



**GEORGIA MEDICAID FEE-FOR-SERVICE
LONG-ACTING NARCOTICS PA SUMMARY**

Preferred	Non-Preferred
Butrans (transdermal buprenorphine) Embeda (morphine sulfate/naltrexone ER) Fentanyl patch generic 12, 25, 50, 75, 100 mcg/hour Morphine sulfate ER tablets	Arymo ER (morphine sulfate ER) Belbuca (buprenorphine buccal) Fentanyl patch generic 37.5, 62.5, 87.5 mcg/hour Hydromorphone ER generic Hysingla ER (hydrocodone ER) Kadian (morphine sulfate ER) Levorphanol generic Morphabond ER (morphine sulfate ER) Morphine sulfate ER capsules generic Nucynta ER (tapentadol ER) OxyContin (oxycodone ER) Oxymorphone ER generic Zohydro ER (hydrocodone ER)

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, inform the caller that brand is preferred over generic and the PA will be entered 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.
- Although a long-acting narcotic, Xartemis XR is listed in the Short Acting Narcotics PA Summary since the medication is indicated for severe, acute pain.
- 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 history of intolerable side effects to the following preferred products: Embeda, morphine sulfate ER tablets and fentanyl patch.
- ❖ For members requiring \leq 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-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-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-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-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, oxycodone 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.