

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

oxyMORphone ER (Opana ER)

Notes:

- ^ Adequate trial is defined as a minimum of 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 oxyMORmorphine extended-release tablets (Opana ER) will be covered on the prescription drug benefit 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, morphine immediate-release, HYDROcodone/acetaminophen, HYDROmorphine immediate-release, morphine sustained-release and fentaNYL transdermal and oxyCODONE extended-release
- OR-**
- Prescriber is a Hospice/Palliative Care clinician
- OR-**
- Patient has active cancer-related pain