The introduction of reformulated OxyContin has resulted in declines in indicators of diversion:

- 80% reduction in prescriptions for high dosage OxyContin prescriptions by potentially problematic prescribers
- 60% reduction in reports of drug diversion by law enforcement

Generally involves multiple overlapping prescriptions from more than one prescriber and multiple pharmacies.

For each overlap event:

- Duration of overlap
- Start date of each prescription and days supply
- Overlapping prescriptions are determined by multiple prescriptions for the same patient where number of days supply of the prescriptions overlap by at least one day

METHODS (CONT.)

RESULTS

Table 1. MS: Rates of Doctor-shopping for OxyContin by Time Period

Table 2. Changes in Rates of Doctor-shopping for OxyContin and Opioid Comparators (at least 2 prescribers and 3 pharmacies)

CONCLUSIONS

- Larger declines for characteristics associated with abuse and diversion supports construct validity of changes in rates of doctor-shopping for reformulated OxyContin.
- Overall, the reduction in doctor-shopping supports the hypothesis that the reformulation of OxyContin deters abuse.

Table 3. Change in Rates of doctor-shopping for OxyContin Before Versus After Reformulation by Shopping Threshold

SUMMARY

- Decline in rates of doctor-shopping from 2011 to 2013 (at least 2 prescribers and 3 pharmacies)
- Factors that have been previously shown to be associated with doctor-shopping and abuse (Cepeda et al., 2012, Journal of Clinical Pharmacology, Coplan et al., 2010, Pharmacoepidemiology and Drug Safety) study larger declines in rates post-reformulation

18-29 Years Old

At Least:

<table>
<thead>
<tr>
<th>At Least:</th>
<th>1 Pharmacy</th>
<th>2 Pharmacies</th>
<th>3 Pharmacies</th>
<th>4 Pharmacies</th>
<th>5 Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Prescriber</td>
<td>0.606 (0.542, 0.680)</td>
<td>0.808 (0.742, 0.881)</td>
<td>0.606 (0.542, 0.680)</td>
<td>0.808 (0.742, 0.881)</td>
<td>0.542 (0.470, 0.646)</td>
</tr>
<tr>
<td>2 Prescribers</td>
<td>0.25% (0.12%, 0.48%)</td>
<td>0.35% (0.18%, 0.62%)</td>
<td>0.15% (0.07%, 0.33%)</td>
<td>0.23% (0.12%, 0.41%)</td>
<td></td>
</tr>
<tr>
<td>3 Prescribers</td>
<td>0.25% (0.12%, 0.48%)</td>
<td>0.35% (0.18%, 0.62%)</td>
<td>0.15% (0.07%, 0.33%)</td>
<td>0.23% (0.12%, 0.41%)</td>
<td></td>
</tr>
<tr>
<td>4 Prescribers</td>
<td>0.25% (0.12%, 0.48%)</td>
<td>0.35% (0.18%, 0.62%)</td>
<td>0.15% (0.07%, 0.33%)</td>
<td>0.23% (0.12%, 0.41%)</td>
<td></td>
</tr>
<tr>
<td>5 Prescribers</td>
<td>0.25% (0.12%, 0.48%)</td>
<td>0.35% (0.18%, 0.62%)</td>
<td>0.15% (0.07%, 0.33%)</td>
<td>0.23% (0.12%, 0.41%)</td>
<td></td>
</tr>
</tbody>
</table>

Disclosure Statement

This work funded by Purdue Pharma and Chilcoat, Coplan, Seawer, and Harkrishnan are employees of Purdue Pharma L.P.