



**GEORGIA MEDICAID FEE-FOR-SERVICE
MISCELLANEOUS ANALGESICS PA SUMMARY**

Preferred	Non-Preferred
Butalbital/acetaminophen tablets (50-325 mg) Butalbital/acetaminophen/caffeine tablets (50-325-40 mg) Butalbital/aspirin/caffeine capsules (50-325-40 mg) Marten-tab and other generics (butalbital/acetaminophen 50-325 mg) Tramadol generic Tramadol/acetaminophen generic Vanatol (butalbital/acetaminophen/caffeine solution 50-325-40 mg/15 mL)	Bupap (butalbital/acetaminophen 50-300 mg) Butalbital/acetaminophen 50-300 mg capsules and tablets and all generics Butalbital/acetaminophen/caffeine 50-325-40 mg and 50-300-40 mg capsules and all generics Conzip (tramadol ER) Tramadol ER (generic Conzip, Ryzolt, Ultram ER) Zebutal (butalbital/acetaminophen/caffeine 50-325-40 mg)

ER=extended-release

LENGTH OF AUTHORIZATION: 6 months

NOTE:

- If Conzip or tramadol ER (generic Conzip) is approved, the prescriber will be asked to change the prescription to generic tramadol ER (generic Ryzolt, Ultram ER).

PA CRITERIA:

Bupap and Butalbital/Acetaminophen 50-300 mg Capsules and Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Marten-tab/generic butalbital/acetaminophen 50-325 mg and at least one other preferred analgesic, are not appropriate for the member.

Butalbital/Acetaminophen/Caffeine Capsules Generic and Zebutal

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic butalbital/acetaminophen/caffeine tablets and at least one other preferred analgesic, are not appropriate for the member.

Conzip and Tramadol ER Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to moderately severe chronic pain who require around-the-clock pain management for an extended period of time and have experienced trial and failure of generic tramadol (immediate-release) dosed around-the-clock.
- ❖ For Conzip and tramadol ER (generic Conzip), the prescriber will be asked to change the prescription to generic tramadol ER (generic Ryzolt, Ultram ER).

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.