



Medicare Part D – 2016

Prior Authorization Group Description

ZOHYDRO ER

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

A treatment plan is required including: Diagnosis or conditions that are contributing to the pain, Pain intensity (scales or ratings), Functional status (physical and psychosocial), Patient's goal of therapy (level of pain acceptable and/or functional status), Current analgesic (opioid and adjuvant) regimen, Current non-pharmacological treatment, Opioid-related side effects, Indications of medical misuse, and Action plan if analgesic failure occurs. MAINTAINENCE REQUESTS: Treatment plan is required for continuation requests.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

3 months initial for non-malignant pain then 1 year. 1 year for cancer pain

Other Criteria:

Failure or clinically significant adverse effects to two of the following: MS Contin, Kadian, Duragesic, Opana ER, Avinza or Oxycontin.