

CRITERIA FOR PRIOR AUTHORIZATION

Long-Acting Opioids

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: All long-acting formulations containing any of the following agents at units per day above DUR determined limit (see attached table) require prior authorization:

- Buprenorphine (Butrans®)
- Fentanyl (Duragesic®)
- Hydrocodone (Zohydro ER®, Hysingla ER®)
- Hydromorphone (Exalgo®)
- Morphine (Kadian ER®, Avinza®, MS Contin®, Oramorph®)
- Morphine/Naltrexone (Embeda®)
- Oxycodone (OxyContin®)
- Oxycodone (Xtampza ER)
- Oxycodone/Naloxone (Targiniq ER®)
- Oxycodone/Naltrexone (Troxyca ER)
- Tapentadol (Nucynta ER®)
- Tramadol (Ultram ER®, Ryzolt®)

CRITERIA for long-acting opioids: (must meet one of the following)

1. The patient has a diagnosis of cancer.
2. The patient is terminally ill.
3. Must meet all of the following:
 - a. The patient has not taken another long-acting opioid (see attached table) in the past 3 months or there is documentation of discontinuation of previous agent.
 - b. The patient does not have a diagnosis of opioid or other substance abuse.
 - c. All narcotic analgesics are written by a single KMAP enrolled prescriber or practice.
 - d. The patient has a signed opioid treatment agreement with the prescriber.
 - e. Prescriber has reviewed the patient's K-TRACS profile. (Information regarding K-TRACS – The Kansas Prescription Drug Monitoring Program, may be found on the Kansas Board of Pharmacy web site)

RENEWAL CRITERIA for long-acting opioids: (must meet all of the following)

1. No more than one early refill attempt in the past 3 months unless there is documentation of dose titration from the prescriber.

LENGTH OF APPROVAL 3 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE

PA Criteria

Drug Limitations

Generic Name	Brand Name	Limit (units/28 days)
Buprenorphine	Butrans®	7
Fentanyl	Duragesic®	14
Hydrocodone Extended-Release	Hysingla ER®	28
Hydrocodone Extended-Release	Zohydro ER®	56
Hydromorphone Extended-Release	Exalgo®	28
Morphine Controlled-Release	MS Contin®	84
Morphine Extended-Release	Avinza®	56
Morphine Extended-Release	Kadian ER®	84
Morphine Extended-Release/Naltrexone	Embeda®	56
Morphine Sustained-Release	Oramorph®	84
Oxycodone CR	OxyContin®	84
Oxycodone	Xtampza ER	56
Oxycodone/Naloxone Extended-Release	Targiniq ER®	56
Oxycodone/Naltrexone	Troxyca ER®	56
Oxymorphone Extended-Release	Opana ER®	56
Tapentadol Extended-Release	Nucynta ER®	56
Tramadol Extended-Release	Ryzolt®	56
Tramadol Extended-Release	Ultram ER®	28