

dihydrocodeine/caffeine/APAP capsule (TREZIX)
dihydrocodeine/caffeine/APAP tablet

Diagnosis Considered for Coverage:

- Moderate to severe pain

Coverage Criteria:

1. For moderate to severe pain:

- Inadequate response or intolerance to TWO preferred short-acting narcotic agents, **and**
- Dose does not exceed 10 capsules/tablets per day, **and**
- One of the following:
 - Dose does not exceed the therapy limit (140 capsules/tablets per 30 day), **or**
 - Dose exceeds the above therapy limit **AND** meets the NSI coverage below.

Narcotic Safety Initiative (NSI) Coverage Criteria

Initial Request

- Prescribing or consulting MD attests narcotic quantity requested is necessary to adequately treat pain, **and**
- Documented patient-specific treatment plan for evaluating pain relief, potential misuse, and monitoring plan for adverse side effects, **and**
- Not being used with other short-acting narcotics, **and**
- Total dosage has been consolidated to the least number of higher strength dosage forms.

Reauthorization Request

- **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**
- 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: 30 days

Effective Date: 5/3/2023

