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CURRENT OPIOID CRITERIA AND PREFERRED DRUG LISTS

• Beneficiaries naïve to opioid treatment will be considered a "new start to opioid therapy" if the Medicaid profile has no claims for any opioid drugs in the previous 60 days

- For a "new start to opioid therapy" beneficiary, the maximum MME/day is 50 MME/day; AND
- The initial prescription for the "new start to opioid therapy" beneficiary for a short-acting opioid is limited to a 7 day supply with the corresponding quantity limit of up to 6 tablets or capsules per day.
- "New start to opioid therapy" beneficiaries needing long-acting opioids would require a prior authorization unless the beneficiary meets the exemptions discussed below.
- LTC-eligible beneficiaries, beneficiaries who meet the cancer diagnosis criteria, and beneficiaries who meet the NPO diagnosis criteria are exempt from "new start" requirements.

• Opioid treatment experienced patients have a total daily MME/day limit of ≤ 90 MME/day.

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Opioids, Short-Acting

(Implemented 11/12/2008)
(Updated 05/10/2017, Effective 7/1/17)

Prescribers with questions on how to obtain a PA should call the Magellan Help Desk at 1-800-424-7895. All PA requests must be submitted in writing with appropriate supporting documentation. PA requests for PDL products may be faxed to the Magellan Medicaid Pharmacy Administration (MMA) pharmacy unit at 1-800-424-7976.

Approval criteria

• Accumulation quantity limit will allow up to a maximum of 93 units of any solid oral short acting opioid paid by Medicaid per the previous 31 calendar days for non-cancer pain relief; AND
Additional information listed under Exemptions
• No drug claim in the past 90 days for Subutex or Suboxone; AND
• Therapeutic duplication between short-acting opioids with less than 25% of the days' supply remaining on the previous claim; AND

Denial criteria

• Therapeutic duplication between two short-acting opioids with more than 25% of the days' supply remaining on previous claim; OR
• Drug claim in history for Subutex or Suboxone; OR
• Solid oral dosage forms for short-acting opioids will reject for children less than 6 years of age; OR
• Greater than 93 units of any solid oral short acting opioid paid by Medicaid per the previous 31 calendar days for non-cancer pain relief; OR

Poisoning

• An incoming claim for any opioid pain medication will trigger a search of the beneficiary's Medicaid medical diagnoses history for diagnosis of poisoning or overdose the previous 12 months.
• If a diagnosis for poisoning (overdose) for opioids, narcotics, barbiturates, benzodiazepines, or "unspecified drug or substance" is found in the Medicaid medical history in the previous 12 months, an incoming claim for an opioid pain medication or an incoming claim for a benzodiazepine medication will deny at point of sale.
• Patients who have a diagnosis of malignant cancer in the past 12 months are exempt from the diagnosis check for a poisoning (overdose) of opioids, narcotics, barbiturates, benzodiazepines, or unspecified drug or substance.

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Opioids, Short-Acting (continued)

Exemptions

- Patients who have a diagnosis of malignant cancer in the past 12 months:
    - o Are exempt from the therapeutic duplication requirement.
    - o Are exempt from the diagnosis check for a poisoning (overdose) of opioids, narcotics, barbiturates, benzodiazepines, or unspecified drug or substance.
    - o Accumulation quantity limit will allow up to a maximum of 124 units of any solid oral short acting opioid paid by Medicaid per the previous 31 calendar days.

Preferred Status only for strengths noted: (Quantity edits, MME edits, accumulation edits, and refill too soon edits apply)

