



SHORT ACTING NARCOTICS PA SUMMARY

Preferred	Non-Preferred
Acetaminophen with Codeine tablets (300-15, 300-30, 300-60mg)	Butalbital with Codeine capsules (50-300-40-30mg) generic
Aspirin/Codeine tablets (325-15, 325-30, 325-60mg)	Fioricet with Codeine capsules (50-300-40-30mg) brand
Butalbital/ASA/Caffeine/Codeine capsules (50-325-40-30mg)	Hydrocodone/ibuprofen 5-200mg, 7.5-200mg tablets
Butalbital/APAP/Caffeine/Codeine capsules (50-325-40-30mg)	Hydromorphone 1mg/ml oral liquid
Dilaudid 1mg/ml oral liquid	Magnacet (oxycodone/apap capsules 2.5mg/400mg, 5/400, 7.5/400, 10/400)
Hydrocodone/acetaminophen tablets (various strengths)	Nucynta IR tablets, oral solution
Hydrocodone/apap tablets (generic Xodol: 5-300, 7.5-300, 10-300mg)	Opana (brand name)
Hydrocodone/apap 7.5mg/325mg/15ml oral solution (generic Hycet)	Oxecta (oxycodone IR abuse-deterrent) 5, 7.5mg
Ibudone (hydrocodone/ibuprofen 5-200mg, 10-200mg tablets)	Oxymorphone IR (generic)
Oxycodone immediate-release 5, 10, 15, 20, 30mg	Primlev (oxycodone/acetaminophen 5-300mg, 7.5-300mg, 10-300mg tablets)
Oxycodone solution 5mg/5ml, 20mg/mL	Reprexain, brand and generic (hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg tablets)
Oxycodone/acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg tablets	Synalgos-DC, brand and generic (dihydrocodeine/ASA/caffeine)
	Xartemis XR (oxycodone/apap extended-release tablets)
	Zamicet, brand and generic (hydrocodone/apap 10mg/325mg/15 ml oral solution)
	Zolvit (hydrocodone/apap 10mg/300mg/15ml oral solution)

LENGTH OF AUTHORIZATION: 3 Months unless otherwise stated

NOTE: If Zamicet is approved on appeal, the PA will be issued for brand-name Zamicet. If Fioricet with Codeine, Reprexain or Synalgos-DC is approved on appeal, the PA will be issued for the generic products. If generic oxymorphone IR is approved, the PA will be issued for brand-name Opana. Short-acting narcotics will hit a PA edit for concurrent therapy with Suboxone or buprenorphine that has been dispensed within the last 7 days.

PA CRITERIA:

For Nucynta (immediate-release tablets)

- ❖ Approvable for the diagnosis of moderate to severe acute pain in members 18 years or older

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred analgesics (hydromorphone, meperidine,



morphine IR, oxycodone IR, oxycodone/APAP, oxycodone/ASA, oxymorphone, or tramadol).

For Nucynta (immediate-release oral solution)

- ❖ Approvable for the diagnosis of moderate to severe acute pain in members 18 years or older who are unable to swallow solid dosage forms (tablets)

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred analgesics available in a liquid form (brand-name Dilaudid, morphine IR, oxycodone IR, oxycodone/apap).

For Opana regular-release tablets (brand and generic)

- ❖ Approvable for the diagnosis of acute pain in members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred analgesics (hydromorphone, meperidine, morphine IR, oxycodone IR, oxycodone/APAP, oxycodone/ASA, oxymorphone, or tramadol)

OR

- ❖ Approvable for members with cancer, HIV, or sickle cell anemia who are currently taking a long-acting narcotic or narcotic infusion and experiencing breakthrough pain.

Synalgos-DC (brand and generic)

- ❖ Approval may be granted for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred products. In addition, brand-name Synalgos-DC requires a written letter of medical necessity stating why the generic formulation cannot be used.

For Xartemis XR

- ❖ Approval may be granted for members with severe, acute pain (including surgery/post-surgery, trauma/post-trauma, acute medical illness [acute abdominal pain, pelvic pain, muscle spasm]) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least three preferred products, one of which must be oxycodone/apap immediate-release.

For Other Non-Preferred Products

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred products are not appropriate for the member.
 - For Fioricet with Codeine capsules (brand or generic 50-300-40-30mg), the preferred product is generic butalbital/apap/caffeine/codeine (50-325-40-30mg) capsules.
 - For Hydromorphone 1mg/ml oral liquid, the preferred product is brand-name Dilaudid oral liquid.
 - For Oxecta, the preferred product is generic oxycodone immediate-release.
 - For Magnacet or Primlev, the preferred product is oxycodone/acetaminophen or oxycodone.



- For Reprexain (brand and generic) or generic hydrocodone/ibuprofen, the preferred products are hydrocodone/acetaminophen or Ibudone.
- For Zamicet (brand and generic) or Zolvit, the preferred product is generic hydrocodone/apap oral solution.

Concurrent Therapy with Suboxone or Buprenorphine

- ❖ Concurrent therapy of Suboxone or buprenorphine with short-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reason(s) that concurrent therapy is necessary.

QLL CRITERIA FOR OXYCODONE IMMEDIATE-RELEASE:

- ❖ An authorization to exceed the QLL may be granted for opioid-tolerant cancer patients utilizing long-acting narcotics.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.