

Priority Health Medicare Prior Authorization Criteria (Part D)

Hysingla® ER

Products affected

- Hysingla® ER

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Not covered in combination with buprenorphine/naloxone.
Required medical information	N/A
Age restrictions	Patient must be age 18 or over.
Prescriber restrictions	N/A
Coverage duration	12 months
Other criteria	Must first try two of the following: morphine sulfate extended-release, fentanyl patch, methadone, tramadol, morphine sulfate, hydromorphone, or hydromorphone extended-release. Patient must sign a pain management agreement. Hysingla ER is not covered for as needed use, acute pain, or post-operative pain.