



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: oxymorphone

Brand Name: Opana ER

Medication Class: narcotic, opioid

FDA Approved Uses: moderate to severe pain

Available Dosage Forms: 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg and 40mg oral tablets

Usual Dose: starting dose 5mg every 12 hours

Duration of Therapy: Indefinite

Approximate monthly cost (based on AWP 2008):

5mg q 12h=	\$111.60
7.5mg q 12h=	\$163.20
10mg q 12h =	\$214.80
15mg q 12h=	\$297.60
20mg q 12 h =	\$381.00
30mg q 12 h =	\$548.40
40mg q 12h=	\$715.80

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

- Failed/intolerant to generic NSAID's
- Failed/intolerant to FCHP preferred COX-2 agent
- Failed/intolerant to FCHP preferred opioids including morphine sulfate, methadone, Duragesic patches
- Clinically documented acute or chronic pain

Cautions:

- Must be taken on an empty stomach, food can lead to excessive peak levels.

Contraindications:

- Hypersensitivity to oxymorphone, morphine analogs, or any product components.
- Patients with respiratory depression, and in patients with acute or severe bronchial asthma or hypercarbia.
- Paralytic ileus.
- Moderate and severe hepatic impairment.

Not Approved if:

- Patient has known past or current substance abuse potential
- Patient is on Suboxone or Subutex
- Patient has not tried alternative FCHP preferred agents



- Morphine is ineffective, but tolerated
- Patient has an allergy to morphine (cross-sensitivity)
- Patient has any contraindications to the use of oxymorphone.

Special Considerations:

Comparable to:

Opana 10mg = oxycodone 20mg =morphine 30mg

P&T Approval: _____ Date: _____