BRAND NAME  XARTEMIS XR  
(generic)  (oxycodone hydrochloride / acetaminophen extended-release)  

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, misuse, overdose, and death with opioids, even at recommended doses, reserve Xartemis XR for use in patients for whom alternative treatment options (e.g., non-opioid analgesics) are ineffective, not tolerated, or would be otherwise inadequate.

LIMIT CRITERIA

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<tr>
<th>Drug</th>
<th>1 Month Limit and 3 Months Limit*</th>
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<tr>
<td>Xartemis XR</td>
<td>120 tablets / 25 days</td>
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<tr>
<td>(oxycodone hydrochloride/acetaminophen extended-release)</td>
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*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.

REFERENCES


POLICY IMPLEMENTATION/REVISION INFORMATION

Prior Authorization

Original Implementation Date: 1/1/2017

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<th>Revision Information</th>
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