GEORGIA MEDICAID FEE-FOR-SERVICE  
ANALGESICS, NARCOTICS LONG PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Butrans (transdermal buprenorphine)</td>
<td>Arymo ER (morphine sulfate ER)</td>
</tr>
<tr>
<td>Embeda (morphine sulfate/naltrexone ER)</td>
<td>Belbuca (buprenorphine buccal)</td>
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<tr>
<td>Fentanyl patch generic 12, 25, 50, 75, 100 mcg/hour</td>
<td>Fentanyl patch generic 37.5, 62.5, 87.5 mcg/hour</td>
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<tr>
<td>Morphine sulfate ER tablets</td>
<td>Hydromorphone ER generic</td>
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<td></td>
<td>Hysingla ER (hydrocodone ER)</td>
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<td></td>
<td>Kadian (morphine sulfate ER)</td>
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<td>Levorphanol generic</td>
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<td>Morphabond ER (morphine sulfate ER)</td>
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<td></td>
<td>Morphine sulfate ER capsules generic (generic Avinza, generic Kadian)</td>
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<td></td>
<td>Nucynta ER (tapentadol ER)</td>
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<td></td>
<td>OxyContin (oxycodone ER)</td>
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<td></td>
<td>Oxymorphone ER generic</td>
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<td>Zohydro ER (hydrocodone ER)</td>
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ER=extended-release

LENGTH OF AUTHORIZATION: 6 months

NOTES:

- If generic morphine sulfate ER 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 100 mg (generic Kadian) is approved, the PA will be issued for brand Kadian.
- Long-acting narcotics will hit a PA edit for concurrent therapy with buprenorphine or buprenorphine/naloxone (Bunavail, Suboxone, Zubsolv) opioid dependency agents that have been dispensed within the last 7 days.
- Long-acting narcotics will hit a PA edit for opioid-naïve patients being prescribed >50 morphine milligram equivalents (MME) per day, being prescribed >7-day supply or who have not been previously prescribed an immediate-release formulation.
- For diagnoses other than cancer, human immunodeficiency virus (HIV) or sickle cell anemia, member must sign a chronic opioid treatment plan or the prescriber must be a board-certified pain management specialist.

PA CRITERIA:

*Arymo ER, Hydromorphone ER Generic, Kadian, Morphabond ER and Morphine Sulfate ER Capsules Generic (generic Avinza, Kadian)*

- Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.
- Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch.

*Belbuca*

- Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.
❖ For members requiring >80 mg of daily oral morphine equivalence who are not able to swallow solid oral dosage forms, approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or history of intolerable side effects to the preferred product, fentanyl patch (12, 25, 50, 75, 100 mcg/hour).

❖ For members requiring >80 mg of daily oral morphine equivalence who are able to swallow solid oral dosage forms, approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch.

❖ For members requiring ≤ 80mg of daily oral morphine equivalence, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Butrans, is not appropriate for the member.

_Fentanyl Patch 37.5, 62.5, 87.5 mcg/hour Generic_

❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths, fentanyl patch 12, 25, 50, 75, 100 mcg/hour, are not appropriate for the member.

_Levorphanol Generic_

❖ Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.

❖ Approvable for members with a diagnosis of severe chronic non-malignant pain (ex. advanced illness, end of life) who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch as well as the non-preferred product, methadone.

_Nucynta ER_

❖ Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.

❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch.

❖ Approvable for members with a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy (DPN) who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to Lyrica, an antidepressant (amitriptyline, duloxetine or venlafaxine) and morphine sulfate SA.

_Oxymorphone ER Generic_

❖ Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.

❖ Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to the following preferred products, Embeda, morphine sulfate ER tablets and fentanyl patch, as well as the non-preferred product, OxyContin.
**OxyContin**

- Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.
- Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch.
- Requests for 60 mg, 80 mg, a single dose greater than 40 mg or a total daily dose greater than 80 mg may be approvable for members with a tolerance to high doses of opioids.

**Zohydro ER and Hysingla ER**

- Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia.
- Approvable for members with a diagnosis of moderate-to-severe chronic non-malignant pain who require daily, around-the-clock, long-term opioid treatment and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch as well as the following non-preferred products: hydromorphone ER, Kadian, Nucynta ER, oxymorphone ER and OxyContin.

**Concurrent Therapy with Buprenorphine/Naloxone or Buprenorphine Opioid Dependency Agents**

- Concurrent therapy of buprenorphine/naloxone or buprenorphine opioid dependency agents with long-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reasons 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 OptumRx at 1-866-525-5827.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

**PA and APPEAL PROCESS:**

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.

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