

oxycodone 2.5 mg/ APAP 300 mg, oral (NALOCET)
 oxycodone/APAP 300 mg oral solution (PROLATE)
 NALOCET
 PRIMLEV
 PROLATE TABLET
 PROLATE ORAL SOLUTION

Diagnosis Considered for Coverage:

- Moderate to Severe Pain

Coverage Criteria:

For pain related to terminal illness:

- Total dosage has been consolidated to the least number of higher strength dosage forms.

For pain related to cancer:

- Total dosage has been consolidated to the least number of higher strength dosage forms, **and**
- Being recommended or prescribed by an oncologist.

For pain not related to cancer or terminal illness:

| INITIAL REQUEST |
|---|
| <ul style="list-style-type: none"> • Intolerable side effect with similar strength oxycodone/325 mg APAP (Percocet) not expected with requested oxycodone/300 mg APAP, and • Dose does not exceed FDA label maximum. <p><u>Coverage Duration:</u> 14 days</p> |
| CONTINUED USE AFTER INITIAL 14 DAYS |
| <ul style="list-style-type: none"> • Prescribing or consulting MD attests narcotic quantity requested is necessary to adequately treat pain, and • Provider has documented patient-specific treatment plan for evaluating pain relief, potential misuse, and monitoring plan for adverse side effects, and • Not being used in combination with other short-acting narcotics, and • Total dosage has been consolidated to the least number of higher strength dosage forms, and • Dose does not exceed FDA label maximum. <p><u>Coverage Duration:</u> 3 months</p> |
| SUBSEQUENT REAUTHORIZATION |
| <ul style="list-style-type: none"> • Prescribing or consulting MD attests narcotic quantity requested is necessary to adequately treat pain, and • Provider has documented patient-specific treatment plan for evaluating pain relief, potential misuse, and monitoring plan for adverse side effects, and • Not being used in combination with other short-acting narcotics, and • Total dosage has been consolidated to the least number of higher strength dosage forms, and |

- Dose does not exceed FDA label maximum.

Coverage Duration: up to 1 year

For brand Nalocet:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

APAP = acetaminophen

Coverage Duration:

Terminal illness- indefinite

Cancer- year

Non-cancer/non-terminal- short term

Effective: 2/02/2021