



WCB: OxyNeo replaces generic OxyContin



Workers' Compensation Board (WCB)-Alberta's primary concern is the health and well-being of injured workers receiving WCB benefits. Given the increased risk of harm with the use of OxyContin formulations, effective April 15, 2013, WCB will no longer authorize payment or reimburse costs of generic OxyContin. WCB will continue to authorize payments and reimburse costs for OxyNeo (when authorized under its opioids program).

Coverage for other forms of oxycodone (e.g. Percocet, Endocet, generic short-acting oxycodone) is not affected.

This change is consistent with decisions by other funding agencies (e.g., Alberta Blue Cross) and physician groups (e.g., Alberta Pain Society).

How will this affect your patients?

For coverage by WCB Alberta, prescriptions (authorized under WCB's opioids program) presented to pharmacies for long-acting oxycodone and OxyNeo will be filled as OxyNeo. If the patient wishes to fill his/her prescription with generic OxyContin, the costs will not be reimbursed by WCB nor will the pharmacy be able to direct bill WCB.

Receipts for prescriptions (authorized under WCB's opioids program) filled prior to April 15, 2013 will be covered.

WCB-Alberta has contacted workers currently receiving coverage from WCB for OxyContin or generic OxyContin to advise them of steps they need to take before April 15, 2013. Workers have been advised to see their prescribing physician to obtain a new prescription for OxyNeo or check with their pharmacist to see if the prescription can be substituted with OxyNeo.

No payment for generic OxyContin

OxyContin, the brand name for a formulation of long- and short-acting oxycodone, was discontinued in 2012. It was replaced by a new formulation, OxyNeo, which has features intended to make it more tamper resistant.

Now that the patent for OxyContin has expired, Health Canada has authorized pharmaceutical companies to produce generic versions of OxyContin.

A recent editorial in the *Canadian Medical Association Journal*¹ stated that "[s]upplying patients with generic versions of oxycodone may be less expensive, but it is not a good idea." The authors cite the potential for abuse and misuse of this potent drug, with its attendant role in drug-related deaths. The authors go on to recommend taking a proactive stance against generic OxyContin for example by deciding "...that only tamper-resistant formulations of oxycodone will be reimbursed by provincial plans."

A recent *New England Journal of Medicine* article² provides valuable insight into what happened following the suspension of brand name OxyContin products. WCB's Medical Services was struck by the results showing that "...the selection of OxyContin as a primary drug of abuse decreased from 35.6% of respondents before the release of the abuse-deterrent formulation [i.e. OxyNeo] to just 12.8% 21 months later." Furthermore, "...patients who abused both formulations of OxyContin indicated a unanimous preference for the older version."

Additional information can be found on our website: https://www.web.ab.ca/assets/pdfs/providers/HFS_opioid_management.pdf

References:

1. Fletcher J and Tsuyuki R, "Don't tamper with oxycodone," *Can Med Assoc J*, 185(2): 107, Feb 5, 2013.
2. Cicero, J et al, "Effect of Abuse-Deterrent Formulation of OxyContin," *N Eng J Med*; 367: 187-189, July 12, 2012.

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