- Acetaminophen-codeine tablet 300-15 mg, 300-30 mg, 300-60 mg
- Acetaminophen-codeine elixir or solution120 mg-12 mg/5 ml in 118 ml and 473 ml bottle
- Codeine tablet 15 mg, 30 mg, 60 mg,
- Hydrocodone / acetaminophen tablet 5/325 mg, 7.5/325 mg, 10/325 mg
- Hydrocodone/ acetaminophen oral solution 7.5-325 mg/15 ml
- Hydrocodone/ibuprofen tablet (VICOPROFEN) 7.5/200 mg
- Hydromorphone tablet 2 mg, 4 mg, 8 mg
- Morphine IR tablet 15 mg, 30 mg,
- Morphine oral solution 10 mg/5 ml, 20 mg/5 ml,
- Morphine concentrated oral solution 100 mg/5 ml
- Meperidine tablet 50 mg
- Meperidine oral solution 50 mg/ 5 ml
- Oxycodone tablet 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
- Oxycodone oral solution 5 mg/ 5 ml
- Oxycodone/ acetaminophen tablet 5 mg-325 mg, 7.5 mg-325mg, 10mg – 325 mg
- Oxycodone/ acetaminophen solution 5-325 mg/ 5 ml
- Tramadol tablet 50 mg
- Tramadol/ acetaminophen tablet 37.5 mg-325 mg

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Opioids, Short-Acting (continued)

Non-Preferred Status for all strengths unless otherwise noted

• Acetaminophen-codeine elixir or solution 120 mg-12 mg/5 ml unit dose cups, and 300 mg-30 mg/12.5 ml unit dose cups
• Acetaminophen with codeine (CAPITAL® and CODEINE) oral suspension 120 mg-12 mg/ 5 ml
• Benzhydrocodone/acetaminophen (APADAZ®) 4.08mg-325mg, 6.12mg-325mg. and 8.16mg-325mg
• Butalbital/caffeine/APAP w/codeine 50 mg-325 mg-30 mg, and 50 mg-300 mg-30 mg
• Butalbital/caffeine/APAP w/codeine capsules (FIORICET)
• Butalbital/caffeine/ASA w/codeine capsules (FIORINAL)
• Butalbital compound w/codeine
• Butorphanol 10 mg/ml nasal spray
• Carisoprodol Compound w/Codeine
• Dihydrocodeine/APAP/caffeine 320.5 mg- 30 mg
• Hydrocodone / acetaminophen tablet, 5-300 mg,7.5-300 mg, 10-300 mg, 2.5-325 mg,
• Hydrocodone/APAP Oral Solution Unit Dose Cups 7.5-325 mg/15 ml, 5-163 mg/7.5 ml, 10-325 mg/ 15 ml, 2.5-108 mg/ 5 ml, 5-217 mg/ 10 ml,
• Hydrocodone/APAP (ZAMICET®) 10 mg-325 mg/15 ml oral solution
• Hydrocodone-ibuprofen tablet (VICOPRFEN) 10 mg-200 mg, 5 mg-200 mg
• Hydrocodone/ibuprofen (REPREXAIN™) 2.5mg-200mg, 5mg-200mg, 7.5mg-200mg, 10mg-200mg tablet
• Hydromorphone 1 mg/1 ml oral solution
• Hydromorphone 3 mg rectal suppository
• Levorphanol tablets
• Meperidine tablet 100 mg
• Oxycodone (OXAYDO®) tablets 5mg, 7.5mg
• Oxycodone capsule 5 mg
• Oxycodone concentrated oral solution 20 mg/ml
• Oxycodone 10 mg/ 0.5 ml oral syringe
• Oxycodone/ APAP 2.5 mg-325 mg,
• Oxycodone/APAP (PRIMLEV™) 5 mg-300 mg, 7.5 mg-300 mg, 10 mg-300 mg)
• Oxycodone/APAP (PROLATE™) 5 mg-300 mg, 7.5 mg-300 mg, 10 mg-300 mg)
• Oxycodone/aspirin
• Oxycodone/Ibuprofen tablet 5 mg-400 mg
• Oxymorphone (OPANA®) tablets
• Pentazocine/naloxone tablet
• Tapentadol (NUCYNTA®) tablet and oral solution
• Tramadol 100mg tablets

Opioids, Long-Acting

(Implemented 08/01/2008)
(Updated 08/18/2016)
(Updated 4/1/2019)
(Updated 4/1/2020)

Prescribers with questions on how to obtain a PA should call the Magellan Help Desk at 1-800-424-7895. All PA requests must be submitted in writing with appropriate supporting documentation. PA requests for PDL products may be faxed to the Magellan Medicaid Pharmacy Administration (MMA) pharmacy unit at 1-800-424-7976.

