MDWISE PRIOR AUTHORIZATION CRITERIA

OXYCONTIN (oxycodone extended release) Tablet: 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg

FORMULARY STATUS Preferred

PA CRITERIA FOR APPROVAL
• Diagnosis of chronic pain requiring an opioid analgesic.
AND
• Documented trial and failure at therapeutic maximum doses or intolerance to sustained release morphine sulfate.
AND
• Documented trial and failure at therapeutic maximum doses or intolerance to fentanyl.

If the above conditions are met, the request will be approved with a 6 month duration for up to a twice daily dosage regimen; if the above conditions are not met, the request will be referred to a Medical Director for medical necessity review.

NOTE: Any duplication in therapy (other concurrently prescribed long-acting opioid analgesic) claims will be denied at point-of-sale.

FDA INDICATIONS
• Management of moderate-to-severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.
• Not intended for use as a prn analgesic.

DOSE AND ADMINISTRATION
OxyContin tablets are to be swallowed whole and are not to be broken, chewed, or crushed. Taking broken, chewed, or crushed tablets leads to rapid release and absorption of a potentially fatal dose of oxycodone. Patients should be started on the lowest appropriate dose. OxyContin 60mg and 80mg tablets, or a single dose greater than 40mg, are for use in opioid-tolerant patients only. A single dose greater than 40mg, or total daily doses greater than 80mg, may cause fatal respiratory depression when administered to patients who are not tolerant to the respiratory depressant effects of opioid. The concomitant use of Oxycontin with CYP3A4 inhibitors may result in increased effects and potentially fatal respiratory depression.

REFERENCES