

Priority Health Medicare Prior Authorization Criteria (Part D)

Zohydro® ER

Products affected

- Zohydro® ER ORAL C12A

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be age 18 or over.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Patient must first try one of the following: morphine sulfate extended-release, fentanyl patch, or methadone. Patient must also try one non-opioid or immediate-release opioid option (unless contraindicated). Patient must sign a pain management agreement. Zohydro ER is not covered for as needed use, acute pain, or post-operative pain.