



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANALGESICS, NARCOTICS SHORT PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Acetaminophen/codeine generic	Acetaminophen/caffeine/dihydrocodeine generic
Butalbital/acetaminophen/caffeine/codeine 50-325-40-30 mg generic	Benzhydrocodone/acetaminophen generic
Butorphanol nasal spray generic	Butalbital/acetaminophen/caffeine/codeine 50-300-40-30 mg generic
Hydrocodone/acetaminophen generics	Butalbital/aspirin/caffeine/codeine generic
Hydrocodone/acetaminophen 7.5-325 mg/15 ml oral solution generic	Codeine generic
Hydrocodone/ibuprofen 7.5-200 mg generic	Dilaudid Oral Liquid (hydromorphone)
Hydromorphone IR tablets generic	Hydrocodone/ibuprofen 5-200 mg, 10-200 mg generic
Lortab Elixir (hydrocodone/acetaminophen 10-300 mg/15 mL)	Hydromorphone rectal suppository generic
Morphine IR tablets, oral solution, concentrate oral solution generic	Ibudone (hydrocodone/ibuprofen 10-200 mg)
Oxycodone IR 5, 10, 15, 20, 30 mg generic	Meperidine tablet and oral solution generic
Oxycodone 5 mg/ 5 mL oral solution generic	Morphine rectal suppository generic
Oxycodone/acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg generic	Nalocet (oxycodone/acetaminophen 2.5-300 mg)
Tramadol generic	Nucynta (tapentadol IR)
Tramadol/acetaminophen generic	Oxaydo (oxycodone IR 5 mg, 7.5 mg)
	Oxycodone concentrate oral solution generic
	Oxycodone/aspirin generic
	Oxycodone/ibuprofen generic
	Oxymorphone IR generic
	Primlev (oxycodone/acetaminophen 5-300 mg, 7.5-300 mg, 10-300 mg)
	Prolate (oxycodone/acetaminophen 10-300 mg/5 mL)

IR=immediate-release

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- Short-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.
- Short-acting narcotics will hit a PA edit for opioid-naïve patients being prescribed  $\geq 50$  morphine milligram equivalents (MME) per day or being prescribed  $>7$ -day supply.

**PA CRITERIA:**

Acetaminophen/Caffeine/Dihydrocodeine Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response with acetaminophen/codeine and who have experienced an inadequate response with tramadol/acetaminophen or an allergy, contraindication, drug-drug interaction or intolerable side effect to tramadol.



*Benzhydrocodone/Acetaminophen Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic hydrocodone/acetaminophen and generic tramadol/acetaminophen, are not appropriate for the member.

*Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/acetaminophen/caffeine/codeine with 325 mg of acetaminophen, is not appropriate for the member.

*Butalbital/Aspirin/Caffeine Codeine Generic*

- ❖ Approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen or prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/acetaminophen/caffeine/codeine with 325 mg of acetaminophen, is not appropriate for the member.

*Codeine Generic*

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

*Dilaudid Oral Liquid, Meperidine Oral Solution Generic and Prolate*

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations (i.e., tablets, capsules) and who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred oral liquid products.

*Hydrocodone/Ibuprofen 5-200 mg, 10-200 mg Generic and Ibudone*

- ❖ For the 5-200 mg strength, approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen.
- ❖ For the 10-200 mg strength, approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen and who have experienced an inadequate response to the preferred strength, 7.5-200 mg.

*Hydromorphone Rectal Suppository Generic and Morphine Rectal Suppository Generic*

- ❖ Approvable for members experiencing vomiting.

*Meperidine Tablets Generic*

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.



Nalocet and Primlev

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic oxycodone/acetaminophen IR and generic oxycodone IR, are not appropriate for the member.

Nucynta Tablets

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.

Oxycodone Concentrate Oral Solution Generic

- ❖ Approvable for members who are opioid tolerant and have experienced an inadequate response with morphine concentrate oral solution or an allergy, contraindication, drug-drug interaction or intolerable side effect to morphine.

Oxycodone/Aspirin Generic and Oxycodone/Ibuprofen Generic

- ❖ Approvable for members who have experienced an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen.

Oxymorphone IR Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.
- ❖ Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia who are currently taking a long-acting narcotic or narcotic infusion and experiencing breakthrough pain.

Oxaydo

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic oxycodone IR, is not appropriate for the member.

Pentazocine/Naloxone Generic

- ❖ Approvable for members 12 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydrocodone/acetaminophen, hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.

Concurrent Therapy with Buprenorphine/Naloxone or Buprenorphine Opioid Dependency Agents

- ❖ Concurrent therapy of buprenorphine/naloxone or buprenorphine opioid dependency agents with short-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reasons that concurrent therapy is necessary.



## QLL CRITERIA:

### Oxycodone IR Generic

- ◆ An authorization to exceed the QLL may be approved for members with a diagnosis of cancer and for members whose dose is being tapered down.

### Butorphanol Nasal Spray Generic

- ◆ An authorization to exceed the QLL may be approved one time for recurrent excessive headaches or migraines or acute pain.

## 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.