



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: oxycodone

Brand Name: OxyContin

Medication Class: narcotic, opioid

FDA Approved Uses: pain

Usual Dose: starting dose 10mg every 12 hours

Duration of Therapy: Indefinite

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

- Failed/intolerant to generic NSAIDs
- 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

Not approved if:

- Patient has known past or current substance abuse potential
- Or
- Patient has not tried alternative FCHP preferred agents
- Or
- Morphine is ineffective, but tolerated
- Or
- Patient has an allergy to morphine (cross-sensitivity)
- Or
- Patient is on Suboxone or Subutex

P&T Approval: _____ Date: _____