



SHORT ACTING NARCOTICS PA SUMMARY

Preferred	Non-Preferred
Acetaminophen with Codeine (300-15, 300-30, 300-60mg) generic Aspirin/Codeine (325-15, 325-30, 325-60mg) generic Butalbital/ASA/Caffeine/Codeine (50-325-40-30mg) generic Butalbital/APAP/Caffeine/Codeine (50-325-40-30mg) generic Dilaudid 1mg/ml oral liquid (hydromorphone) Hydrocodone/acetaminophen generics Hydrocodone/apap (5-300, 7.5-300, 10-300mg) generic Hydrocodone/apap 7.5-325mg/15ml oral solution generic Hydromorphone tablets generic Ibudone (hydrocodone/ibuprofen 5-200mg, 10-200mg) Lortab Elixir (hydrocodone/acetaminophen 10-300mg/15mL) Meperidine generic Morphine IR generics Oxycodone immediate-release 5, 10, 15, 20, 30mg generic Oxycodone solution 5mg/5ml, 20mg/mL generic Oxycodone/acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg generic Oxycodone/aspirin generic	Butalbital with Codeine capsules (50-300-40-30mg) generic Dihydrocodeine/ASA/caffeine generic Fioricet with Codeine capsules (50-300-40-30mg) Hydrocodone/ibuprofen 5-200mg, 7.5-200mg, 10-200mg generic Hydromorphone 1mg/ml oral liquid generic Nucynta IR tablets, oral solution (tapentadol) Opana (oxymorphone) Oxymorphone IR generic Primlev (oxycodone/acetaminophen 5-300mg, 7.5-300mg, 10-300mg) Reprexain (hydrocodone/ibuprofen 5-200mg, 10-200mg) Synalgos-DC (dihydrocodeine/ASA/caffeine) Xartemis XR (oxycodone/apap extended-release) Zamicet (hydrocodone/apap 10-325mg/15 ml oral solution)

LENGTH OF AUTHORIZATION: 3 Months

NOTE: If Fioricet with Codeine, Reprexain or Synalgos-DC is approved, 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/acetaminophen, oxycodone/aspirin, 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).

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, 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.

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

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 cancer patients and those members tapering down dosing.

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