



INLAND EMPIRE HEALTH PLAN

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutic Subcommittee.

Drug: OxyContin (oxycodone)

Class: Analgesic-Opioid Narcotics

Formulary medication: Kadian, Avinza (Morphine sulfate)

Effective Date: April 2005, revised November 2006

Policy/Criteria:

1. Controlled-release oxycodone is restricted to use for cancer/palliative pain control.
2. Avinza and Kadian, two morphine sulfate preparations that contain both immediate release and extended release components, should be used if opioid narcotic analgesic is desired for all other conditions.

Clinical Justification:

1. According to the United States General Accounting Office's report on "OxyContin Abuse and Diversion and Efforts to Address the Problem", nearly 50% of the OxyContin prescribed in 2003 were primary care physicians.¹
2. Reports of inappropriate use, abuse, and diversion related to Oxycontin have raised the concern among the physicians and the FDA.
3. Controlled-release oxycodone has not demonstrated superiority over other long-acting narcotics in chronic pain.²
4. The initial result from the first phase of one clinical study showed that at lower, mean morphine-equivalent doses (72mg Avinza to 89 mg oxycodone CR), Avinza achieved a statistically significant better pain control (evaluated using the Brief Pain Inventory assessment instrument), statistically significant better quality of sleep (evaluated using the Pittsburgh Sleep Quality Index assessment instrument), and a statistically significant reduction in the frequency of required rescue medications.³

5. A head-to-head study that compared Kadian and Avinza showed that few pharmacokinetic differences between the products are seen, except for the earlier Tmax with Avinza.
6. Avinza and Kadian both have unique formulations that may better prevent the misuse of narcotic drugs and decrease abuse potential.
7. The safety and clinical benefit of dosing OxyContin more frequently than every 12 hours is currently not known.

Reference:

1. United States General Accounting Office. *OxyContin Abuse and Diversion and Efforts to Address the Problem*. December 2003.
2. Mucci-LoRussa P et al. "Controlled-release oxycodone compared with controlled-release morphine in the treatment of cancer pain: a randomized, double-blind, parallel-group study." *Eur J Pain*. 1998;2(2):239-249.
3. R. Rauck, S. Bookbinder, T. Bunker, C. Alftine, E. de Jong, S. Gershon. Randomized, multi-center study of oral once-a-day AVINZA (morphine sulfate extended-release capsules) vs. twice daily OxyContin (oxycodone hydrochloride controlled-release) for the treatment of chronic moderate to severe low Back Pain. American Pain Society. March 2005.
4. M. Royal. A head-to-head, single-dose trial of KADIAN vs AVINZA 30mg in healthy, opioid-naive subjects in the fed state: Comparison of pharmacokinetics. American Pain Society. March 2005.