

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Levorphanol (Levo-Dromoran)

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.

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed

previously: Non-formulary **levorphanol (Levo-Dromoran)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a Pain Management Specialist
- Patient has failed an adequate trial[^] of or has an allergy, intolerance* or contraindication to all formulary or preferred opioids (e.g. oxyCODONE immediate-release, traMADol, HYDROcodone/acetaminophen, morphine immediate-release, HYDROmorphine immediate-release, morphine sustained-release, oxyCODONE extended-release, fentaNYL transdermal, methadone, oxyMORphone extended-release)