

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## OxyMORphone ER (Opana ER)

### Notes:

- \* 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.

**Initiation (new start) criteria:** Non-formulary **OxyMORphone ER (Opana ER)** 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 90mg HYDROcodone/3g of acetaminophen), HYDROmorphine immediate-release, morphine sustained-release and fentaNYL transdermal  
**-AND-** oxyCODONE extended-release tablet (OxyCONTIN)
- OR-**
- Allergy, intolerance^, or contraindication to oxyCODONE, morphine, HYDROcodone, AND fentaNYL