

ALASKA MEDICAID

**Oxycodone Hydrochloride Immediate Release (Various Brand Names)**

Tablets: 5mg, 10mg, 15mg, 20mg, 30mg. Capsules: 5mg. Oral Soln: 5mg/5mL.  
Concentrated Soln: 20mg/mL

**PREFERRED MEDICATION:**

NA

**NON-PREFERRED MEDICATION:**

NA

**INDICATION:**

Oxycodone Immediate Release is indicated “for the relief of moderate to moderately severe pain”.<sup>1</sup>

**CRITERIA FOR APPROVAL:**

The following criteria must be met for the approval of coverage:

1. Every request for Oxycodone Immediate Release will reject at the pharmacy, unless a PA is already on file.
2. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in LTC facilities.
3. Treatment with at least one “first line”<sup>2</sup> medication has been less than optimal, or is inappropriate; **AND**
4. The patient can not be either safely or effectively treated with a combination opioid analgesic that is combined with either acetaminophen, aspirin, or ibuprofen; **AND**
5. If used as a single agent, the total daily Oxycodone dose does not exceed 240mg; **OR**
6. The patient has an active prior authorization for Oxycontin® (extended release); **AND**
7. The immediate release Oxycodone is used for breakthrough pain; **AND**
8. The total daily dose of all forms of Oxycodone does not exceed 300mg; **AND**
9. Breakthrough dosing is on an as needed basis, (PRN), and not a scheduled basis.

**Oxycodone 10mg / 10 mL Oral Solution:**

1. Patient meets criteria for Oxycodone Immediate Release, but is unable to utilize a solid dosage form.

**Oxycodone Concentrated 20mg / mL Oral Solution:**

1. Patient meets criteria for Oxycodone 10mg / 10mL Oral Solution; **AND**
2. Patient has a documented medical condition that necessitates the use of an oral solution that is more concentrated than 10 mg / 10mL.

**CRITERIA CAUSING DENIAL:**

1. The patient is covered under CAMA. (Eligibility code = 21, claim will reject with a reason code of 70, patient not covered).

**LENGTH OF AUTHORIZATION:**

1. Coverage may be approved for up to 6 months.

**DISPENSING LIMIT:**

1. The dispensing limit is a 30 day supply of medication.

**ADDITIONAL INFORMATION:**

Dispensing pharmacist overrides:

1. Hospice patients: Dispensing pharmacist enters 2 in PA Type field.
2. Oncology patients: Dispensing pharmacist enters 11 in Customer/Patient Location field.
3. LTC/Nursing Home Patients: Dispensing pharmacist enters 4 in Patient Location field.

**REFERENCES / FOOTNOTES:**

<sup>1</sup> OxyIR<sup>®</sup> package insert, available at: <<http://www.pharma.com/PI/prescription/OxyIR.pdf>>  
Accessed 06/19/2007

<sup>2</sup> Alaska Medicaid Opioid Guidelines, available on the PA web page.

An opioid dose calculator can be downloaded at:  
<<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>>  
Accessed 06/19/2007