



LONG ACTING NARCOTICS PA SUMMARY

PREFERRED	Generic Fentanyl Patch, Kadian (10, 20, 30, 50, 60, 100mg), Morphine Sulfate SA tab
NON-PREFERRED	Avinza, Butrans, Exalgo, Kadian (40, 70, 80, 130, 150, 200mg), Morphine Sulfate ER caps (generic Kadian; all strengths), Oxycontin

LENGTH OF AUTHORIZATION: 1 Year or less depending on diagnosis

NOTE: *All current Avinza users were grandfathered at the time of initiation of this PA criteria. Criteria for Opana ER and Nucynta ER are listed in separate documents (“Opana” and “Nucynta”). If morphine sulfate ER 80mg caps are approved, the PA will be issued for the brand-name product, Kadian. For other strengths of morphine sulfate ER, the PA will be issued for the generic, if approved. Long-acting narcotics will hit a PA edit for concurrent therapy with Suboxone or buprenorphine that has been dispensed within the last 7 days.*

PA CRITERIA:

- ❖ Approvable diagnoses for Oxycontin include:
 - Cancer
 - HIV
 - Sickle cell
 - Moderate to severe chronic non-malignant pain; Physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to all preferred products. Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.
 - Requests for Oxycontin ER 60mg, 80mg, a single dose greater than 40mg, or a total daily dose greater than 80mg require physician to submit documentation of member's tolerance to high doses of opioids.
- ❖ Avinza and Exalgo are approvable for the diagnoses of cancer, HIV, or sickle cell; otherwise physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to all preferred products.
- ❖ Butrans is approvable for the diagnoses of cancer, HIV, or sickle cell; otherwise, for members able to use solid oral dosage forms, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to all preferred products. If the member is unable to use solid oral dosage forms, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to Fentanyl Patch.



- ❖ Non-preferred strengths of Kadian require a written letter of medical necessity stating the reasons the preferred strengths are not appropriate for the member.
- ❖ Morphine Sulfate ER capsules (generic Kadian, other than 80mg) requires a written letter of medical necessity stating the reason(s) the preferred strengths of Kadian, in addition to generic morphine sulfate SA tabs and fentanyl patch, are not appropriate for the member.
- ❖ Concurrent therapy of Suboxone or buprenorphine with long-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reason(s) that concurrent therapy is necessary.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.