**HYDROCODONE EXTENDED-RELEASE**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zohydro ER</td>
<td>hydrocodone ER</td>
<td>6 Months</td>
</tr>
<tr>
<td>Hysingla ER</td>
<td>hydrocodone ER</td>
<td>6 Months</td>
</tr>
</tbody>
</table>

**Approvable Criteria:**

1. Is the member 18 years of age or older?
   - If yes, continue to #2.
   - If no, do not approve.
2. Is this medication being prescribed by a pain management specialist?
   - If yes, continue to #3.
   - If no, do not approve.
3. Is the member currently receiving **around-the-clock** opioid pain medications with doses greater than or equal to one or more of the following?
   a. Codeine 200mg/day, or
   b. Fentanyl transdermal 25mcg/hr, or
   c. Hydrocodone 10mg/day, or
   d. Hydromorphone 8mg/day, or
   e. Morphine 60mg/day, or
   f. Oxycodone 30mg/day, or
   g. Oxymorphone 25mg/day.
   - If yes, continue to #4.
   - If no, do not approve.
4. Has the member tried and failed **two** or more of the following generic long-acting products in the past 6 months:
   a. Fentanyl transdermal, or
   b. Methadone, or
   c. Methadose, or
   d. Morphine sulfate ER/CR, or
   e. Oxycodone ER/CR, or
   f. Oxymorphone ER.
   - If yes, approve for 6 months.
   - If no, do not approve.

Continued on the following page...
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**ZOHYDRO ER QL = 60 x 30 DAYS**

**HYSINGLA ER QL = 30 x 30 DAYS**

**FDA Approved Indication:**
For the management of severe pain that requires daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. Patients considered opioid-tolerant are those who are taking \( \geq 60 \text{ mg morphine/day} \), 25mcg/hour transdermal fentanyl, 30mg oxycodone/day, 8mg oral hydromorphone/day, 25 mg oxymorphone/day, or an equianalgesic dose of another opioid for \( \geq 1 \text{ week} \).

*References: