

Informulary

Great news about your drug plan!

Making changes to opioid coverage — Taking steps to protect all of us

What are opioids?

Opioids (also called narcotics) are medications that can be used to treat pain. They are commonly used after an injury or surgery, but can also be used for chronic pain when other medications don't help.

Some examples of prescription opioids are codeine (TYLENOL® #3), morphine (MS CONTIN®), oxycodone (OxyNEO®, OXYCONTIN®), fentanyl (DURAGESIC®), and hydromorphone (HYDROMORPH CONTIN®). Opioids also include illegal street drugs such as heroin and carfentanyl.

What changes are coming to opioids in the Reformulary®?

As of January 1, 2018, coverage for all high-dose opioids is being changed. This means that high-dose opioids will no longer be covered for members with a new prescription. Plan members already using high-dose opioids may continue taking them at the current reimbursement level. These changes are being done by many plans across Canada, as experts are recommending that all people taking these high-dose opioids should consider lowering the dose and/or stopping them completely.¹

The opioids affected by these changes are:

- *morphine* 200 mg tablets
- HYDROMORPH CONTIN® (*hydromorphone*) 24 mg and 30 mg capsules
- *fentanyl* 75 mcg/hr and 100 mcg/hr patches
- DEMEROL® (*meperidine*) 50 mg tablets

Lower-strength, long-acting opioids will continue to be covered on the Reformulary. Plan members can look up these alternatives in Reformulary's DrugFinder™.

Why are opioids a problem?

Opioids can cause a number of side effects such as drowsiness and constipation, but the biggest concerns are addiction and overdose. Some of the people that are prescribed opioids will become addicted to them. Addiction is where a person will use the medication to become 'high' or altered. Addiction affects a person physically and mentally. It not only affects the person but can also affect his/her entire family.

One of the main concerns with opioids is that they can cause overdoses when a person takes too much. Opioid overdoses are occurring every day in Canada and has led to a public health crisis.



What is the opioid crisis?

Canada is facing a national opioid crisis. The growing number of overdoses and deaths caused by opioids, including fentanyl, is a public health emergency.² In 2016, there were 2458 opioid related deaths in Canada (almost 7 per day).² The number of deaths in Ontario rose from 127 in 1991 to 540 in 2010, and have continued to increase.¹

Opioid-related overdoses and deaths are affecting people in many different communities in Canada. Many of these deaths are happening in people that were started on an opioid prescribed by their doctor for pain, and then unintentionally became addicted. In Ontario, 1 out of every 550 people started on an opioid, died of an opioid-related cause in 2.6 years of starting their first prescription.¹ If that person is using high-dose opioids, the risk of death increases to 1 in 32.¹

What should I do if I am taking high-dose opioids?

If you are taking high-dose opioids, you have several options you can discuss with your doctor:

1. Ask your doctor about lowering your dose of opioids. This is what experts are recommending for people on high-dose opioids.¹ Studies have shown that lowering the dose of opioids helps to **REDUCE** your pain, improve function and improve your quality of life.³ Lowering your dose can actually make you feel better than you do now.
2. Your doctor can lower your dose and try another opioid. For some people, a change in opioid can lead to much better pain control.¹

Table 1 reviews some of the different opioid options that you and your doctor can consider.

Where can I get more information?

Health Canada has put together a website that provides information on opioids and the opioid crisis in Canada. It can be accessed at:

- <https://www.canada.ca/en/services/health/campaigns/drug-prevention.html>


It is important to discuss your options with your doctor and make a decision that is right for you. 



Table 1 – Opioid Options to Consider

Affected Opioids	Clinically similar alternatives	
<i>fentanyl</i> 75 mcg/hr and 100 mcg/hr patches	<i>fentanyl</i> patch 12 mcg/h <i>fentanyl</i> patch 25 mcg/h	<i>fentanyl</i> patch 37 mcg/h <i>fentanyl</i> patch 50 mcg/h
HYDROMORPH CONTIN® (<i>hydromorphone</i>) 24 mg and 30 mg capsules	DILAUDID 2 mg DILAUDID 4 mg DILAUDID 8 mg HYDROMORPH CONTIN 3 mg HYDROMORPH CONTIN 4.5 mg HYDROMORPH CONTIN 6 mg HYDROMORPH CONTIN 9 mg	HYDROMORPH CONTIN 12 mg HYDROMORPH CONTIN 18 mg <i>hydromorphone</i> 2 mg <i>hydromorphone</i> 4 mg <i>hydromorphone</i> 8 mg
<i>morphine</i> 200 mg tablets	KADIAN 10 mg KADIAN 20 mg KADIAN 50 mg KADIAN 100 mg <i>morphine</i> 5 mg <i>morphine</i> 10 mg <i>morphine</i> 25 mg <i>morphine</i> 50 mg M-ESLON 10 mg M-ESLON 15 mg M-ESLON 30 mg	M-ESLON 60 mg M-ESLON 100 mg <i>morphine</i> SR 15 mg <i>morphine</i> SR 30 mg <i>morphine</i> SR 60 mg <i>morphine</i> SR 100 mg STATEX 5 mg STATEX 10 mg STATEX 25 mg STATEX 50 mg
DEMEROL 50 mg tablets	ATASOL 15 ATASOL 30 <i>codeine</i> 15 mg <i>codeine</i> 30 mg <i>codeine/acetaminophen</i> 30/300 mg TYLENOL #2 TYLENOL #3 DILAUDID 2 mg DILAUDID 4 mg DILAUDID 8 mg <i>hydromorphone</i> 2 mg <i>hydromorphone</i> 4 mg <i>hydromorphone</i> 8 mg <i>morphine</i> 5 mg <i>morphine</i> 10 mg	<i>morphine</i> 25 mg <i>morphine</i> 50 mg STATEX 5 mg STATEX 10 mg STATEX 25 mg STATEX 50 mg ENDOCET <i>oxycodone/acetaminophen</i> <i>Ratio-Oxycodan</i> <i>oxycodone</i> 5 mg <i>oxycodone</i> 10 mg <i>oxycodone</i> 20 mg Supeudol 5 mg Supeudol 10 mg Supeudol 20 mg

For more information, please visit Reformulary.com/Resources

References

1. Busse J, ed. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.; 2017. http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf. Accessed June 11, 2017.
2. Health Canada. Help stop opioid overdoses. <https://www.canada.ca/en/services/health/campaigns/drug-prevention.html>. Published October 20, 2014. Accessed July 20, 2017.
3. Frank JW, Lovejoy TI, Becker WC, et al. Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review. *Ann Intern Med*. July 2017. doi:10.7326/M17-0598.