



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3142-1
Program	Step Therapy
Medication	Levorphanol
P&T Approval Date	7/2020
Effective Date	1/1/2021; Oxford only: 1/1/2021

1. Background:

Levorphanol is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Step therapy type programs have been utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires a trial of at least three step one medications before providing coverage for levorphanol.

2. Coverage Criteria^a:

A. Levorphanol will be approved based upon the following criterion:

1. History of failure, contraindication, or intolerance to at least **THREE** of the following:
 - a. hydromorphone (generic Dilaudid)
 - b. morphine immediate-release
 - c. oxycodone (generic Roxicodone)
 - d. oxymorphone (generic Opana)

Authorization will be issued for 12 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Medical Necessity may be in place.

4. References:

1. Levorphanol [package insert]. Solana Beach, CA: Sentyln Therapeutics, Inc; October 2019.
2. Portenoy RK, Mehta Z, Ahmed E. Cancer pain management with opioids: Optimizing analgesia. UpToDate April 2020.

Program	Step Therapy – Levorphanol
Change Control	
Date	Change
7/2020	New program.