EMBEDA® (morphine sulfate/naltrexone hydrochloride extended release) will be considered for coverage under the pharmacy benefit program when the following criteria are met:

- Patient is under hospice care
- Patient is 18 years of age or older
  - AND
- Patient has a diagnosis of severe pain requiring continuous, around-the-clock opioid analgesic for an extended period of time (at least 2 weeks)
  - AND
- Patient has tried and failed, or is unable to tolerate at least two generic extended-release opioid products, such as:
  - Oxymorphone ER
  - Morphine ER
  - Fentanyl
  - Methadone
  - Tramadol ER
  - AND
- Patient does not have any contraindications to therapy including:
  - Significant respiratory depression
  - Acute or severe bronchial asthma
  - Known or suspected paralytic ileus
  - AND
- Patient is opioid tolerant, taking at least 60 mg oral morphine per day, 25 µg transdermal fentanyl per hour, 30 mg oral oxycodone per day, 8 mg oral hydromorphone per day, 25 mg oral oxymorphone per day, or an equianalgesic dose of another opioid for a week or longer (for EMBEDA 100mg/4mg)

EMBEDA (morphine sulfate/naltrexone hydrochloride extended release) is subject to a quantity limit of 2 per day for all strengths.

Authorization for continued use shall be reviewed at least every 12 months to confirm that current coverage policy criteria are met.
EMBEDA (morphine sulfate/naltrexone hydrochloride extended release) is considered experimental/investigational for conditions not listed in this coverage policy section.