

oxycodone hcl tablet (ROXYBOND)

Diagnosis Considered for Coverage:

- Moderate to Severe Pain

Coverage Criteria:

For moderate to severe pain:

- Dose does not exceed FDA maximum, **and**
- Patient is unable to take equivalent generic oxycodone immediate-release formulations,

AND

- **For 5 mg:** Dose does not exceed 168 tablets per 30 days
- **For 15 mg:** Dose does not exceed 56 tablets per 30 days
- **For 30 mg:** Dose does not exceed 28 tablets per 30 days

OR

- Dose exceeds the above 30 day limit, **and**
 - Pain is due to cancer or terminal illness, **OR**
 - Being used for non-cancer pain and meets the NSI coverage criteria below

Narcotic Safety Initiative (NSI) Coverage Criteria

Initial Request

- Pain is severe enough to require opioid treatment, **and**
- Not being used with other short-acting narcotics, **and**
- Documented patient-specific treatment plan for evaluating pain relief including baseline pain intensity score and functional interference score, potential misuse, monitoring plan for adverse side effects, and plan to taper down opioid use, **and**
- Dose does not exceed FDA maximum, **and**
- Total dosage has been consolidated to the least number of higher strength dosage forms (e.g. tablets, capsules, suspension, etc.), **and**
- **If opioid use is expected to be more than 60 days:** Prescribing or consulting doctor is pain management and pain cannot be removed or otherwise treated by other treatment modalities (e.g. acupuncture, massage therapy, physical therapy), **and**
- **For total daily narcotic use that is above 90 MME (morphine milligram equivalent) per day:** Doctor attests narcotic amount is necessary to adequately treat pain.

Reauthorization Request

- Updated documentation of patient-specific treatment plan for evaluating pain relief, potential misuse, monitoring plan for side effects, and plan to taper total narcotic use, **and**
- Not being used with other short-acting narcotics, **and**
- Total dosage has been consolidated to the least number of higher strength dosage forms (e.g. tablets, capsules, suspension, etc.) **and**
- Dose does not exceed FDA maximum.

Coverage Duration:

For cancer pain or pain due to terminal illness: one year

For non-cancer pain: 30 days

Effective Date: 5/3/2023