

MHCP PHARMACY PROGRAM POLICY ACTIVITY

Provider Notification

Policies Effective: April 12, 2024

Notification Posted: April 16, 2024



Contents

NEW POLICIES DEVELOPED	2
POLICIES REVISED	2
• Program Summary: Opioid Concurrent Opioid Dependence Therapy	2

NEW POLICIES DEVELOPED

No new policies for April 12, 2024

POLICIES REVISED

• Program Summary: Opioid Concurrent Opioid Dependence Therapy

Applies to:	<input checked="" type="checkbox"/> Medicaid Formularies
Type:	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy <input type="checkbox"/> Formulary Exception

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

Final Module	Target Agent GPI	Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Targeted NDCs When Exclusions Exist	Final Age Limit	Preferred Status	Effective Date
	65200020102050		Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	M; N; O; Y				
	65200040300310		Pentazocine w/ Naloxone Tab 50-0.5 MG	50-0.5 MG	M; N; O; Y				
	6510	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	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%;	M; N; O; Y				

Final Module	Target Agent GPI	Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Targeted NDCs When Exclusions Exist	Final Age Limit	Preferred Status	Effective Date
			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	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;					

Final Module	Target Agent GPI	Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Targeted NDCs When Exclusions Exist	Final Age Limit	Preferred Status	Effective Date
			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	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					
	6599	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;	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-%;	M; N; O; Y				

Final Module	Target Agent GPI	Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Targeted NDCs When Exclusions Exist	Final Age Limit	Preferred Status	Effective Date
			oxycodone w/acetaminophen soln; oxycodone w/acetaminophen tab; tramadol-acetaminophen tab	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					
	652000101082	Belbuca	buprenorphine hcl buccal film	150 MCG; 300 MCG; 450 MCG; 600 MCG; 75 MCG; 750 MCG; 900 MCG	M; N; O; Y				
	652000100088	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				

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. If the requested agent contains tramadol or codeine AND ONE of the following: <ol style="list-style-type: none"> 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

Module	Clinical Criteria for Approval
	<p>2. If the patient is currently taking a buprenorphine or buprenorphine/naloxone agent ONE of the following:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>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)</p> <p>Length of Approval: up to 6 months</p> <p>NOTE: If Quantity Limit program also applies, please refer to Quantity Limit documents.</p>