



SHORT ACTING NARCOTICS PA SUMMARY

Preferred	Non-Preferred
Acetaminophen with Codeine tablets (300-15, 300-30, 300-60mg)	Hycet (hydrocodone/apap 7.5mg/325mg/15ml oral solution)
Dilaudid 1mg/ml oral liquid	Hydrocodone/apap 7.5mg/325mg/15ml oral solution (generic)
Hydrocodone/apap 7.5mg/500mg/15 ml elixir	Hydrocodone/ibuprofen 5-200mg, 7.5-200mg tablets
Hydrocodone/acetaminophen tablets (various strengths)	Hydromorphone 1mg/ml oral liquid
Hydrocodone/apap tablets (generic Xodol: 5-300, 7.5-300, 10-300mg)	Magnacet (oxycodone/apap capsules 2.5mg/400mg, 5/400, 7.5/400, 10/400)
Ibudone (hydrocodone/ibuprofen 5-200mg, 10-200mg tablets)	Nucynta IR tablets, oral solution (has separate criteria)
Oxycodone immediate-release 5, 10, 15, 20, 30mg	Oxecta (oxycodone IR abuse-deterrent) 5, 7.5mg
Oxycodone solution 5mg/5ml, 20mg/mL	Primlev (oxycodone/acetaminophen 5-300mg, 7.5-300mg, 10-300mg tablets)
Oxycodone/acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg, 7.5-500mg, 10-325mg, 10-650mg tablets	Reprexain, brand and generic (hydrocodone/ibuprofen 2.5-200mg, 5-200mg, 10-200mg tablets)
Oxycodone/acetaminophen 5-500mg capsules	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

NOTE: If Zamicet is approved on appeal, the brand-name is preferred over the generic. If Hycet or Reprexain is approved on appeal, the generic is preferred over the brand-name. Criteria for Nucynta IR tablets or oral solution is located in a separate document, titled "Nucynta". 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:

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred products are not appropriate for the member.
 - 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 Hycet and Zamicet (brand and generic), the preferred product is Zolvit.



- ❖ 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.