

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

hydrocodone bitartrate extended-release (Hysingla ER, Zohydro ER)

Notes:

- ^ Adequate trial is defined as a minimum of a 2 week treatment duration with titration as needed
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- † Intolerance occurring after adjusting dose and interval AND intolerance expected to improve with ER formulation

Initiation (new start) criteria: Non-formulary hydrocodone bitartrate extended-release (ER) (e.g. Hysingla ER, Zohydro ER) will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication* to oxycodone immediate-release (IR), morphine IR, hydromorphone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets
-AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to immediate-release hydrocodone/acetaminophen IR[†]
- Prescriber is an Oncologist, Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist
- Patient has had an appointment with prescriber within prior 3 months and pain management was discussed.

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary hydrocodone bitartrate extended-release (Hysingla ER, Zohydro ER) will be covered on the prescription drug benefit for 28 days when the following criteria are met:

- Since new enrollment in Kaiser Permanente, patient has upcoming referral or appointment with Oncologist, Hospice/Palliative Care clinician or Pain Management Specialist for pain management.

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For additional prescriptions (beyond 28 days), new members entering Kaiser Permanente already taking the medication: Non-formulary hydrocodone bitartrate extended-release (Hysingla ER, Zohydro ER) will be covered on the prescription drug benefit for 84 days when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication* to oxycodone immediate-release (IR), morphine IR, hydromorphone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets
-AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to immediate-release hydrocodone/acetaminophen IR[†]
- Prescriber is an Oncologist, Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist.
- Since new enrollment in Kaiser Permanente, patient has had appointment in the prior 3 months with prescriber and pain management was discussed.

Continued use criteria (3 months after initiation and for patients stable on the medication): Non-formulary hydrocodone bitartrate extended-release (Hysingla ER, Zohydro ER) will continue to be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Patient has failed an adequate trial[^] of or has an allergy or intolerance or contraindication* to oxycodone immediate-release (IR), morphine IR, hydromorphone IR, morphine ER tablets, fentanyl transdermal and oxycodone ER tablets
-AND-
- Patient has documented clinically significant pain relief with trial of, but intolerance to immediate-release hydrocodone/acetaminophen IR[†]
- Prescriber is an Oncologist, Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program or a Pain Management Specialist
- Patient has had an appointment with prescriber within prior 3 months and pain management was discussed.

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