



## Prior Authorization Approval Criteria

### *Kadian (Morphine Sulfate Extended Release Capsules)*

**Generic name:** Morphine Sulfate Extended Release Capsules

**Brand name:** Kadian

**Medication class:** narcotic, opioid

**FDA-approved uses:** Indicated for the management of moderate to severe pain when a continuous around the clock opioid analgesic is needed for an extended period of time

**Available dosage forms:** 10 mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg, and 200mg capsules.

**Usual dose:** May be administered once or twice a day starting at 10mg or 20mg in opioid naïve patients.

<b>Approximate cost:</b> (based on AWP 2010)	Strength	cost/pill	cost/30 pills
	10mg	3.87	116.02
	20mg	4.66	139.72
	30mg	5.07	151.96
	40mg	8.46	253.94
	60mg	10.13	303.91
	80mg	12.38	371.44
	100mg	16.93	507.88
	200mg	33.86	1015.76

**Duration of therapy:** To be determined based on patients needs.

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Failed/intolerant to at least one FCHP preferred opioids including long acting morphine sulfate (Avinza, MS Contin, Oramorph SR), or fentanyl patches.
- Clinically documented acute or chronic pain.
- The 100mg and 200mg capsules are for opioid tolerant patients.

**Contraindication:**

- Known hypersensitivity to morphine, morphine salts or any of the capsule components.
- In any situation where opioids are contraindicated such as respiratory depression and in patients with severe bronchial asthma or hypercarbia.
- In any patient with a known or suspected paralytic ileus.

**Not approved if:**

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of Kadian
- Patient has known past or current substance abuse potential

- Patient has not tried alternative FCHP preferred agents
- Patient is on Suboxone or Subutex

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 03/10/10