Opioid Concurrent Opioid Dependence Therapy Prior Authorization Program Summary

This program applies to Medicaid.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
04-12-2024	10-01-2017

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

	Patients with opioid and other addictions may have more uncontrolled pain than patients without addiction disorders. In addition, such patients may have acute pain from a traumatic injury or medical illness that requires treatment. Acute pain management in patients receiving opioid maintenance therapy often requires high opioid doses due to tolerance, as well as ongoing management of the risk of opioid misuse and coordination with substance abuse treatment. One of the most common opioid agonists used for maintenance therapy for addiction in the United States is buprenorphine. Though dosed once daily for addiction, its analgesic effects last only six to eight hours. Therefore, continuation of outpatient dosing for addiction is not sufficient for acute pain management.(8) Buprenorphine Buprenorphine and buprenorphine/naloxone are partial agonists at the mu opioid receptor, and are indicated for the induction and treatment of opioid dependence.(1,2) As the use of buprenorphine or buprenorphine/naloxone agonist treatment for opioid dependence has increased in the past decade, managing acute and sub-acute post-operative pain in such patients has become a recognized clinical challenge. The high-affinity mu-receptor binding of buprenorphine renders other opioids ineffective or reduces their efficacy. Yet it is important to continue opioid substitution therapy for patients undergoing surgery.(3) The CDC guideline for opioid prescribing states that although identification of an opioid use disorder can alter the expected benefits and risks of opioid therapy for pain, patients with co-occurring pain and substance use disorder require ongoing pain management that maximizes benefits relative to risks. Clinicians should continue to use non-pharmacologic and non-opioid pharmacologic pain treatments as appropriate and consider consulting a pain specialist as needed to provide optimal pain management.(4) Clinical studies on treating acute pain in patients receiving buprenorphine are limited. Current evidence predominantly consists of guidelines based on case reports, retrospective studies, and expert opinion.(7) If the acute pain episode is anticipated (e.g., surgical pain), buprenorphine should be discontinued for a few days before the episode. Pain in patients receiving buprenorphine treatment initially should be treated with nonopioid analgesics when appropriate. Although buprenorphine itself has powerful analgesic properties, the once-daily administration of buprenorphine, as used for the treatment of opioid addiction, often does not provide sufficiently sustained relief of pain. Additionally, the onset of action of analgesia with buprenorphine may not be adequate for the treatment of acute pain.(6)

	Treatment options are as follows: • Continue the buprenorphine maintenance therapy and titrate a short-acting opioid analgesic to effect.(5) • Divide the daily dose of buprenorphine and administer it every six to eight hours to take advantage of its analgesic properties.(5) • Discontinue the buprenorphine therapy and treat the patient with the usual aggressive pain management, which may include short-acting opioid pain relievers. Note that until buprenorphine clears the body, it may be difficult to achieve analgesia with short-acting opioids in patients who have been maintained on buprenorphine, and higher doses of short-acting opioids may be required.(6)

REFERENCES

Number	Reference
1	Buprenorphine prescribing information. Actavis Pharma, Inc. Jan 2024.
2	Buprenorphine/naloxone prescribing information. Actavis Pharma, Inc. Jan 2024.
3	Fiellin D, et al. Treatment of Acute Pain in Patients Receiving Buprenorphine/Naloxone. Providers' Clinical Support System for Medication Assisted Treatment Guidance. March 2014.
4	Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1
5	Alford DP, et al. Acute pain management for patients receiving maintenance methadone or buprenorphine therapy. Ann Intern Med. 2006; 144:127-134.
6	Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004. Available at https://www.ncbi.nlm.nih.gov/books/NBK64245/pdf/TOC.pdf. Accessed January 2017.
7	Mehta V, Langford RM. Acute pain management for opioid dependent patients. Anaesthesia. 2006 Mar; 61(3):269-76.
8	Arnold RM, Childers JW. Management of acute pain in the patient chronically using opioids. UpToDate. Literature review current through December 2018.

