

LONG ACTING OPIOIDS

Products Affected

- Belbuca
- Butrans
- Conzip
- *diskets oral tablet, soluble*
- Dolophine
- Duragesic
- Embeda
- Exalgo ER
- *fentanyl transdermal patch 72 hour*
- *hydromorphone tablet ext. rel 24 hr*
- Hysingla ER
- Kadian
- Methadone Intensol
- *methadone oral concentrate*
- *methadone oral solution*
- *methadone oral tablet*
- *methadone oral tablet, soluble*
- *methadose oral concentrate*
- *methadose oral tablet, soluble*
- *morphine oral capsule, er multiphase 24 hr*
- *morphine oral capsule, ext. rel pellet*
- *morphine oral tablet ext. rel*
- MS Contin
- Nucynta ER
- Opana ER
- *oxycodone oral tablet, ext.rel.12 hr*
- OxyContin
- *oxymorphone oral tablet ext. rel 12 hr*
- *tramadol oral capsule,er biphasic 24 hr*
- *tramadol oral tablet ext. rel 24 hr*
- *tramadol oral tablet, er multiphase 24 hr*
- Ultram ER
- Xartemis XR
- Xtampza ER
- Zohydro ER

Note: Not all long-acting opioids may be covered on the member's formulary.

PA Criteria	Criteria Details
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Nature and intensity of pain, past and current treatments of pain, underlying or co-occurring disorders and conditions.
Age Restrictions	N/A
Prescriber Restrictions	Prescribed by or in consultation with a pain specialist or oncologist.
Coverage Duration	Authorization will be for 6 months.
Other Criteria	Long acting opioids will be approved if ALL of the following is met: a.) Patient has an FDA-approved diagnosis or approved compendia accepted

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	indication AND b.) Prescriber has completed a risk assessment for aberrant behavior associated with opioid misuse AND c.) A signed pain management agreement between the patient and prescriber in the past 6 months AND d.) A signed treatment plan between the patient and provider AND e.) Previous treatment with short-acting opioids at the lowest possible dose AND f.) Prescriber has checked the state controlled substance database.