MEDICAL MUTUAL®

Drug Policy

Policy:	Oxycontin (oxycodone ER) 80 mg	Annual Review Date: 12/21/2023 Last Revised Date: 12/21/2023

OVERVIEW

Oxycontin (oxycodone ER) is a full opioid agonist. Oxycontin is indicated for the management of severe pain where around-the-clock opioid treatment is needed and alternative pain relief options are not adequate. Oxycontin is contraindicated in significant respiratory depression, acute or severe bronchial asthma in an unmonitored setting, known or suspected gastrointestinal obstruction, including paralytic ileus, or hypersensitivity to oxycodone. Oxycontin has a black box warning for addiction, abuse and misuse. Continuing assessment and monitoring of patients on Oxycontin is recommended.

POLICY STATEMENT

This policy involves the use of oxycodone ER (Oxycontin) 80 mg. Prior authorization is recommended for pharmacy benefit coverage of oxycodone ER (Oxycontin) 80 mg. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Some members may also be subject to the long acting opioid step therapy. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with oxycodone ER (Oxycontin) 80 mg as well as the monitoring required for adverse events and long-term efficacy, initial approval requires oxycodone ER (Oxycontin) 80 mg be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below. Documentation may be required.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of oxycodone ER 80 mg is recommended in those who meet the following criteria:

1. Hospice, cancer, or terminal illness. Approve.

2. Initial: Severe Chronic Pain. Approve in patients who meet the following criteria (a through m):

A. Member is at least 11 years of age or older; AND
B. The member's pain has been evaluated by one or more physicians who specialize in treatment of the area where the perceived pain is located or a pain specialist; AND
C. The member has pain that requires-around-the clock treatment; AND

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D. The provider states that the member is not a candidate for other non-narcotic pain medication or drug free alternatives to pain management; AND
E. The provider must have a pain management contract with the patient; AND
F. The member is not opioid naïve, the provider has verified that lower doses of oxycodone ER have not been effective in managing the member's pain, and the member is tolerating at least a dose of 120 morphine equivalents of oxycodone ER; AND
G. If the member is taking a benzodiazepine or muscle relaxant concurrently, the prescriber is aware of the risk versus benefit of the combination and attests continuation of concurrent therapy is clinically necessary: AND
H. The provider supplies information (patient charts, documentation, etc.) including a diagnosis of chronic pain, including signs, symptoms and causes [documentation required]; AND
I. The provider supplies information (patient charts, documentation, etc.) on patient's periodic assessments of functional status, progression of goals while on medications requested, and evaluation of any risk for possible addiction, drug abuse or drug diversion (Example: using the Opioid Risk Tool, the Screening and Opioid Assessment for Patients with Pain (SOAPP), urine screenings, etc.) [documentation required]; AND
J. The provider has previously or will also prescribe a naloxone rescue medication to the member [claims history is required, or provider must submit documentation] and the patient has been trained how to use the medication; AND
K. The prescriber attests that they have reviewed controlled substance medication history by running an Ohio Automated Rx Reporting System (OARRS) Report (or respective prescription monitoring program in the provider's state of practice if available) and they will continue to check OARRS (or respective prescription monitoring program in the provider's state of practice) as recommended by the state's rules, regulations, or guidelines; AND
L. The provider verifies no concurrent substance abuse treatments are being prescribed (examples including but are not limited to: Suboxone (buprenorphine/naloxone), Vivitrol (naloxone), oral naloxone, buprenorphine; AND
M. The provider is aware that member may be limited to filling opiates only from their office; AND
N. If the requested product is brand Oxycontin 80 mg, the patient has tried generic oxycodone ER 80 mg AND cannot use the generic product due to formulation differences in the inactive ingredients [e.g. dyes, fillers, preservatives, etc.] between the brand and generic

3. Continuation of Therapy: Chronic pain. Approve if all above criteria are met and the member's pain is improving.

Initial Approval/ Extended Approval.
Hospice, terminal illness, or cancer related pain indications: indefinitely
All other chronic pain indication: 1 year (365 days)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

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Oxycodone ER 80 mg has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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