OBJECTIVE

The intent of the Opioid Concurrent Opioid Dependence Therapy Prior Authorization (PA) program is to encourage appropriate use according to product labeling and/or clinical guidelines, and to help prevent inappropriate use of opioid agents while receiving agents for the treatment of opioid dependence. The program defines appropriate use of an opioid concomitantly with a buprenorphine product when the opioid is being requested for anticipated acute pain (e.g., surgical pain) or unanticipated acute pain (e.g., trauma). The program also allows for short-acting requests where the prescriber has submitted documentation supporting the medical necessity for the requested agent. The program will also support a quantity limit for those agents that currently have a quantity limit through a separate QL program.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Actiq ; Conzip ; Demerol ; Dilaudid ; Dsuvia ; Duramorph ; Fentora ; Hysingla er ; Infumorph 200 ; Infumorph 500 ; Lazanda ; Methadone hydrochloride i ; Methadose ; Methadose	*tramadol hcl for oral susp ; alfentanil hcl iv soln ; codeine phosphate powder ; codeine sulfate tab ; fentanyl citrate (bulk) soln ; fentanyl citrate buccal tab ; fentanyl citrate inj ; fentanyl citrate iv soln ;	; 0.2 MG/ML ; 0.2-0.9 MG/0.2ML-% ; 0.25 MG/0.5ML ; 0.5 MG/ML ; 0.5-0.9 MG/0.5ML-% ; 1 MG ; 1	M ; N ; O ; Y	M ; N ; O ; Y		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
sugar-free ; Mitigo ; Ms contin ; Nucynta ; Nucynta er ; Olinvyk ; Oxaydo ; Oxycontin ; Qdolo ; Roxicodone ; Roxybond ; Subsys ; Synapryn fusepaq ; Ultiva ; Ultram ; Xtampza er	fentanyl citrate iv soln prefilled syringe ; fentanyl citrate lozenge on a handle ; fentanyl citrate nasal spray ; fentanyl citrate pf soln prefilled syringe ; fentanyl citrate powder ; fentanyl citrate preservative free (pf) inj ; fentanyl citrate soln prefilled syringe ; fentanyl citrate-nacl ; fentanyl citrate-nacl soln pref syr ; fentanyl sublingual spray ; fentanyl td patch ; hydrocodone bitartrate cap er ; hydrocodone bitartrate tab er ; hydromorphone hcl (bulk) soln ; hydromorphone hcl inj ; hydromorphone hcl iv soln ; hydromorphone hcl liqd ; hydromorphone hcl powder ; hydromorphone hcl preservative free (pf) inj ; hydromorphone hcl suppos ; hydromorphone hcl tab ; hydromorphone hcl tab er ; hydromorphone hcl-nacl inj soln pref syr ; hydromorphone hcl-nacl soln pref syr ; hydromorphone hcl-sodium chloride ; levorphanol tartrate tab ; meperidine hcl inj ; meperidine hcl oral soln ; meperidine hcl powder ; meperidine hcl tab ; methadone hcl conc ; methadone hcl inj ; methadone hcl powder ; methadone hcl soln ; methadone hcl solution prefilled syringe ; methadone hcl tab ; methadone hcl tab for oral susp ; methadone hcl-sodium chloride soln pref syr ; morphine sulf for microinfusion pf inj ; morphine sulfate (bulk) soln ; morphine sulfate beads cap er ; morphine sulfate cap er ; morphine sulfate inj ; morphine sulfate inj pf ; morphine sulfate iv soln ; morphine sulfate iv soln pf ; morphine sulfate oral soln ; morphine sulfate powder ; morphine sulfate suppos ; morphine sulfate tab ; morphine sulfate tab er ; morphine sulfate-nacl inj soln pref syr ; morphine sulfate-nacl sol pref syr ; morphine sulfate-nacl soln pref syr ; morphine sulfate-sodium chloride ; oliceridine fumarate iv soln ; oxycodone cap er ; oxycodone hcl cap ; oxycodone hcl conc ; oxycodone hcl powder ; oxycodone hcl soln ; oxycodone hcl tab ;	MG/ML ; 1-0.9 MG/100ML-% ; 1-0.9 MG/5ML-% ; 1-0.9 MG/ML-% ; 1.25-0.9 MG/250ML-% ; 10 MCG/ML ; 10 MG ; 10 MG/0.5ML ; 10 MG/5ML ; 10 MG/ML ; 10-0.8 MG/ML-% ; 10-0.9 MCG/2ML-% ; 10-0.9 MCG/ML-% ; 10-0.9 MG/50ML-% ; 100 MCG ; 100 MCG/10ML ; 100 MCG/2ML ; 100 MCG/ACT ; 100 MCG/HR ; 100 MG ; 100 MG/5ML ; 100 MG/ML ; 100-0.9 MCG/10ML-% ; 100-0.9 MG/100ML-% ; 100-0.9 MG/50ML-% ; 1000 MCG/100ML ; 1000 MCG/20ML ; 1000 MCG/2ML ; 1000 MCG/50ML ; 1000-0.9 MCG/50ML-% ; 12 MCG/HR ; 12 MG ; 120 MG ; 1200 MCG ; 1250 MCG/25ML ; 13.5 MG ; 15 MG ; 15-0.9 MG/30ML-% ; 150 MG ; 150-0.9 MG/30ML-% ; 1500 MCG/30ML ; 16 MG ; 1600 MCG ; 1600 MCG/100ML ; 18 MG ; 2 MG ; 2 MG/2ML ; 2 MG/ML ; 2-0.9 MG/100ML-% ; 2-0.9 MG/ML-% ; 2.5-0.9 MG/100ML-% ; 2.5-0.9 MG/250ML-% ; 20 MCG/2ML ; 20 MG ; 20 MG/5ML ; 20 MG/ML ; 20-0.9 MG/100ML-% ; 200 MCG ; 200 MG ; 2000 MCG/100ML ; 25 MCG/0.5ML ; 25 MCG/HR ; 25 MG ; 25 MG/25ML ; 25 MG/ML ; 25-0.9 MG/25ML-% ;				

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	oxycodone hcl tab abuse deter ; oxycodone hcl tab er ; oxymorphone hcl tab ; oxymorphone hcl tab er ; remifentanil hcl for iv soln ; sufentanil citrate (bulk) soln ; sufentanil citrate inj ; sufentanil citrate sl tab ; tapentadol hcl tab ; tapentadol hcl tab er ; tramadol hcl cap er ; tramadol hcl oral soln ; tramadol hcl tab ; tramadol hcl tab er	25-0.9 MG/50ML-% ; 250 MCG/5ML ; 250 MG ; 250-0.9 MG/50ML-% ; 2500 MCG/50ML ; 2500 MCG/5ML ; 2500-0.9 MCG/50ML-% ; 27 MG ; 2750 MCG/55ML ; 3 MG ; 30 MCG ; 30 MG ; 30 MG/30ML ; 30-0.9 MG/30ML-% ; 300 MG ; 32 MG ; 36 MG ; 37.5 MCG/HR ; 4 MG ; 4 MG/ML ; 4-0.9 MG/ML-% ; 40 MG ; 400 MCG ; 400 MCG/ACT ; 45 MG ; 5 MG ; 5 MG/0.5ML ; 5 MG/5ML ; 5 MG/ML ; 5-0.9 MCG/ML-% ; 5-0.9 MG/25ML-% ; 5-0.9 MG/5ML-% ; 50 MCG/5ML ; 50 MCG/HR ; 50 MCG/ML ; 50 MG ; 50 MG/5ML ; 50 MG/ML ; 50-0.9 MG/50ML-% ; 500 MCG/10ML ; 500 MCG/50ML ; 500 MG/50ML ; 500-0.9 MCG/50ML-% ; 500-0.9 MG/100ML-% ; 5000 MCG/100ML ; 55-0.9 MG/55ML-% ; 550-0.9 MCG/55ML-% ; 6-0.9 MG/30ML-% ; 60 MG ; 600 MCG ; 62.5 MCG/HR ; 7.5 MG ; 75 MCG/HR ; 75 MG ; 75 MG/ML ; 7500 MG/75ML ; 7812.5 MG/125ML ; 8 MG ; 8 MG/ML ; 80 MG ; 800 MCG ; 87.5 MCG/HR ; 9 MG ; 90 MG				
Apadaz ; Ascomp/codeine ; Endocet ; Fioricet/codeine ; Lortab ; Nalocet ; Percocet ; Prolate ; Seglentis ; Trezix ; Ultracet ; Xodol	acetaminophen w/ codeine soln ; acetaminophen w/ codeine tab ; acetaminophen-caffeine-dihydrocodeine cap ; acetaminophen-caffeine-dihydrocodeine tab ; benzhydrocodone hcl-	0.1-0.1-0.9 MG/50ML-% ; 0.1-0.125-0.9 MG/50ML-% ; 0.2-0.1-0.9 MG/100ML-% ; 0.2-0.125-0.9 MG/100ML-% ;	M ; N ; O ; Y	M ; N ; O ; Y		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	acetaminophen tab ; butalbital-acetaminophen-caff w/ cod cap ; butalbital-aspirin-caff w/ codeine cap ; celecoxib-tramadol hcl tab ; fentanyl ; fentanyl cit ; fentanyl citrate ; hydrocodone-acetaminophen soln ; hydrocodone-acetaminophen tab ; hydrocodone-ibuprofen tab ; oxycodone w/ acetaminophen soln ; oxycodone w/ acetaminophen tab ; tramadol-acetaminophen tab	0.2-0.2-0.9 MG/100ML-% ; 0.3-0.2-0.9 MG/150ML-% ; 0.4-0.1-0.9 MG/200ML-% ; 0.4-0.2-0.9 MG/200ML-% ; 0.5-0.04-0.9 MG/100ML-% ; 0.5-0.0625-0.9 MG/250ML-% ; 0.5-0.075-0.9 MG/100ML-% ; 0.5-0.1-0.9 MG/250ML-% ; 0.5-0.125-0.9 MG/250ML-% ; 0.5-0.2-0.9 MG/250ML-% ; 0.8-0.1667-0.9 MG/200ML-% ; 1-0.125-0.9 MG/250ML-% ; 10-200 MG ; 10-300 MG ; 10-300 MG/15ML ; 10-300 MG/5ML ; 10-325 MG ; 120-12 MG/5ML ; 2-0.125-0.9 MCG/ML-%-% ; 2.5-108 MG/5ML ; 2.5-300 MG ; 2.5-325 MG ; 300-15 MG ; 300-30 MG ; 300-60 MG ; 320.5-30-16 MG ; 325-30-16 MG ; 37.5-325 MG ; 4.08-325 MG ; 5-200 MG ; 5-217 MG/10ML ; 5-300 MG ; 5-325 MG ; 5-325 MG/5ML ; 50-300-40-30 MG ; 50-325-40-30 MG ; 56-44 MG ; 6.12-325 MG ; 7.5-200 MG ; 7.5-300 MG ; 7.5-325 MG ; 7.5-325 MG/15ML ; 8.16-325 MG				
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	M ; N ; O ; Y	N		
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	M ; N ; O ; Y	O ; Y		
	Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	M ; N ; O ; Y	Y		
	Pentazocine w/ Naloxone Tab 50-0.5 MG	50-0.5 MG	M ; N ; O ; Y	Y		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	Medicaid
	Pentazocine w/ Naloxone Tab 50-0.5 MG	50-0.5 MG	Medicaid