Preferred agents with criteria

- Buprenorphine patch (Butrans)- BRAND ONLY
- Morphine sulfate long-acting tablet (MS Contin, Oramorph)
- Tramadol ER Tablet (Ultram ER)

Nonpreferred agents with criteria

- Buprenorphine (Belbuca)
- Buprenorphine patch (GENERIC ONLY)
- Fentanyl patch (Duragesic)
- Hydrocodone ER Capsule (Zohydro ER)
- Hydrocodone ER (Hysingla ER)
- Hydromorphone HCl extended-release tablet (Exalgo ER)
- Methadone HCl (Dolophine)
- Morphine sulfate extended-release capsule (Avinza, Kadian)
- Morphine sulfate extended-release tablets (Morphabond ER)
- Morphine sulfate/naltrexone (Embeda ER)
- Oxycodone extended-release tablet (Oxycontin)
- Oxycodone extended-release capsule (Xtampza ER)
- Oxymorphone HCl extended-release tablet (Opana ER)
- Tapentadol HCl extended-release tablet (Nucynta ER)
- Tramadol ER capsule (Conzip)
- Tramadol ER tablet (Ryzolt)

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Opioids, Long-Acting (Continued)

Approval criteria for preferred agents with criteria:

- Medical necessity of using a long-acting opiate for chronic, non-cancer pain
- Claim for long-acting opioid within the previous 60 days (continuation criteria)
    - If the beneficiary has been paying CASH or using an insurance prescription drug plan for previous claims of a LA opioid, the prescriber must submit documentation that the beneficiary is opioid tolerant and has been receiving a LA opioid; the prescriber may request a PA for a LA opioid approval through a manual review PA request for an opioid tolerant beneficiary.
- Opioid treatment experienced patients have a total daily MME/day limit of ≤ 90 MME/day.

Approval criteria for nonpreferred agents with criteria:

- **Fentanyl patch**
    - NPO (Appendix A); **OR**
    - Currently LTC; **OR**
    - Cancer with malignancies (Appendix E) in past 12 months
      AND
    - No therapeutic duplication in drug history between long-acting narcotics

- **Morphine sulfate long-acting capsule or oxycodone long acting tablet**
    - Currently LTC; **OR**
    - Cancer with malignancies (Appendix E) in past 12 months
      AND
    - No therapeutic duplication in drug history between long-acting narcotics

- **Methadone HCl (Dolophine)**
    - Cancer with malignancies (Appendix E) in past 12 months
      AND
    - No therapeutic duplication in drug history between long-acting narcotics
    - Methadone for Opioid Use Disorder must be given in a SAMHSA-certified treatment program

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Approval criteria for nonpreferred agents with criteria: (continued)

- **Methadone oral solution for NAS (Neonatal Abstinence Syndrome):**
  - The infant's age is ≤ 90 days of age at the time the drug claim is submitted; **AND**
  - The quantity of methadone oral solution dispensed is not more than 10 ml for a 30-day supply; **AND**
  - The incoming claim and the claim in history will not make the accumulated quantity of methadone oral solution more than 10 ml for the previous 30-day supply; **AND**
  - Methadone oral solution for an infant older than 90-days who does not have malignant cancer diagnosis in the Medicaid diagnosis history, or the methadone oral solution accumulation quantity for a 30-day period will exceed 10 ml, will require manual review PA. The prescriber must send letter explaining medical necessity, quantity requested, dose, and taper plan schedule with the PA request.

Denial criteria

- Paid claim for Suboxone or Subutex in the past 90 days; **OR**
- Therapeutic duplication of long-acting opiates; **OR**
- No medical necessity of long-acting opiate

Poisoning

- An incoming claim for any opioid pain medication will trigger a search of the beneficiary's Medicaid medical diagnoses history for diagnosis of poisoning or overdose the previous 12 months.
- If a diagnosis for poisoning (overdose) for opioids, narcotics, barbiturates, benzodiazepines, or "unspecified drug or substance" is found in the Medicaid medical history in the previous 12 months, an incoming claim for an opioid pain medication or an incoming claim for a benzodiazepine medication will deny at point of sale.
- Patients who have a diagnosis of malignant cancer in the past 12 months are exempt from the diagnosis check for a poisoning (overdose) of opioids, narcotics, barbiturates, benzodiazepines, or unspecified drug or substance.

