PRIOR AUTHORIZATION CRITERIA

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>OXYCONTIN</th>
<th>(oxycodone hydrochloride extended-release tablet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(generic)</td>
<td>XTAMPZA ER</td>
<td>(oxycodone hydrochloride extended-release capsules)</td>
</tr>
</tbody>
</table>

Status: CVS Caremark Criteria
Type: Post Limit Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS
OxyContin 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 in:

- Adults; and
- Opioid-tolerant pediatric patients 11 years of age and older who are already receiving and tolerate a minimum daily opioid dose of at least 20 mg orally or its equivalent.

Limitations of Usage
- Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve OxyContin for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
- OxyContin is not indicated as an as-needed (prn) analgesic.

Xtampza ER
Xtampza 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.

Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve Xtampza ER for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
- Xtampza ER is not indicated as an as-needed (prn) analgesic.

COVERAGE CRITERIA
OxyContin (oxycodone hydrochloride extended-release tablet) and Xtampza ER (oxycodone hydrochloride extended-release capsule) will be covered with prior authorization when the following criteria are met:

- The patient does NOT have any of the following: significant respiratory depression or known or suspected paralytic ileus
  AND
- The requested drug is being prescribed for pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
  AND
- The patient can safely take the requested dose based on their current opioid use history.
  AND
- The patient has been evaluated and will be monitored regularly for the development of addiction, abuse, or misuse of the requested drug

Quantity Limit applies.
**POST LIMIT QUANTITY FOR APPROVAL**

These limits accumulate together across all strengths up to the highest quantity listed depending on the order that the claims are processed.

<table>
<thead>
<tr>
<th>Drug</th>
<th>1 Month Limit*</th>
<th>3 Month Limit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>OxyContin 10 mg, 15 mg, 20 mg, 30 mg, 40 mg (oxycodone hydrochloride extended-release tablet)</td>
<td>240 tablets/25 days</td>
<td>720 tablets/75 days</td>
</tr>
<tr>
<td>OxyContin 60 mg, 80 mg (oxycodone hydrochloride extended-release tablet)</td>
<td>120 tablets/25 days</td>
<td>360 tablets/75 days</td>
</tr>
<tr>
<td>Xtampza ER (all strengths) (oxycodone hydrochloride extended-release capsule)</td>
<td>240 capsules/25 days</td>
<td>720 capsules/75 days</td>
</tr>
</tbody>
</table>

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

**REFERENCES**