**LONG ACTING OPIOIDS**

### Products Affected
- Belbuca
- Butrans
- Conzip
- *diskets oral tablet, soluble*
- Dolaphine
- 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 biphase 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.

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