced intolerance or have failed an adequate trial of at least one other listed long-acting opioid product." Facilitated access coverage via registered palliative care practitioners is also provided for. Limited Use coverage will no longer be available.

Other opioids, such as Hydromorph Contin® or fentanyl patches may largely replace OxyContin®. SNRIs, Lyrica®, gabapentin and other auxiliary meds should also be considered in place of or in addition to opioids for optimal response. OxyNeo® begins to form a gel when it becomes wet. Tablets must be taken one at a time, swallowed immediately after being placed in the mouth and must remain dry until being administered.

Formulary Additions

A couple of significant new drugs have been added to the Drug Benefit Formulary for coverage at the end of the month.

Prolia® (denosumab) is a unique injectable agent used in the treatment of osteoporosis. It prevents the cells that break down bone (osteoclasts) from forming by blocking a key protein called RANKL. It is particularly useful in residents who have sustained a fracture with minimal trauma (fragility fracture) while taking a bisphosphonate (Fosamax®, Actonel®). It is also covered for those who cannot tolerate bisphosphonates. It is given subcutaneously every six months. Adverse effects of note include: rashes, decreased serum calcium and magnesium levels and infection.

Another newly covered medication is Onglyza® (saxagliptin). It is a cousin of Januvia®, which works by protecting insulin that has been produced in response to a meal. Onglyza® is dosed as 5 mg once daily, or 2.5 mg daily in those with poor renal function (GFR < 50ml/min). It is most useful in combination with metformin, where it does a good job of lowering post-prandial (post-meal) blood sugar. Interactions (Biaxin®, Ca++ channel blockers, some benzodiazepines) may be more common than with Januvia®.