For patients not currently taking levorphanol AND for patients currently taking levorphanol, non-formulary Levorphanol (Levo-Dromoran®) will be covered on the prescription drug benefit when the following criteria are met:

1. Prescribed by a Pain Management Specialist

   -AND-

2. Prior adequate trial and failure of or intolerance to all formulary or preferred opioids (e.g. oxyCODONE immediate-release, traMADol, HYDROcodone, morphine immediate-release, HYDROmorphine immediate-release, oxyCODONE extended-release, fentaNYL transdermal, methadone, oxyMORphone ER)

   -OR-

3. Dose Change Only: Patient previously met criteria, is currently using levorphanol prescribed by a Pain Management Specialist