Actiq ; Conzip ; Demerol ; Dilaudid ; Dsuvia ; Duramorph ; Fentora ; Hysingla er ; Infumorph 200 ; Infumorph 500 ; Lazanda ; Methadone hydrochloride i ; Methadose ; Methadose sugar-free ; Mitigo ; Ms contin ; Nucynta ; Nucynta er ; Olinvyk ; Oxaydo ; Oxycontin ; Qdolo ; Roxicodone ; Roxybond ; Subsys ; Synapryn fusepaq ; Ultiva ; Ultram ; Xtampza er	*tramadol hcl for oral susp ; alfentanil hcl iv soln ; codeine phosphate powder ; codeine sulfate tab ; fentanyl citrate (bulk) soln ; fentanyl citrate buccal tab ; fentanyl citrate inj ; fentanyl citrate iv soln ; fentanyl citrate iv soln prefilled syringe ; fentanyl citrate lozenge on a handle ; fentanyl citrate nasal spray ; fentanyl citrate pf soln prefilled syringe ; fentanyl citrate powder ; fentanyl citrate preservative free (pf) inj ; fentanyl citrate soln prefilled syringe ; fentanyl citrate-nacl ; fentanyl citrate-nacl soln pref syr ; fentanyl sublingual spray ; fentanyl td patch ; hydrocodone bitartrate cap er ; hydrocodone bitartrate tab er ; hydromorphone hcl (bulk) soln ; hydromorphone hcl inj ; hydromorphone hcl iv soln ; hydromorphone hcl liqd ; hydromorphone hcl powder ; hydromorphone hcl preservative free (pf) inj ; hydromorphone hcl suppos ; hydromorphone hcl tab ; hydromorphone hcl tab er ; hydromorphone hcl-nacl inj soln pref syr ; hydromorphone hcl-nacl soln pref syr ; hydromorphone hcl-sodium chloride ; levorphanol tartrate tab ; meperidine hcl inj ; meperidine hcl oral soln ; meperidine hcl powder ; meperidine hcl tab ; methadone hcl conc ; methadone hcl inj ; methadone hcl powder ; methadone hcl soln ; methadone hcl solution prefilled syringe ; methadone hcl tab ; methadone hcl tab for oral susp ; methadone hcl-sodium chloride soln pref syr ; morphine sulf for microinfusion pf inj ; morphine sulfate (bulk) soln ; morphine sulfate beads cap er ; morphine sulfate cap er ; morphine sulfate inj ; morphine sulfate inj pf ; morphine sulfate iv soln ; morphine sulfate iv soln pf ; morphine sulfate oral soln ; morphine sulfate powder ; morphine sulfate suppos ; morphine sulfate tab ; morphine sulfate tab er ; morphine sulfate-nacl inj soln pref syr ; morphine sulfate-nacl sol pref syr ; morphine sulfate-nacl soln pref syr ; morphine sulfate-sodium chloride ; oliceridine fumarate iv soln ; oxycodone cap er ; oxycodone hcl cap ; oxycodone hcl conc ; oxycodone hcl powder ; oxycodone hcl soln ; oxycodone hcl tab ; oxycodone hcl tab abuse deter ; oxycodone hcl tab er ; oxymorphone hcl tab ; oxymorphone hcl tab er ; remifentanil