

Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Zohydro™ (hydrocodone ER)

Review Criteria

Member must meet all the following criteria:

- Member must be 18 years of age or older
- Member must have a diagnosis of severe chronic pain with documented objective etiology requiring around-the-clock opioid management
- Member has had a trial or contraindication to all preferred agents
- Member has had a trial or contraindication to Oxycontin®
- Coverage not authorized for:
 - Acute or intermittent pain
 - Immediate post-surgical pain
 - Use in patients who require opioid analgesia for a short period of time or as needed pain relief
- LIMITATIONS:
 - Maximum daily dose 2.0
 - Non-malignant pain:
 - Initial approval of 3 months. Treatment plan may be required for continued authorization
 - Cancer pain: 1 year approval