

A Pilot Review of Controlled-release Oxycodone Prescriptions

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Summary

In response to an increasing number of reports of controlled-release (CR) oxycodone abuse and diversion, the Pharmacy Benefits Management (PBM) Strategic Healthcare Group (SHG) and Medical Advisory Panel (MAP) independently implemented various measures to both increase awareness of the proper use and potential for abuse of oxycodone CR and reduce inter-VISN (Veterans Integrated Service Network) variance in the usage of the drug. One of the measures was institution of retrospective reviews of national VA prescription data for oxycodone CR. This report presents the results of the first, pilot oxycodone CR prescription review that covered prescriptions dispensed by VA pharmacies during two overlapping periods: June to December 2000 (period 1) and October 2000 to March 2001 (period 2).

Methods. The database for period 1 consisted of detailed records of 53,447 prescriptions written for 15,020 patients, and represented all prescriptions for oxycodone CR dispensed during the 7-month interval. A computerized query performed on period 2 prescription data identified 904 patients (10,529 prescriptions) who had received more than 10 oxycodone CR prescriptions, oxycodone CR prescriptions from more than one provider, and/or oxycodone CR prescriptions from more than one facility during the 6-month interval. Additional filtering and querying of the databases led to identification of cases requiring further explanation based on three prescription patterns: large quantity (≥ 480 tablet dispensed per month on one or more occasions; 30 cases), high usage (large monthly quantities [≥ 480 tablets], high doses [≥ 320 mg/d], or frequent dosing intervals [every 4 to 6 hours]; 8 cases), and multiple sites (early fills for the same strength tablet from more than one facility; 38 cases). The patient and prescription numbers that required further explanation were identified and forwarded to VISN formulary leaders for follow-up.

Results. More than 90% of the cases requiring follow-up were completed by the VISN formulary leader or local facility for each of the prescription patterns. Most (64%) of the completed large-quantity cases were considered to have likely appropriate oxycodone CR prescriptions. One fourth of the high-usage (25%) and less than one half of the multiple-site (43%) cases were classified as likely appropriate. The high-usage and multiple-site prescription patterns identified possible aberrant drug-related behavior (4 and 17 cases, respectively). Large quantity (1 case) and multiple sites (4 cases) identified patients with a history of substance abuse. Five large-quantity cases (500 to 1000 tablets/month) were classified as possible aberrant prescribing. There were no cases of confirmed drug addiction, abuse, or diversion that were related to the flagged prescriptions. Only 2 multiple-site cases were reported by a VISN of an area with high illicit activity of oxycodone CR. As of 7 January 2002, the VISN or facility reported taking positive action as a result of the prescription review in 10 (36%) large-quantity, 2 (25%) high-usage, and 12 (34%) multiple-site cases. Ongoing review continues.

Conclusion. By using prescription patterns, this pilot prescription review was helpful in identifying patients who had histories consistent with possible aberrant drug-related behavior. Positive action was taken as a result of the prescription review. Although no confirmed cases of diversion were identified, a retrospective national prescription review may be helpful in alerting pharmacists and providers to possible cases of oxycodone CR addiction and abuse.