

QUANTITY LIMIT CRITERIA

BRAND NAME

(generic)

XARTEMIS XR

(oxycodone hydrochloride / acetaminophen extended-

release)

Status: CVS Caremark Criteria

Type: Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Xartemis XR is indicated for the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Xartemis XR for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

LIMIT CRITERIA

Drug

1 Month Limit and 3 Months Limit*

Xartemis XR
(oxycodone hydrochloride/acetaminophen extended-release)

120 tablets/25 days**
(45 MME/day)

**The duration of 25 days is used for a 30-day fill period to allow time for refill processing.*

**** This drug is indicated for acute use; therefore, the 1 month, 3 month, retail, and mail limit will be the same. The intent is for prescriptions of Xartemis XR to be filled one month at a time; there should be no 3 month supplies filled.**

REFERENCES

1. Xartemis XR [package insert]. Hazelwood, MO: Mallinckrodt Brand Pharmaceuticals, Inc.; September 2017.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed January 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed January 2018.

Xartmeis XR MME Limit Policy 01-2018

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4. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65:1–49. Available at: <http://dx.doi.org/10.15585/mmwr.rr6501e1>. Accessed January 2018.