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

- Documented treatment failure after an adequate trial** of oxyCODONE immediate-release^, morphine immediate-release, HYDROcodone/acetaminophen (up to 90g HYDROcodone/3g of acetaminophen), HYDROmorphine immediate-release, morphine sustained-release and fentaNYL transdermal
  - AND- oxyCODONE extended-release (OxyCONTIN), a non-formulary, CBC medication
  - OR-
- Allergy, intolerance^^, or contraindication to oxyCODONE, morphine, HYDROcodone, AND fentaNYL
  -- OR –

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

* Documented treatment failure to the immediate-release formulation occurring after adjusting the dose and dosing interval and of a nature to be expected to improve with extended-release formulation or the patient has active cancer-related pain.

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.