OXYCODONE SR

Generic	Brand	HICL	GCN	Exception/Other
OXYCODONE SR	OXYCONTIN		16282 16283 16284 16286 99238 99239 99240	

GUIDELINES FOR USE

1. Is the patient currently taking OxyContin?

   If yes, continue to #9.
   If no, continue to #2.

2. Has the patient failed an adequate trial of, or is the patient intolerant to all of the following agents:
   a. Morphine sustained-release (MS Contin, Avinza, Kadian), **and**
   b. Fentanyl transdermal (Duragesic), **and**
   c. Oxymorphone sustained-release (Opana ER)?

   NOTE: *Adequate trial* for treatment failure is defined as a minimum of 2 weeks of initial therapy plus at least one dose increase (at a 2 week interval) without improvement. *Intolerance* excludes adverse drug events that are expected, mild in nature, resolve with continued treatment and do not require medication discontinuation.

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: Approval requires a trial of morphine sustained-release, fentanyl transdermal and oxymorphone sustained-release.

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

   If yes, do not approve.
   DENIAL TEXT: Approval requires that sustained-release oxycodone is not prescribed on an "as needed" basis.
   If no, continue to #4.

4. Is the request for dosing more frequently than every 8 hours (TID)?

   If yes, do not approve.
   DENIAL TEXT: Approval requires every 8 or 12 hour dosing.
   If no, continue to #5.

5. Is the request for a patient with pain associated with a cancer diagnosis?

   If yes, continue to #7.
   If no, continue to #6.

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GUIDELINES FOR USE (CONTINUED)

6. Is the requested daily dose more than 120mg/day?

   If yes, forward to MedImpact Clinical for review.
   CLINICAL SPECIALISTS: If clinically appropriate, may continue to #7.
   If no, continue to #7.

7. Is the patient taking more than one strength of sustained-release oxycodone concurrently?

   If yes, continue to #8.
   If no, continue to #9.

8. Are multiple strengths required for dose titration?

   If yes, **approve for 1 month.**
   If no, forward to MedImpact Clinical for review.
   CLINICAL SPECIALISTS: Please review for possible dose consolidation. May continue to #9 if dose is optimized.

9. **Approve for 6 months (see below for quantity limits depending on the requested dosing).**

   - **FOR TWICE A DAY DOSING**
     - OXYCODONE 10mg, 15mg, 20mg, 30mg, 40mg, 60mg and 80mg: Approve for #2 tablets per day per month/copay.
     - OXYCODONE 160mg every 12 hour dosing requests: Approve 80mg strength for #4 tablets per day per month/copay.
   - **FOR THREE TIMES A DAY DOSING**
     - OXYCODONE 10mg, 15mg, 20mg, 30mg, 40mg, 60mg and 80mg: Approve for #3 tablets per day per month/copay.

RATIONALE
Ensure the appropriate use of OxyContin.

FDA APPROVED INDICATIONS
Management of moderate to severe pain requiring around-the-clock analgesic effect for an extended period of time. OxyContin is not intended for use as a prn analgesic. OxyContin is not indicated for pain in the immediate postoperative period, or if the pain is mild, or not expected to persist for an extended period of time. OxyContin is only indicated for postoperative use if the patient is already receiving the drug prior to surgery or if the postoperative pain is expected to be moderate to severe and persist for an extended period of time.

REFERENCES

- Purdue Pharma LP. OxyContin package insert. Stamford, CT. September 2009.

Created: 11/11
Effective: 01/01/12 Client Approval: 12/15/11