

# Long Acting Opioids

## Products Affected

Belbuca	Methadone Intensol	Opana ER
Butrans	methadone oral concentrate	oxycodone oral tablet, ext.rel.12 hr
Conzip	methadone oral solution	OxyContin
diskets oral tablet, soluble	methadone oral tablet	oxymorphone oral tablet ext. rel 12 hr
Dolophine	methadone oral tablet, soluble	tramadol oral capsule,er biphasic 24 hr
Duragesic	methadose oral concentrate	tramadol oral tablet ext. rel 24 hr
Embeda	methadose oral tablet, soluble	tramadol oral tablet, er multiphase 24 hr
Exalgo ER	morphine oral capsule, er multiphase 24 hr	Ultram ER
fentanyl transdermal patch 72 hour	morphine oral capsule, ext. rel pellet	Xartemis XR
hydromorphone tablet ext. rel 24 hr	morphine oral tablet ext. rel	Xtampza ER
Hysingla ER	MS Contin	Zohydro ER
Kadian	Nucynta 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 1 year.
Other Criteria	Long acting opioids will be approved if ALL of the following is met: a.) Prescriber has completed a risk assessment for aberrant behavior

PA Criteria	Criteria Details
	associated with opioid misuse AND b.) A signed pain management agreement between the patient and prescriber in the past 6 months AND c.) A signed treatment plan between the patient and provider AND d.) Previous treatment with short-acting opioids at the lowest possible dose AND e.) Prescriber has checked the state controlled substance database AND f.) Prescriber attests that the patient has a complex pain history AND g.) Documentation that shows the patient's diagnosis, evaluation, and medical assessment for the requested medication AND h.) Prescriber attests that the patient has not received a prescription for an opioid, a benzodiazepine, and a muscle relaxant in the last 60 days i.) Prescriber attest that the patient has not received a Medication-Assisted Treatment for the treatment of opioid dependence in the 60 days.

# Initial Seven Day Limit Criteria

## Products Affected

APAP w/ codeine	Hydrocodone and chlorpheniramine (TussiCaps)	Levorphanol
APAP w/ codeine (Tylenol No. 3)	Hydrocodone and chlorpheniramine (Tussionex Pennkinetic)	Meperidine HCl – solution
APAP w/ codeine (Tylenol No. 4)	Hydrocodone and chlorpheniramine (Vituz)	Meperidine HCl (Demerol)
Buprenorphine (Buprenex)	Hydrocodone and homatropine (Hydromet)	Morphine sulfate – solution
Buprenorphine (Butrans)	Hydrocodone and homatropine (Tussionex)	Morphine sulfate – suppositories
Buprenorphine and naloxone (Suboxone)	Hydrocodone and pseudoephedrine (Rezira)	Morphine sulfate – tablet
Buprenorphine and naloxone (Zubsolv)	Hydrocodone/apap	Opium tincture
Butalbit/acetamin/caff/codeine – capsule	Hydrocodone/apap - solution	Opium/belladonna alkaloids (Belladonna & Opium) – suppositories
Codeine	Hydrocodone/apap (Lorcet)	Oxycodone and aspirin (Percodan)
Codeine and guaifenesin (Allfen CD, Allfen CDX, Codar GF, Dex-Tuss, GuaiaTussin AC, Iphen C-NR, M-Clear WC, Mar-Cof CG, Robafen AC, Virtussin A/C)	Hydrocodone/apap (Lortab) – solution	Oxycodone HCl – solution
Codeine/butalbital/acetaminophen/caffeine (Fioricet with Codeine)	Hydrocodone/apap (Norco)	Oxycodone HCl – tablet
Codeine/butalbital/ASA/caffeine (Fiorinal w/ codeine #3)	Hydrocodone/apap (Vidodin)	Oxycodone HCl/apap – capsule
Dihydrocodeine/aspirin/caffeine (Synalgos DC)	Hydrocodone/apap (Xodol)	Oxycodone HCl/apap (Endocet)
Dihydrocodeine/chlorpheniramine/phenylephrine (Coldcough PD, Novahistine, Tusscough DHC)	Hydrocodone/chlorpheniramine/pseudoephedrine (Zutripro)	Oxycodone HCl/apap (Percocet)
Fentanyl (Subsys) – Spray	Hydrocodone/ibuprofen (Ibudone,	Oxycodone HCl/ibuprofen
Fentanyl citrate (Abstral) - tab subl	Hydrocodone/ibuprofen (Reprexain)	Oxymorphone (Numorphan)
Fentanyl citrate (Actiq) – Lozenge HD	Hydrocodone/ibuprofen (Vicoprofen)	Oxymorphone (Opana)
Fentanyl citrate (Lazanda) – spray/pump	Hydromorphone – suppositories	Pentazocine and naloxone
	Hydromorphone (Dilaudid)	Tapentadol (Nucynta)
	Hydromorphone HCl	Tramadol HCl (Ultram)
		Tramadol HCl/apap (Ultracet)

Note: Not all short-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, medically necessity of an opioid above alternative treatment.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	30 Days*
Other Criteria	Greater than a seven days opioids will be approved ONE of the following is met: 1) patient had surgery in the last 14 days 2) patient has suffered a severe burn or major physical trauma in the last 30 days 3) patient is currently in a licensed healthcare facility 4) patient is being seen by a pain management specialist or supervisee of a pain specialist 5) patient has been treated with an opioid for greater than 90 days in the last year.

