ALASKA MEDICAID
Prior Authorization Criteria

Oxycodone Hydrochloride Immediate Release (Various Brand Names)
Tablets: 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg. Capsules: 5mg. Oral Soln: 5mg/5mL. Concentrated Soln: 20mg/mL

FDA INDICATIONS AND USAGE[1]

Oxycodone Immediate Release is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Due to the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve oxycodone IR for use in patients for whom alternative treatment options (i.e., non-opioid analgesics or physical therapy) are not tolerated or adequate analgesia cannot be achieved.

CRITERIA [1,2,3]

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 or the patient is less than 14 years of age filling oxycodone solution 10mg/10ml post procedure in a quantity no greater than 90ml.

2. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in LTC facilities.

3. Must have failed or was intolerant to at least 2 non-opioid therapies such as: APAP/NSAIDs/Cox-2 agent, Anticonvulsants, Muscle relaxants, Antidepressants, Corticosteroids, Topical analgesics; **AND**

4. The patient cannot 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 90mg; **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 160mg; **AND**

9. Breakthrough dosing is on an as needed basis, (PRN), and not a scheduled basis; **AND**

10. Patient is not exhibiting addictive behaviors and not being treated for substance use; **AND**

11. Is being prescribed within state and national guidelines.

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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 10mg/10mL.

CAUTIONS[1,3]

- Monitor for addiction, abuse, and misuse.
- Serious, life threatening or fatal respiratory depression may occur.
- Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Re-authorization: up to 12 months with clinically meaningful chart notes showing the patient is responding positively to therapy.

QUANTITY LIMITS

- Refer to the Maximum Units Med List
  http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriorauthoriz.aspx

REFERENCES / FOOTNOTES:

1. Oxycodone IR Solution [package insert]. Allentown, PA. Genus Lifesciences Inc.; September 2018. Accessed at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/200535s014s015lbl.pdf. October 16, 2019.
2. Roxybond™ [package insert]. Valley Cottage, NY. Cervene for Inspirion Delivery Sciences LLC; 2017. Accessed at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209777lbl.pdf. October 16, 2019.
3. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. 65(1);1–49. March 18, 2016