



January 2012

DEAR PROVIDER:

Opioid analgesic overdose, deaths, addiction, misuse, and diversion have increased markedly over the past few years. Delaware is currently the second state in the US in oxycodone consumption per capita based on information from the Drug Enforcement Agency, the Census Bureau and the Food and Drug Administration. In February, the Division of Professional Regulations, Board of Medical Licensure & Discipline will be publishing section 32, which defines the minimal documentation required when prescribing controlled substances for pain, Chronic opioid therapy should only be considered for carefully evaluated, closely monitored patients when a cautious, structured, and selective approach is employed, and clear benefits for pain and function are documented. Long-term opioid therapy always entails risks for patients, their families and the community, so vigilance, monitoring, and caution are essential.

The Delaware Medicaid & Medical Assistance Program, on the recommendation of the Drug Utilization Review Board, will require stricter criteria in the approval of these drugs beginning March 1, 2012. ***Clients being treated for cancer will still have these medications available to them without prior authorization if they have an applicable diagnosis on their medical file or have one submitted on the prescription.***

For clients currently using oxycodone immediate release chronically, without a cancer diagnosis, a long-acting opioid should be considered for therapy. If the high dose oxycodone is being used for breakthrough pain, adjustment to the long acting agent or a different drug may be appropriate. Similar to our long-acting policy on narcotics, prior authorizations for these medications must include a pain management contract, pain assessment charts, and documentation of pill counts and random urine screens. Please reference the preferred drug list and prior authorization forms for Delaware Medicaid under the following link:

<http://www.dmap.state.de.us/information/pharmacy.html>

In order to accommodate titrations or use of oxycodone immediate release, clients will be able to get oxycodone immediate release under the following quantity limitations: oxycodone 15mg maximum of 240 capsules a year, and oxycodone 30 mg maximum of 60 capsules a year. Practitioners are encouraged to submit prior authorization requests and supporting documentation of medical necessity prior to March 1, 2012 in an effort to avoid any interruptions in therapy for any of your patients.

Sincerely,

Anthony J. Brazen, III, D.O., MBA  
Chief Medical Officer/Medical Director  
Division of Medicaid & Medical Assistance