



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Oxycontin™ (oxycodone ER)

Review Criteria

- Subject to Preferred Drug List requirements

Limitations:

- Maximum daily dose is 2.0
 - Doses greater than twice daily dosing require therapeutic failure at twice daily dosing, AND provider needs to specify if three times a day is long term or temporary
- Member limited to 2 strengths at one time