hcl for iv soln ; sufentanil citrate (bulk) soln ; sufentanil citrate inj ; sufentanil citrate sl tab ; tapentadol hcl tab ; tapentadol hcl tab er ; tramadol hcl cap er ; tramadol hcl oral soln ; tramadol hcl tab ; tramadol hcl tab er	; 0.2 MG/ML ; 0.2-0.9 MG/0.2ML-% ; 0.25 MG/0.5ML ; 0.5 MG/ML ; 0.5-0.9 MG/0.5ML-% ; 1 MG ; 1 MG/ML ; 1-0.9 MG/100ML-% ; 1-0.9 MG/5ML-% ; 1-0.9 MG/ML-% ; 1.25-0.9 MG/250ML-% ; 10 MCG/ML ; 10 MG ; 10 MG/0.5ML ; 10 MG/5ML ; 10 MG/ML ; 10-0.8 MG/ML-% ; 10-0.9 MCG/2ML-% ; 10-0.9 MCG/ML-% ; 10-0.9 MG/50ML-% ; 100 MCG ; 100 MCG/10ML ; 100 MCG/2ML ; 100 MCG/ACT ; 100 MCG/HR ; 100 MG ; 100 MG/5ML ; 100 MG/ML ; 100-0.9 MCG/10ML-% ; 100-0.9 MG/100ML-% ; 100-0.9 MG/50ML-% ; 1000 MCG/100ML ; 1000 MCG/20ML ; 1000 MCG/2ML ; 1000 MCG/50ML ; 1000-0.9 MCG/50ML-% ; 12 MCG/HR ; 12 MG ; 120 MG ; 1200 MCG ; 1250 MCG/25ML ; 13.5 MG ; 15 MG ; 15-0.9 MG/30ML-% ; 150 MG ; 150-0.9 MG/30ML-% ; 1500 MCG/30ML ; 16 MG ; 1600 MCG ; 1600 MCG/100ML ; 18 MG ; 2 MG ; 2 MG/2ML ; 2 MG/ML ; 2-0.9 MG/100ML-% ; 2-0.9 MG/ML-% ; 2.5-0.9 MG/100ML-% ; 2.5-0.9 MG/250ML-% ; 20 MCG/2ML ; 20 MG ; 20 MG/5ML ; 20 MG/ML ; 20-0.9 MG/100ML-% ; 200 MCG ; 200 MG ; 2000 MCG/100ML ; 25 MCG/0.5ML ; 25 MCG/HR ; 25 MG ; 25 MG/25ML ; 25 MG/ML ; 25-0.9 MG/25ML-% ; 25-0.9 MG/50ML-% ; 250 MCG/5ML ; 250 MG ; 250-0.9 MG/50ML-% ; 2500 MCG/50ML ; 2500 MCG/5ML ; 2500-0.9 MCG/50ML-% ; 27 MG ; 2750 MCG/55ML ; 3 MG ; 30 MCG ; 30 MG ; 30 MG/30ML ; 30-0.9 MG/30ML-% ; 300 MG ; 32 MG ; 36 MG ; 37.5 MCG/HR ; 4 MG ; 4 MG/ML ; 4-0.9 MG/ML-% ; 40 MG ; 400 MCG ; 400 MCG/ACT ; 45 MG ; 5 MG ; 5 MG/0.5ML ; 5 MG/5ML ; 5 MG/ML ; 5-0.9 MCG/ML-% ; 5-0.9 MG/25ML-% ; 5-0.9 MG/5ML-% ; 50 MCG/5ML ; 50 MCG/HR ;	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
		50 MCG/ML ; 50 MG ; 50 MG/5ML ; 50 MG/ML ; 50-0.9 MG/50ML-% ; 500 MCG/10ML ; 500 MCG/50ML ; 500 MG/50ML ; 500-0.9 MCG/50ML-% ; 500-0.9 MG/100ML-% ; 5000 MCG/100ML ; 55-0.9 MG/55ML-% ; 550-0.9 MCG/55ML-% ; 6-0.9 MG/30ML-% ; 60 MG ; 600 MCG ; 62.5 MCG/HR ; 7.5 MG ; 75 MCG/HR ; 75 MG ; 75 MG/ML ; 7500 MG/75ML ; 7812.5 MG/125ML ; 8 MG ; 8 MG/ML ; 80 MG ; 800 MCG ; 87.5 MCG/HR ; 9 MG ; 90 MG	
Apadaz ; Ascomp/codeine ; Endocet ; Fioricet/codeine ; Lortab ; Nalocet ; Percocet ; Prolate ; Seglentis ; Trezix ; Ultracet ; Xodol	acetaminophen w/ codeine soln ; acetaminophen w/ codeine tab ; acetaminophen-caffeine-dihydrocodeine cap ; acetaminophen-caffeine-dihydrocodeine tab ; benzhydrocodone hcl-acetaminophen tab ; butalbital-acetaminophen-caff w/ cod cap ; butalbital-aspirin-caff w/ codeine cap ; celecoxib-tramadol hcl tab ; fentanyl ; fentanyl cit ; fentanyl citrate ; hydrocodone-acetaminophen soln ; hydrocodone-acetaminophen tab ; hydrocodone-ibuprofen tab ; oxycodone w/ acetaminophen soln ; oxycodone w/ acetaminophen tab ; tramadol-acetaminophen tab	0.1-0.1-0.9 MG/50ML-% ; 0.1-0.125-0.9 MG/50ML-% ; 0.2-0.1-0.9 MG/100ML-% ; 0.2-0.125-0.9 MG/100ML-% ; 0.2-0.2-0.9 MG/100ML-% ; 0.3-0.2-0.9 MG/150ML-% ; 0.4-0.1-0.9 MG/200ML-% ; 0.4-0.2-0.9 MG/200ML-% ; 0.5-0.04-0.9 MG/100ML-% ; 0.5-0.0625-0.9 MG/250ML-% ; 0.5-0.075-0.9 MG/100ML-% ; 0.5-0.1-0.9 MG/250ML-% ; 0.5-0.125-0.9 MG/250ML-% ; 0.5-0.2-0.9 MG/250ML-% ; 0.8-0.1667-0.9 MG/200ML-% ; 1-0.125-0.9 MG/250ML-% ; 10-200 MG ; 10-300 MG ; 10-300 MG/15ML ; 10-300 MG/5ML ; 10-325 MG ; 120-12 MG/5ML ; 2-0.125-0.9 MCG/ML-%-% ; 2.5-108 MG/5ML ; 2.5-300 MG ; 2.5-325 MG ; 300-15 MG ; 300-30 MG ; 300-60 MG ; 320.5-30-16 MG ; 325-30-16 MG ; 37.5-325 MG ; 4.08-325 MG ; 5-200 MG ; 5-217 MG/10ML ; 5-300 MG ; 5-325 MG ; 5-325 MG/5ML ; 50-300-40-30 MG ; 50-325-40-30 MG ; 56-44 MG ; 6.12-325 MG ; 7.5-200 MG ; 7.5-300 MG ; 7.5-325 MG ; 7.5-325 MG/15ML ; 8.16-325 MG	Medicaid
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	Medicaid
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	Medicaid

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Target Agent(s) will be approved when ALL of the following are met: 1. If the requested agent contains tramadol or codeine AND ONE of the following:

Module	Clinical Criteria for Approval
	A. The patient is 12 to less than 18 years of age AND the requested agent will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR** B. The patient is 18 years of age or over **AND** 2. If the patient is currently taking a buprenorphine or buprenorphine/naloxone agent ONE of the following: A. The prescriber has indicated the buprenorphine or buprenorphine/naloxone agent will be discontinued prior to starting the requested agent **OR** B. BOTH of the following: 1. The requested agent is being prescribed for acute pain (e.g., surgical pain or trauma) **AND** 2. The requested agent is a short-acting or immediate-release dosage form **AND** 3. The prescriber has provided information supporting the medical necessity of the requested opioid agent, including the specific pain that the current opioid agent is being used to treat and the expected duration of therapy with the opioid agent (medical record required) **Length of Approval:** up to 6 months NOTE: If Quantity Limit program also applies, please refer to Quantity Limit documents.

