Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

OxyMORphone IR (generic Opana®)

For patients not currently taking oxyMORphone immediate-release tablets AND for patients currently taking oxyMORphone immediate-release tablets, non-formulary oxyMORphone immediate-release (generic Opana®) will be covered on the prescription drug benefit when the following criteria are met:

- Documented treatment failure after an adequate trial* of immediate-release formulations of oxyCODONE, morphine, HYDROcodone, and HYDROmorphine

  -- OR --

- Allergy, intolerance^, or contraindication to oxyCODONE, morphine, HYDROcodone, and HYDROmorphine

  -- OR --

- Dose change only: Patient previously met criteria and is already taking the drug.

* **Adequate trial** for treatment failure is defined as a minimum of 2-4 weeks of initial therapy plus at least 1 dose increase (at a 2-4 week interval) without improvement.

^ **Intolerance** excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment and do not require med discontinuation.