\* Exception to coverage duration up to 1 year will be made for those with a diagnosis of cancer, end-of-life/hospice care, and sickle cell anemia.

# Morphine Milligram Equivalent

## Products Affected

All opioid containing products affected\*

\*Buprenorphine containing products do not count towards the MME count

PA Criteria	Criteria Details
Covered Uses	FDA-approved diagnosis or approved compendia accepted indications.
Exclusion Criteria	N/A
Required Medical Information	Diagnosis, Nature and intensity of pain, past and current treatments of pain, and medical necessity to exceed the standard MME limit.
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	180 days
Other Criteria	N/A

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

# Short Acting Opioids

## Products Affected

APAP w/ codeine  
 APAP w/ codeine (Tylenol No. 3)  
 APAP w/ codeine (Tylenol No. 4)  
 Buprenorphine (Buprenex)  
 Buprenorphine (Butrans)  
 Buprenorphine and naloxone (Suboxone)  
 Buprenorphine and naloxone (Zubsolv)  
 Butalbit/acetamin/caff/codeine – capsule  
 Codeine  
 Codeine and guaifenesin (Allfen CD, Allfen CDX, Codar GF, Dex-Tuss, Guaiaussin AC, Iphen C-NR, M-Clear WC, Mar-Cof CG, Robafen AC, Virtussin A/C)  
 Codeine/butalbit/acetaminophen/caffeine (Fioricet with Codeine)  
 Codeine/butalbit/ASA/caffeine (Fiorinal w/ codeine #3)  
 Dihydrocodeine/aspirin/caffeine (Synalgos DC)  
 Dihydrocodeine/chlorpheniramine/phenylephrine (Coldcough PD, Novahistine, Tusscough DHC)  
 Fentanyl (Subsys) – Spray  
 Fentanyl citrate (Abstral) - tab subl  
 Fentanyl citrate (Actiq) – Lozenge HD  
 Fentanyl citrate (Lazanda) – spray/pump

Hydrocodone and chlorpheniramine (TussiCaps)  
 Hydrocodone and chlorpheniramine (Tussionex Pennkinetic)  
 Hydrocodone and chlorpheniramine (Vituz)  
 Hydrocodone and homatropine (Hydromet)  
 Hydrocodone and homatropine (Tussionex)  
 Hydrocodone and pseudoephedrine (Rezira)  
 Hydrocodone/apap  
 Hydrocodone/apap - solution  
 Hydrocodone/apap (Lorcet)  
 Hydrocodone/apap (Lortab) – solution  
 Hydrocodone/apap (Norco)  
 Hydrocodone/apap (Vidodin)  
 Hydrocodone/apap (Xodol)  
 Hydrocodone/chlorpheniramine/pseudoephedrine (Zutripro)  
 Hydrocodone/ibuprofen ( Ibudone,  
 Hydrocodone/ibuprofen (Reprexain)  
 Hydrocodone/ibuprofen (Vicoprofen)  
 Hydromorphone – suppositories  
 Hydromorphone (Dilaudid)  
 Hydromorphone HCl

Levorphanol  
 Meperidine HCl – solution  
 Meperidine HCl (Demerol)  
 Morphine sulfate – solution  
 Morphine sulfate – suppositories  
 Morphine sulfate – tablet  
 Opium tincture  
 Opium/belladonna alkaloids (Belladonna & Opium) – suppositories  
 Oxycodone and aspirin (Percodan)  
 Oxycodone HCl – solution  
 Oxycodone HCl – tablet  
 Oxycodone HCl/apap – capsule  
 Oxycodone HCl/apap (Endocet)  
 Oxycodone HCl/apap (Percocet)  
 Oxycodone HCl/ibuprofen  
 Oxymorphone (Numorphan)  
 Oxymorphone (Opana)  
 Pentazocine and naloxone  
 Tapentadol (Nucynta)  
 Tramadol HCl (Ultram)  
 Tramadol HCl/apap (Ultracet)

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 1 year.
Other Criteria	Short acting opioids will be approved if ALL of the following is met: a.) Prescriber has completed a risk assessment for aberrant behavior associated with opioid misuse AND b.) A signed pain management agreement between the patient and prescriber in the past 6 months AND c.) A signed treatment plan between the patient and provider AND d.) Prescriber has checked the state controlled substance database AND e.) Prescriber attests that the patient has a complex pain history AND f.) Documentation that shows the patient’s diagnosis, evaluation, and medical assessment for the requested medication AND g.) Prescriber attests that the patient has not received a prescription for an opioid, a benzodiazepine, and a muscle relaxant in the last 60 days AND h.) Prescriber attest that the patient has not received a Medication-Assisted Treatment for the treatment of opioid dependence in the 60 days.