

PRESCRIBER'S LETTER



Unbiased Recommendations You Can Trust on New Developments in Drug Therapy

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Dear Prescriber:

DEA's switch of all hydrocodone COMBOS (Vicodin, Tussionex, etc) from Schedule III to Schedule II on October 6 will cause confusion.

Hydrocodone combos are the MOST commonly prescribed meds in the U.S...and the most commonly abused.

Plan ahead NOW to avoid gaps in pain management.

Use your electronic health record (EHR) to identify patients getting chronic hydrocodone combos...and try to reach out to them BEFORE Oct 6 to discuss pain management options.

Refills are still allowed on Rxs for hydrocodone combos written BEFORE Oct 6...as long as they're dispensed before April 8, 2015.

But pharmacy dispensing systems will likely NOT be able to process existing refills once the meds are reclassified as C-IIIs.

Be prepared for new Rx requests due to this glitch...and work with pharmacists to supply new Rxs if needed. Use our *PL Patient Education Handout, Changes for Hydrocodone Combinations*, to help patients understand these changes.

New prescriptions for hydrocodone combos issued on Oct 6 or later must comply with Schedule II regulations...NO refills, NO phone/fax Rxs except in rare situations, and NO e-Rxs unless allowed by your state and EHR. There will also be limits on days' supply or quantity depending on your state.

If appropriate and allowed by your state, you can write multiple C-II Rxs on the SAME date, for up to a 90-day supply, and indicate the earliest fill date on each Rx.

Switching to another opioid is an option.

For combos with hydrocodone 10 mg, consider a switch to acetaminophen/codeine 60 mg (C-III) or tramadol 50 mg (C-IV). Adjust doses as needed to achieve reasonable pain control.

Keep in mind that codeine metabolism varies and can lead to possible toxicity in ultrarapid metabolizers...OR reduced efficacy in poor metabolizers or when combined with strong 2D6 inhibitors (bupropion, fluoxetine, paroxetine, etc).

Tramadol efficacy can also be reduced by strong 2D6 inhibitors.

Caution patients on tramadol about possible insomnia...seizures at higher doses...and interactions with other serotonergic drugs (SSRIs, etc).

See our *PL Chart, Equianalgesic Doses of Opioids*, for alternatives and dose conversions.³⁰⁰⁹⁴³