

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

OxyCODONE ER tab (OxyContin)

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 **oxyCODONE ER tablet (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 90mg HYDROcodone/3g of acetaminophen), HYDROMorphone immediate-release, morphine sustained-release and fentaNYL transdermal
-OR-
- Allergy, intolerance[^] or contraindication to morphine, HYDROcodone, HYDROMorphone AND fentaNYL