

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	NA	X	NA

Short-Acting Opioid Analgesics for Acute Pain Duration of Use

Override(s)	Approval Duration
Quantity Limit	<p>Prescribed by a dentist for dental procedure related pain: 1 month</p> <p>Initial request for newly prescribed chronic pain diagnosis: 3 months</p> <p>Maintenance Therapy for chronic pain: Additional prior authorization required for each additional 6 months.</p> <p>Individuals receiving for terminal diagnosis and receiving palliative care/end-of-life therapy: Lifetime</p> <p>Individuals receiving for cancer pain related to active cancer therapy or sickle cell anemia: 1 year</p>

Medications	Quantity Limit
<p>Benzhydrocodone-Acetaminophen tablets (4.08/325mg, 6.12mg-325mg, 8.16/325mg)</p> <p>Butalbital-APAP-Caffeine-Codeine – All oral formulations of the following: Butalbital/acetaminophen/caffeine/codeine Acetaminophen/caffeine/dihydrocodeine</p> <p>Butalbital-ASA-caffeine-codeine – All oral formulations of the following: Butalbital/aspirin/caffeine/codeine</p> <p>Codeine sulfate - All oral formulations of codeine sulfate</p>	<p>3 days' supply per fill: When prescribed by a dentist for dental procedure related pain.</p> <p>7 days' supply per fill; 14 day's supply per 30 days: When prescribed by <i>other than</i> a dentist.</p>

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	NA	X	NA

<p>Hydrocodone-Acetaminophen tablets (2.5mg-325mg, 5mg-300mg, 5mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg, 10mg-325mg)</p> <p>Hydrocodone-Acetaminophen oral solution (2.5mg-108mg/5mL, 5mg-163mg/7.5mL, 5mg-217mg/10mL, 7.5-325/15mL, 10mg-300mg/15mL, 10mg-325mg/15mL)</p> <p>Hydrocodone-Ibuprofen – All oral formulations of hydrocodone/ibuprofen</p> <p>Hydromorphone – All oral tablet and liquid formulations of immediate release hydromorphone</p> <p>Meperidine - All oral formulations of meperidine</p> <p>Morphine sulfate IR tabs and solution – All oral tablet and liquid formulations of immediate release morphine sulfate</p> <p>Nucynta (tapentadol) – All oral formulations of immediate release Nucynta</p> <p>Oxymorphone - All oral formulations of immediate release oxymorphone</p> <p>Oxycodone – All oral formulations of immediate release oxycodone</p> <p>Oxycodone-Acetaminophen tablets (2.5mg-300mg, 2.5mg-325mg, 5mg-300mg, 5mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg, 10mg-325mg)</p> <p>Oxycodone-Acetaminophen oral solution (5mg-325mg/5mL)</p> <p>Oxycodone-Aspirin tablets</p>	
--	--

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	NA	X	NA

<p>(4.8355mg-325mg)</p> <p>Oxycodone-Ibuprofen tablets (5mg-400mg)</p> <p>Pentazocine-naloxone - All oral formulations of pentazocine/naloxone</p> <p>Acetaminophen-Cod #2 tablets (acetaminophen-codeine 300mg-15mg)</p> <p>Tylenol with codeine #3 tablets (acetaminophen-codeine 300mg-30mg)</p> <p>Acetaminophen-codeine oral solution, suspension 120-12mg/5mL, 300/12.5mL</p> <p>Tylenol With Codeine #4 Tablets (acetaminophen-codeine 300mg-60mg)</p> <p>Ultram, Tramadol HCl, Ultracet, Tramadol HCl-Acetaminophen – All oral formulations</p>	
---	--

APPROVAL CRITERIA

Requests for greater than 3 days' supply per fill of short-acting opioid analgesics when **prescribed by a dentist for dental procedure pain** may be approved for the following:

- I. Individual has undergone a procedure that is likely to result in severe pain for more than 3 days.

Individuals who are opioid naïve or have not had consistent utilization of opioid therapy in available prescription history will be limited to 7 days' supply per fill and 14 days' supply per 30 days.

Requests for greater than 7 days' supply per fill and greater than 14 days' supply per 30 days of short-acting opioid analgesics when prescribed by *other than* a dentist may be approved for the following:

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	NA	X	NA

- I. Individual has a diagnosis of cancer related pain and/or is actively undergoing cancer treatment (provide diagnosis); **OR**
- II. Individual has a terminal condition and is receiving palliative/end-of-life care (provide diagnosis); **OR**
- III. Individual has a diagnosis of sickle cell anemia; **OR**
- IV. Individual is currently utilizing opioid therapy on a consistent basis for a chronic pain diagnosis; **AND**
 - A. Prescriber has consulted with individual regarding risks of opioid therapy; **AND**
 - B. Clear treatment goals have been defined and outlined as part of overall plan; **AND**
 - C. Prescriber has reviewed the prescription drug monitoring program (PDMP) to evaluate use of controlled substances (if available)

OR

- V. Individual is newly prescribed a short-acting opioid for a chronic pain diagnosis; **AND**
 - A. Documentation has been provided regarding one of the following:
 - i. Individual has had an inadequate response to alternative pharmacologic treatment options, such as but not limited to non-opioid analgesics; **OR**
 - ii. Individual has contraindications to non-opioid analgesics (such as NSAID use in individuals with active ulcer condition/gastrointestinal bleeding, renal failure); **AND**
 - B. Prescriber has consulted with individual regarding risks of opioid therapy; **AND**
 - C. Clear treatment goals have been defined and outlined as part of overall plan; **AND**
 - D. Prescriber has reviewed the prescription drug monitoring program (PDMP) to evaluate use of controlled substances (if available).

Tramadol containing agents may be subject to the following age requirements via prior authorization:

- I. Individual is 18 years of age or older; **OR**
- II. Individual is 12 years of age or older and treating for pain conditions other than postsurgical removal of tonsils and/or adenoids. (FDA Safety Announcement 2017)

Codeine containing agents may be subject to the following age requirements via prior authorization:

- I. Individual is 12 years of age or older. (FDA Safety Announcement 2017)

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	NA	X	NA

NOTE: An FDA Safety advisory released on 4-20-2017 noted that the label for codeine containing agents would be updated to include a contraindication for use in treating pain or cough in children younger than 12 years. This is due to serious risks, including slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12 years (<https://www.fda.gov/drugs/drugsafety/ucm549679.htm>).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 3, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.