To: All Indiana Medicaid Prescribers and Pharmacy Providers

Subject: Indiana Rational Drug Program Phase II: Revised Criteria and Forms for Oxycontin**Ò** (oxycodone controlled-release) and Oxycodone (immediate-release)

Note: The information in this bulletin about prior authorization does not apply to practitioners and providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release) criteria have been revised. Please use this updated bulletin and forms when requesting prior authorization (PA) for Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release).

This program is designed for fee-for-service, Primary Care Case Management (PCCM), and Package C members. The intent of the program is to promote quality of care and control costs.

The Indiana Rational Drug Program is carried out in compliance with all applicable provisions of both state and federal law. Prescribing practitioners will be responsible for initiating and obtaining PA for all prescriptions they issue that require PA.

Attached to this bulletin are the required forms for PA for Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release).

Current rules and procedures will remain in effect for appeals of denied PA requests. The prescriber may request an administrative review by submitting a written request to the following address.

Health Care Excel Prior Authorization Department Attn: Hearing and Appeals 2629 Waterfront Parkway East Drive, Suite 200 Indianapolis, IN 46214

Direct questions about this bulletin to the HCE Medical Policy Department at (317) 347-4500.

Prior Authorization Process

Prior authorization will be given to drug categories related to the PA program and not by national drug codes (NDCs). Prescribers and authorized office personnel can submit requests via telephone, fax, or mail to the following HCE office site.

Health Care Excel Prior Authorization Department Attn: Indiana Rational Drug Program 2629 Waterfront Parkway East Drive, Suite 200 Indianapolis, IN 46214

Telephone: (317) 347-4511 Toll Free Telephone: (800) 457-4518, option 5 Fax: (317) 347-4537

Each PA request will be entered into Indiana*AIM* and given a unique PA number. There will be a 24-hour response by telephone, fax, or mail for all pharmacy requests. Telephone authorizations are given for one month only, and then a written PA request must be completed and faxed or mailed to the HCE PA Department. The 24-hour response by mail will begin on the date and time the mail has been received by HCE. When the PA office is closed, provisions will be made within Indiana*AIM* to authorize a minimum 72-hour supply of medications. Business hours for the PA Department are 7:30 a.m. – 6:00 p.m. Indianapolis time, Monday through Friday. A recorded message on the telephone line will instruct those who call after hours, weekends, or holidays that when the office is closed, the pharmacist can issue a supply of drugs that will cover a minimum of 72 hours. During long holiday weekends, larger quantities will be available.

Revised Criteria for Oxycontin**Ò** (oxycodone controlled-release) and oxycodone (immediate-release)

Criteria for the Indiana Rational Drug Program are based on national standards and have been approved for use by the IHCP.

Indiana Health Coverage Programs Indiana Rational Drug Program Health Care Excel 2629 Waterfront Parkway, East Drive, Suite 200, Indianapolis, IN 46214

 Telephone:
 1-317-347-4511
 Fax:
 1-317-347-3593

 Toll Free:
 1-800-457-4518
 (Please choose call option 5)

Oxycontin $\tilde{\mathbf{O}}$ (oxycodone controlled release) and oxycodone (immediate release)

Objective: To achieve effective pain relief at the dosing interval of every 12 hours and the use of the most appropriate dosage strengths.

OxycontinÕ (oxycodone controlled-release)

Prior approval is required for the following situations:

- Oxycontin® (oxycodone controlled release) is to be used only for the management of chronic, intractable pain.
- Prior authorization is required when the quantity of Oxycontin® (oxycodone controlled release) exceeds 120 tablets for any given 30-day period.

Prior approval requirements for doses not meeting the above guidelines:

- The prescribing physician is required to make the prior approval requests for dosing not meeting the stated requirements. Requests from other health care personnel will not be accepted.
- Diagnosis and cause of chronic, intractable pain must be stated.
- Since Oxycontin® (oxycodone controlled release) is a second-line drug of choice for chronic pain, a list of previously prescribed opioids must be presented.
- The provider should keep a signed copy of the Patient and Physician Pain Management Agreement on file.

