



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

Preferred	Non-Preferred
Butalbital/apap tablets (50-325mg) Butalbital/apap/caffeine tablets (50-325-40mg) Butalbital/asa/caffeine capsules (50-325-40mg) Marten-tab and other generics (butalbital/apap 50-325mg) Tramadol Tramadol/acetaminophen	Bupap (butalbital/apap 50-300mg) Butalbital/apap/caffeine capsules and all generics (50-325-40mg or 50-300-40mg) Conzip (tramadol ER) Fioricet (butalbital/apap/caffeine 50-300-40mg) capsules Tramadol ER (generic Conzip, Ryzolt, Ultram ER) Zebutal (butalbital/apap/caffeine 50-325-40mg)

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). If brand Fioricet capsules are approved, the PA will be issued for the generic butalbital/apap/caffeine capsules 50-300-40mg.

PA CRITERIA:

Bupap

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred product, Marten-tab, and at least one other preferred analgesic are not appropriate for the member.

Butalbital/Acetaminophen/Caffeine Capsules Generic, Fioricet Capsules, Zebutal

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

Conzip, 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 treatment of their pain for an extended period of time and have experienced trial and failure of generic tramadol (immediate-release) dosed around-the-clock.
- ❖ In addition, prescriber must submit a written letter of medical necessity stating the reasons tramadol ER (generic Ryzolt, Ultram ER) is not appropriate for the member.

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.