Benzodiazepine Oral Solid Dosage Forms

(Implementation Date 12/07/2010)
(Update 03/08/2016)

Prescribers with questions on how to obtain a PA should call the Magellan Help Desk at 1-800-424-7895. All PA requests must be submitted in writing with appropriate supporting documentation. PA requests for PDL products may be faxed to the Magellan Medicaid Pharmacy Administration (MMA) pharmacy unit at 1-800-424-7976.

Approval Criteria

- Unless otherwise stated, no therapeutic duplication is allowed between two benzodiazepines with > 10% of the days' supply remaining on the last fill;
- Unless otherwise stated, the quantity edit of the single highest strength of a benzodiazepine tablet or capsule has been reduced to a maximum daily quantity of 2 units per day or a cumulative quantity of 62 units for a 31-day supply;
- Unless otherwise stated, all other strengths of tablet or capsule forms of benzodiazepines have been reduced to a maximum daily quantity edit of 3 units per day or a cumulative quantity of 93 units for a 31-day supply;
- Onfi tablet requires a Manual PA
- Temazepam 7.5mg and 22.5 mg Capsule requires a Manual PA
    - LTC beneficiaries do not require a prior authorization for Temazepam 7.5mg
    - Beneficiaries 65 years of age and older do not require a prior authorization for Temazepam 7.5mg
- Alprazolam XR [Xanax XR] additional approval criteria:
    - o > 18 years of age; **AND**
    - o ≥ 90 days of Alprazolam XR therapy in the past 120 days
- Alprazolam oral-disintegrating tablet [Niravam]
    - o > 18 years of age; **AND**
    - o One of the following:
        - ▪ Long Term Care; **OR**
        - ▪ NPO (Appendix A) within past 365 days

Poisoning

- An incoming claim for any benzodiazepine medication will trigger a search of the beneficiary's Medicaid medical diagnoses history for diagnosis of poisoning or overdose the previous 12 months.
- If a diagnosis for poisoning (overdose) for opioids, narcotics, barbiturates, benzodiazepines, or "unspecified drug or substance" is found in the Medicaid medical history in the previous 12 months, an incoming claim for an opioid pain medication or an incoming claim for a benzodiazepine medication will deny at point of sale.
- Patients who have a diagnosis of malignant cancer in the past 12 months are exempt from the diagnosis check for a poisoning (overdose) of opioids, narcotics, barbiturates, benzodiazepines, or unspecified drug or substance.

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Additional criteria

- Quantity limits apply

See chart below for summary of maximum daily quantity edits of solid oral dosage forms of benzodiazepines:

Generic Name (Brand name reference only)	Strength	Maximum Daily Quantity Edit (& Maximum Cumulative Quantity edit per 31-days' supply)
Alprazolam (Xanax) tablet & ODT	0.25 mg, 0.5 mg, 1 mg	3 units per day, (93)
Alprazolam (Xanax) tablet & ODT	2 mg	2 units per day, (62)
Chlordiazepoxide (Librium) Capsule	5 mg, 10 mg,	3 units per day, (93)
Chlordiazepoxide (Librium) Capsule	25 mg	2 units per day, (62)
Clonazepam (Klonopin) Tablet	0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3 units per day, (93)
Clonazepam (Klonopin) Tablet	2 mg	2 units per day, (62)
Clorazepate (Tranxene) Tablet	3.75 mg, 7.5 mg,	3 units per day, (93)
Clorazepate (Tranxene) Tablet	15 mg	2 units per day, (62)
Diazepam (Valium) Tablet	2 mg, 5 mg	3 units per day, (93)
Diazepam (Valium) Tablet	10 mg	2 units per day, (62)
Lorazepam (Ativan) Tablet	0.5 mg, 1 mg	3 units per day, (93)
Generic Name (Brand name reference only)	**Strength**	**Maximum Daily Quantity Edit (& Maximum Cumulative Quantity edit per 31-days' supply)**
Lorazepam (Ativan) Tablet	2 mg	2 units per day, (62)
Oxazepam (Serax) Capsule	10 mg, 15 mg	3 units per day, (93)
Oxazepam (Serax) Capsule	30 mg	2 units per day, (62)
Clobazam (Onfi) Tablet	10 mg, 20 mg	2 units per day, (62)
Alprazolam (Xanax) ER and XR Tablet	0.5 mg, 1 mg, 2 mg, 3 mg	1 unit per day, (31)
Flurazepam (Dalmane) Capsule	15 mg, 30 mg	1 unit per day (31)
Temazepam (Restoril) Capsule	7.5 mg, 15 mg 30 mg 22.5 mg	1 unit per day (31)
Triazolam (Halcion) Tablet	0.125 mg, 0.25 mg	1 unit per day (31)
Estazolam (Prosom) Tablet	1 mg, 2 mg	1 unit per day (31)

