

**Drug Name:** Avinza

**Common Use:** Treatment of moderate to severe pain

**Coverage Requirement:** A trial of one or more long acting opioids prior to the use of Avinza. Examples include the following:

Lovorphanol  
Methadone  
Morphine ER (generic for MS Contin)  
Fentanyl (generic for Duragesic)

**Coverage Rationale:** There is no clinical evidence that shows Avinza is more effective than other long-acting opioids. Preferred agents should be considered first.

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*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*