

STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

HYDROMORPHONE ER

Generic	Brand	HICL	GCN	Exception/Other
HYDROMORPHONE	EXALGO		22056	EXTENDED RELEASE
ER			28427	ONLY
			22098	
			33088	

GUIDELINES FOR USE

1. Does the patient meet the definition of opioid tolerance (defined as those who are taking, for one week or longer, at least 60 mg oral morphine per day, 25 mcg transdermal fentanyl/hour, 30 mg oral oxycodone/day, 25 mg oral oxymorphone/day, 8 mg oral hydromorphone/day, or an equianalgesic dose of another opioid)?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the request form indicate that this medication will be used on an "as needed" or "PRN" basis?

If yes, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

If no, continue to #3.

3. Does the patient require a dosage of 16mg or less?

If yes, approve for 12 months by GPID (8mg, 12mg, 16mg) for #1 tablets per day. (NOTE: Please override both PA and step therapy [if applicable] restrictions by entering 'Y' for OVR_RES).

If no, continue to #4.

4. Was this dosage recommended by a pain specialist?

If yes, approve for 12 months by GPID (32mg) for #2 tablets per day. (NOTE: Please override both PA and step therapy [if applicable] restrictions by entering 'Y' for OVR RES).

If no, do not approve.

DENIAL TEXT: The guideline named **HYDROMORPHONE ER** requires that the patient meets the following criteria:

- The patient meets the definition of opioid tolerance (defined as those who are taking, for one
 week or longer, at least 60 mg oral morphine per day, 25 mcg transdermal fentanyl/hour, 30
 mg oral oxycodone/day, 25 mg oral oxymorphone/day, 8 mg oral hydromorphone/day), or an
 equianalgesic dose of another opioid)
- The requested medication is not prescribed on an 'as needed' basis
- Dosages above 16mg require recommendation by a pain specialist

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Exalgo.

REFERENCES

• Exalgo [Prescribing Information]. Hazelwood, MO: Mallinckrodt; April 2014.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Created: 04/10

Commercial Effective: 10/01/19 Client Approval: 08/19 P&T Approval: 07/19

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