Sedative Hypnotics- (Non-Benzodiazepine)

(Implemented 03/01/2009)

Prescribers with questions on how to obtain a PA should call the Magellan Help Desk at 1-800-424-7895. All PA requests must be submitted in writing with appropriate supporting documentation. PA requests for PDL products may be faxed to the Magellan Medicaid Pharmacy Administration (MMA) pharmacy unit at 1-800-424-7976. .

Preferred agents with criteria

- Zaleplon (Sonata)
- Zolpidem immediate-release (Ambien)

Nonpreferred agents

- Eszopiclone (Lunesta)
- Doxepin (Silenor)
- Ramelton (Rozerem)
- Suvorexant (Belsomra)
- Zolpidem extended-release (Ambien CR)
- Zolpidem sublingual tablet (Edluar, Intermezzo)

Approval criteria for preferred agents with criteria

- **No therapeutic duplication with any of the following Sedative Hypnotic:**
  - Estazolam (Prosom)
  - Eszopiclone (Lunesta)
  - Flurazepam (Dalmane)
  - Quazepam (Doral)
  - Ramelteon (Rozerem)
  - Temazepam (Restoril)
  - Triazolam (Halcion)
  - Zaleplon (Sonata)
  - Zolpidem (Ambien)
  - Zolpidem (Zolpimist)

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HARD EDIT ON EARLY REFILL:

Non-controlled drugs:
The hard edit disallowing early refills (ER) for non-controlled drugs sooner than **75%** of days' supply expended was implemented on February 16, 2016. Pharmacies will no longer be able to override the ProDUR early refill edit to refill non-controlled drugs sooner than 75% of the days' supply has elapsed. Refills for non-controlled drugs sooner than 75% of the days' supply elapsed will require a manual review PA and the pharmacy or prescriber must provide documentation to Medicaid that the dose was increased during the month which caused the prescription to run out sooner than expected/calculated. The increased dose must be within the allowed Medicaid dose edits or an approved PA must be in the system for the beneficiary for the higher dose or an early refill PA will *not* be approved.

Controlled drugs:
The hard edit disallowing early refills (ER) for controlled drugs sooner than **90%** of days' supply expended was implemented January 20, 2021. This change includes opioids, CII stimulants, benzodiazepines, sedative hypnotics, etc.

REFILL TOO SOON ACCUMULATION LOGIC:

When a pharmacy refills a prescription claim early, the Medicaid system began adding together the accumulated "early days" filled. Each prescription is tracked by the Generic Sequence Number (GSN), which means the drug claim is the same generic name, same strength, and same dosage form, rather than tracking by prescription number or NDC.

Non-controlled drugs:
Once the beneficiary has accumulated an **"extra" 12 days'** supply for that GSN for *non-controlled drugs*, any incoming claim that is early will reject at point of sale. The accumulation edit is set so that the beneficiary cannot accumulate more than an *extra* 12 days' supply early during a 180-day period for non-controlled drugs.

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REFILL TOO SOON ACCUMULATION LOGIC: (continued)

Controlled drugs:

The RTS logic with Early Refill Accumulation Limit edit for *controlled drugs* will only allow an **"extra" 7-days'** supply accumulation through early fills in previous 180-day period.