GEORGIA MEDICAID FEE-FOR-SERVICE
MISCELLANEOUS ANALGESICS PA SUMMARY

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

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.

Revised 2/8/2019
• 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.