



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

Preferred	Non-Preferred
Butrans (transdermal buprenorphine) Fentanyl patch generic 12, 25, 50, 75, 100 mcg/hour Morphine sulfate ER tablets Tramadol ER generic (generic Ultram ER)	Belbuca (buprenorphine buccal) Conzip (tramadol ER) Fentanyl patch generic 37.5, 62.5, 87.5 mcg/hour Hydromorphone ER generic Hysingla ER (hydrocodone ER) Levorphanol generic Morphine sulfate ER capsules generic Nucynta ER (tapentadol ER) OxyContin (oxycodone ER) Oxymorphone ER generic Tramadol ER generic (generic Conzip, Ryzolt) Xtampza ER (oxycodone ER)

ER=extended-release

LENGTH OF AUTHORIZATION: 6 months

NOTES:

- Long-acting narcotics will hit a PA reject 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 reject for opioid-naïve members being prescribed >50 morphine milligram equivalents (MME) per day, being prescribed >7-day supply, who have not been previously prescribed an immediate-release formulation or for opioidexperienced members being prescribed >120 MME per day unless the member has cancer or sickle cell anemia, or the member is in long term care (LTC), hospice or palliative care.
- 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:

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 inadequate response, allergy, contraindication, drug-to-drug interaction or intolerable side effect 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 inadequate response, allergies, contraindications, drug-to-drug interactions or intolerable side effects to the following preferred products: morphine sulfate ER tablets and fentanyl patch.
- ❖ For members requiring ≤ 80 mg 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.

Conzip and Tramadol ER generic (generic Conzip, Ryzolt)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic tramadol ER (generic Ultram ER), 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.

Hydromorphone ER Generic and Morphine Sulfate ER Capsules 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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: morphine sulfate ER tablets and fentanyl patch.

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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: morphine sulfate ER tablets and fentanyl patch as well as the following non-preferred products: hydromorphone ER, morphine sulfate ER capsules, Nucynta ER, OxyContin and oxymorphone ER.

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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: 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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: 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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to Lyrica, an antidepressant (amitriptyline, duloxetine or venlafaxine) and morphine sulfate ER.

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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: 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.

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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products, morphine sulfate ER tablets and fentanyl patch, as well as the non-preferred product, OxyContin.

Xtampza 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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the following preferred products: morphine sulfate ER tablets and fentanyl patch.
- ❖ Requests for single dose greater than 36 mg (equivalent to 40 mg oxycodone) or total daily dose greater than 72 mg (equivalent to 80 mg oxycodone) may be approvable for members with a tolerance to high doses of opioids.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.