Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

OxyContin (oxycodone extended release)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 Year

Medications		Quantity Limit
Oxycontin (Oxycodone Extended Release)	10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg tablets	May be subject to quantity limits

APPROVAL CRITERIA

Requests for Oxycontin (oxycodone extended release) tablets may be approved for individuals 18 years of age or older for the following [(I, II, III, and IV) and either (V, VI, VII, or VIII):

I. Individual has a diagnosis of moderate to severe pain and requires around-the-clock long term opioid treatment; **AND**

II. Individual has one of the following:

A. An inadequate response to alternative treatment options, such as but not limited to non-opioid analgesics and immediate-release opioids; **OR**

B. Alternative treatment options would otherwise be inadequate to provide sufficient management of pain; **AND**

III. Dosing frequency does not exceed twice daily dosing (discretionary dosing may be approved if patient has a diagnosis of pain related to terminal cancer); **AND**

IV. Tablets are not crushed or split in half

AND

V. Individual has had a trial and inadequate response or intolerance to ***two*** preferred long acting agents:

- **a.** Fentanyl Patch
- **b.** Methadone
- **c.** Methadose
- **d.** Morphine Sulfate ER (tablets generic MS Contin only)

OR

VI. Individual has completed titration and is already maintained on a stable dose of the requested drug.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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OR

VII. The preferred long-acting opioids are not acceptable due to concomitant clinical situations, such as but not limited to:

- **a.** Known hypersensitivity to any ingredient which is not also in the requested non-preferred agent; **OR**
- **b.** Known disease state or medication contraindication which is not also associated with the requested non-preferred agent;

OR

VIII. The individual has a need for an abuse deterrent formulation based upon history of substance abuse disorder OR individual's family member or household resident has active substance abuse disorder or a history of substance abuse disorder.

Requests for Oxycontin (oxycodone extended release) tablets may be approved for individuals who are an opioid-tolerant pediatric patient 11 years of age and older who is already receiving and tolerates a minimum daily opioid dose of at least 20mg oxycodone orally or its equivalent and meets the following criteria;

I. Individual has a diagnosis of moderate to severe pain and requires around-the-clock long term opioid treatment; **AND**

II. Individual has one of the following:

a. An inadequate response to alternative treatment options, such as but not limited to non-opioid analgesics and immediate-release opioids; **OR**

b. Alternative treatment options would otherwise be inadequate to provide sufficient management of pain; **AND**

III. Dosing frequency does not exceed twice daily dosing (discretionary dosing may be approved if patient has a diagnosis of pain related to terminal cancer); **AND**

IV. Tablets are not crushed or split in half;

OxyContin (oxycodone extended-release) may not be approved for the following:

I. Individual is requesting or using as an as-needed analgesic; **OR**

II. Individual has one of the following conditions:

a. Significant respiratory depression; **OR**

b. Acute or severe bronchial asthma or hypercarbia; **OR**

c. Known or suspected paralytic ileus.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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Note: OxyContin (oxycodone extended-release) has black box warnings for misuse, abuse and addiction as well as fatal respiratory depression. Respiratory depression is at highest risk during initiation and dose increases. Members should be instructed on proper administration of OxyContin tablets to reduce this risk. In addition, accidental ingestion of OxyContin can result in a fatal overdose of oxycodone, especially in children. Prolonged exposure to OxyContin during pregnancy can result in neonatal opioid withdrawal syndrome which can be life-threatening if not recognized and treated. If opioid use is required for a prolonged period of time during pregnancy, the individual should be advised of the risk and ensure appropriate treatment will be available. Use of CYP3A4 inhibitors or discontinuation of CYP3A4 inducers can result in a fatal overdose of oxycodone from OxyContin.

*****Note: It may be possible in some instances to use a higher strength of the requested medication and take fewer tablets/capsules to achieve the same total daily dosage requested.*****

Immediate release tablets/capsules, oral solution and liquid concentrate forms of oxycodone are used every 4 to 6 hours on an as needed basis for pain.

Oxycodone extended release tablets have substance abuse and diversion potential. Use discretion when prescribing to patients with history of substance abuse.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.