



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

August 31, 2010

Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications in order to assure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. At the May 14, 2010 Drug Utilization Review (DUR) Board Meeting, the Board members reviewed Oxycontin<sup>®</sup> (oxycodone controlled release) utilization within the NY Medicaid program.

After considering clinical information, utilization data, and the concerns raised by the membership, including the potential for adverse events and the risk for abuse, misuse, and/or diversion, **the Board unanimously recommended quantity limits for Oxycontin<sup>®</sup> (oxycodone controlled release) for patients without a documented cancer diagnosis. They recommended a quantity of up to 60 tablets per strength as a 30-day supply, not to exceed a daily dose of 160mg of oxycodone.**

New York State Medicaid pharmacy claim data indicates that you have written prescription(s) for Oxycontin<sup>®</sup> (oxycodone controlled release) tablets. Please consider the following information before prescribing Oxycontin<sup>®</sup>, as the DUR Program is concerned that there may be utilization of this medication that is not consistent with FDA approved labeling.

The FDA approved labeling including the **Black Box Warning** for Oxycontin<sup>®</sup> states <sup>1</sup>:

- Indicated for the management of moderate to severe pain **when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.**
- Should be administered every 12 hours. **It is most appropriate to increase the dose, not the dosing frequency.**
- A single dose greater than 40 mg, or total daily doses greater than 80 mg, **may cause fatal respiratory depression when administered to patients who are not tolerant to the respiratory depressant effects of opioids.**
- **Can be abused in a manner similar to other opioid agonists, legal or illicit.** This should be considered when prescribing or dispensing Oxycontin<sup>®</sup> in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.
- **Not intended for use on an as needed basis.**

Please consider clinical appropriateness and cost effectiveness when prescribing Oxycontin<sup>®</sup>. In presenting this information to you, the DUR Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. We ask that you consider the information provided regarding the prescribing of Oxycontin<sup>®</sup> for your patients.

Thank you for your professional assistance in this matter.

Sincerely,

John F. Naioti, Jr., R.Ph.  
DUR Program Manager

<sup>1</sup>Oxycodone controlled-release (OxyContin) prescribing information. *Purdue Pharma*. April 2010. Available at: [www.purduepharma.com/PI/Prescription/Oxycontin.pdf](http://www.purduepharma.com/PI/Prescription/Oxycontin.pdf). Accessed August 4, 2010.