

Education Confirmation Form Instructions:

The purpose of this Education Confirmation Form is to confirm that you have read the REMS Education Materials for OxyContin[®] and understand the major risks associated with OxyContin[®] and how to appropriately select and educate patients to whom OxyContin[®] is prescribed.

Completion of the form does not affect your ability to prescribe OxyContin[®].

After you have read the Dear Healthcare Professional Letter and reviewed the Healthcare Provider Training Guide, please print and complete the Education Confirmation Form.

Please return the completed Education Confirmation Form using one of the following options:

Fax: **888-213-6036**

Email: **PurdueRems@maileverything.com**

Mail: **Mail Everything
325 4th ST
Libertyville, IL 60048-9962**



Education Confirmation Form

Completion of this form does not affect your ability to prescribe OxyContin®.

The purpose of this form is to confirm that you have read the REMS Education Materials for OxyContin® and understand the major risks associated with OxyContin® and how to appropriately select and educate patients to whom OxyContin® is prescribed.

I attest that I have read and understand the REMS Education Materials for OxyContin®.

Signature

Date

Prescriber Name (Please Print)

Professional Designation

Specialty

Affiliation (if any)

Address

City

State

Zip Code

Telephone #

Fax #

E-mail Address

Please answer the questions on the reverse side to verify your understanding of the information contained in the REMS Education materials. Completion of the questions does not affect your ability to prescribe OxyContin®.

Please return in the pre-addressed envelope provided.

OXYCONTIN® II

(OXYCODONE HCl CONTROLLED-RELEASE) TABLETS

1. Which of the following is the most significant serious adverse event risk with OxyContin®?

- Heart attack Constipation Dizziness Respiratory depression Drowsiness

2. Patients should be assessed for their risks for opioid abuse or addiction prior to being prescribed OxyContin®. Which of the following persons are at increased risk of opioid abuse? (Please check all that apply.)

- Individuals who have low back pain
 Individuals with a personal history of substance abuse
 Individuals with a family history of substance abuse
 Individuals with mental illness (eg, major depression)
 Individuals with a family history of hypercholesterolemia

3. OxyContin® is indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

- True False

4. Proper use of OxyContin® involves the following: (Please check all that apply.)

- Unused OxyContin® should be stored indefinitely in unlocked cabinets
 OxyContin® must be swallowed whole
 OxyContin® must not be chewed or ingested after crushing, breaking, or dissolving
 60 mg and 80 mg tablets of OxyContin® are for use only in opioid-tolerant patients
 None of the above

5. OxyContin® needs to be stored in a secure place away from children, pets, and household visitors.

- True False

6. Which of the following statements are true regarding the proper dosing of OxyContin® in opioid naïve patients? (Please check all that apply.)

- Use low initial doses, especially in patients who are receiving concurrent treatment with muscle relaxants, sedatives, or other CNS medications
 A 60 mg starting dose is appropriate in an opioid naïve patient
 When converting patients from a non-opioid analgesic, 10 mg q12h is a reasonable starting dose
 OxyContin® dose adjustments may be made every 1-2 days

7. As a result of reviewing the information in the training guide, do you feel that you have sufficient information to counsel patients about the proper use, storage, and disposal of OxyContin®?

- Yes No

If no, please visit www.OxyContinREMS.com for more information or contact Purdue's Medical Services Department at 1-888-726-7535 with any questions or concerns.