

Non-Preferred Oxycodone-Acetaminophen Products

Applies To:

oxycodone-acetaminophen 2.5-300 mg
Nalocet 2.5-300
oxycodone-acetaminophen 5-300 mg
PROLATE 5-300
PRIMLEV 5-300
oxycodone-acetaminophen 7.5-300 mg
PROLATE 7.5-300
PRIMLEV 7.5-300
oxycodone-acetaminophen 10-300 mg
PROLATE 10-300
PRIMLEV 10-300

Diagnosis Considered for Coverage:

- Moderate to Severe Pain

Coverage Criteria:

1. For diagnosis listed above and request up to therapy limit:

- Dose does not exceed the FDA label maximum, **and**
- Intolerance or contraindication to preferred oxycodone-APAP 325 mg (generic Percocet) not expected with oxycodone-APAP 300 mg, **and**
- One of the following:
 - Dose does not exceed the following therapy limit:
 - oxycodone 2.5mg-APAP 300mg - 168 tablets per 30 days
 - oxycodone 5mg-APAP 300mg - 168 tablets per 30 days
 - oxycodone 7.5mg-APAP 300mg - 112 tablets per 30 days
 - oxycodone 10mg-APAP 300mg - 84 tablets per 30 days

OR

- Does exceeds the above therapy limit and meets the NSI criteria 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.

APAP=acetaminophen

Coverage Duration: 30 days

Effective Date: 6/1/2022