Oxycodone immediate-release products

Prior authorization is required for an immediate-release oxycodone product with an average daily dose exceeding 60mg. The dosing limitation applies to immediate-release oxycodone when given alone or in conjunction with a long acting opiod.

Prior Authorization Criteria:

- The prescribing physician is required to make the prior approval request for dosing not meeting the stated requirements. Requests from other health care professionals will not be accepted.
- Diagnosis and cause of pain must be stated.
- Since oxycodone (immediate-release) is a second-line drug of choice for pain, a list of previously prescribed opioids must be present.

Note: A PA form is required and must be filled out completely for processing PA requests. These forms can be obtained from this bulletin or on the IHCP Web site at <u>www.indianamedicaid.com</u>. Copies of bulletins can also be obtained by calling EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278.

Indiana Rational Drug Program Phase II: Revised Criteria and Forms for Oxycontin and Oxycodone August 14, 2002

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Indiana Health Coverage Programs Indiana Rational Drug Program Health Care Excel 2629 Waterfront Parkway, East Drive, Suite 200 Indianapolis, IN 46214 Telephone: 1-317-347-4511 Fax: 1-317-347-3593 Toll Free: 1-800-457-4518 (Please choose call option 5)

OXYCONTINÒ (OXYCODONE CONTROLLED-RELEASE) AND OXYCODONE (IMMEDIATE RELEASE)

PRIOR AUTHORIZATION REQUEST FORM

Patient Name	Medicaid ID #
Prescriber's Name (Print)	_Provider #

The criteria for use of Oxycontin® (oxycodone controlled-release) within the Indiana Rational Drug Program allows for 120 tables per 30 days of Oxycontin® (oxycodone controlled release) without prior authorization (PA).

All other prescriptions for Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release) require prior authorization initiated by the prescribing physician. Prior authorization must be renewed every six (6) months or when dosage changes.

Prior approval criteria require the following information.

- The use of Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release) is limited to the treatment of intractable pain only. Short term or acute use of Oxycontin® (oxycodone controlled-release) will not be approved. Documentation must be provided as to the specific type and cause of the pain, along with the statement that the patient is in intractable pain.
 - I hereby certify that the intractable pain is caused by or is a result of _
- The completion of a pain management agreement between the prescriber and the patient is recommended and should be kept on file by the provider. Copies of a suggested pain management agreement may be obtained from the IHCP Web site at www.indianamedicaid.com.
- Because Oxycontin® (oxycodone controlled-release) and oxycodone (immediate-release) is not indicated for the first-line treatment of opiate naïve patients, documentation of previously used shorter acting opioids must accompany the request for prior approval.

This patient has received the following short acting opioids in the management of intractable pain.

hereby request the Indiana Rational Drug Program approve the following dose(s) of Oxycontin® (oxycodone coxycodone (immediate-release) to accommodate this patient's intractable pain. Controlled-Release Dose Frequency Controlled-Release Dose Frequency Other concurrent narcotic medications Date Physician Signature Date For Indiana Rational Drug Program Use Only Reason for Denial of Request or Specific Notes	Frequency	Dose	Medication	Date	Frequency	Dose 1	Medication	Date
ycodone (immediate-release) to accommodate this patient's intractable pain. Controlled-Release Dose Frequency Controlled-Release Dose Frequency Other concurrent narcotic medications Physician Signature For Indiana Rational Drug Program Use Only								
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For Indiana Rational Drug Program Use Only	rolled-release) and			ctable pain.	this patient's intra	ccommodate thi ease Dose Freq	mediate-release) to a Controlled-Rele	ycodone (imn
			Fax # ()	Date			gnature	Physician Sig
Reason for Denial of Request or Specific Notes			u Use Only	l Drug Progran	or Indiana Rationa	For I		
					S	Specific Notes	nial of Request or S	leason for Der
Approval/Denial Status Prior Authorization Number D	te of Request							

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IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (317) 347-4511.

EDS P. O. Box 7263 Indianapolis, IN 46207-7263

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