

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	<p><u>Oxycodones</u> Oxaydo (oxycodone immediate release abuse-deterrent tablets) Oxycodone ER (oxycodone extended release abuse deterrent tablets) Roxybond (oxycodone immediate release abuse-deterrent tablets) Troxyca ER (oxycodone/naltrexone extended release tablets) Xtampza ER (oxycodone extended release capsules)</p>
POLICY #	<p>12116</p>
INDICATIONS	<p>Oxaydo is indicated for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatments are inadequate.</p> <p>Oxycodone ER is indicated for the management of moderate to severe pain when a continuous, around-the-clock, analgesic is needed for an extended period of time.</p> <p>Note: Oxycontin does not require PA for members with Commercial policies.</p> <p>Roxybond is an opioid agonist indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.</p> <p>Xtampza ER is indicated for the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate. Because of the risks of addiction, abuse, misuse, overdose, and death with opioids, even at recommended doses, reserve Xtampza ER for use in patients, for whom alternative treatment options (e.g., non-opioid analgesics) are ineffective, not tolerated, or would be otherwise inadequate.</p> <p>Troxyca ER is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.</p>
CRITERIA	<p>ConnectiCare considers Oxaydo and Roxybond to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"> • Patient has a documented intolerance to, or treatment failure of, an adequate trial of Percocet (oxycodone/acetaminophen) OR oxycodone immediate release tablets <p>ConnectiCare considers Oxycodone ER, Troxyca ER and Xtampza ER to be medically necessary in adult patients who meet the following criteria:</p> <ul style="list-style-type: none"> • Patient has a diagnosis of chronic pain and requires around-the-clock pain management AND ONE of the following: • Patient has had an intolerance to, documented allergy, or treatment failure of generic morphine sulfate controlled-release tablets or capsules, Oxycontin*, or Opana ER* <p>OR</p>

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	<ul style="list-style-type: none"> • Patient has renal insufficiency (documentation required)
LIMITATIONS	Troxyca ER-and Xtampza ER are not indicated as as-needed (prn) analgesics. If the above criteria are met, approval will be granted for up to 6 months.
REFERENCES	Xtampza ER package insert, Cincinnati, OH, Patheon Pharmaceuticals Oxaydo package insert, Wayne, PA, Eaglet US Inc. Oxycontin package insert, Stamford, CT, Purdue Pharma LP Troxyca Er package insert, NY, NY, Pfizer Inc. Roxybond package insert, Valley Cottage, NY, Inspirion Delivery Sciences, LLC
P&T REVIEW HISTORY	9/10, 12/11, 10/12, 10/13, 6/14, 10/14, 11/15, 2/16, 11/16, 5/17, 5/18, 11/18
REVISION RECORD	12/10, 9/11, 2/14, 11/14, 4/15, 9/15, 11/16, 5/17, 5/18, 11/18