For patients not currently taking oxyCODONE extended-release tablets AND for patients currently taking oxyCODONE extended-release tablets, non-formulary oxyCODONE extended-release tablets (OxyContin®) 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), HYDROMorphone immediate-release, morphine sustained-release and fentaNYL transdermal

  -- OR –

- Allergy, intolerance or contraindication to morphine, HYDROcodone, HYDROMorphone AND fentaNYL

  -- OR –

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

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* **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.