Impact of Reformulation of OxyContin in the US on Opioid Dispensing Patterns Near the US-Canada Border

What does this mean?

- After regulatory authorities warned physicians and pharmacists in April 2011, dispensing rates declined to those observed in early 2010.

Clinical Implications

- Physicians and pharmacists should be aware of the potential for increases in drug-seeking behavior following policy changes related to the availability of opioids; particularly in regions bordering Canada and the US.

How do we know this?

The ODPRN conducted a population-based study from April 2010 to February 2012 of retail pharmacies in three Ontario cities near six of the highest volume border crossings. We found a substantial increase in prescription dispensing of the original OxyContin formulation per 1000 population near the Detroit-Windsor Tunnel, but no similar increase at other border crossings. Near the Detroit-Windsor Tunnel, pharmacy dispensing of OxyContin was stable between April 2010 to July 2010, followed by a fourfold increase between August 2010 and February 2011 from 505 to 1,969 tablets per 1000 population. This increase occurred at the same time as the August 2010 introduction of OxyContin-OP, the tamper-resistant formulation on the US market and was estimated to translate into nearly 250,000 excess OxyContin tablets dispensed. From April 2011 to November 2011, rates declined until they returned to baseline levels observed in early 2010; this drop coincided with warnings provided to prescribers and pharmacists in March/April 2011 about potential drug-seeking activity from the US.

Gomes T, Paterson JM, Juurlink DN, Dhalla IA, Mamdani MM. Reformulation of OxyContin and pharmacy dispensing patterns near the US-Canada border. Open Medicine, 2012; 6 (4): 141-145