



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANALGESICS, NARCOTICS SHORT PA SUMMARY**

Preferred	Non-Preferred
Acetaminophen/codeine generic Butalbital/acetaminophen/caffeine/codeine 50-325-40-30 mg generic Butorphanol nasal spray generic Hydrocodone/acetaminophen generics Hydrocodone/acetaminophen 7.5-325 mg/15 ml oral solution generic Hydrocodone/ibuprofen 7.5-200 mg generic Hydromorphone IR tablets generic Lortab Elixir (hydrocodone/acetaminophen 10-300 mg/15 mL) Morphine IR tablets, oral solution, concentrate oral solution generic Oxycodone IR 5, 10, 15, 20, 30 mg generic Oxycodone oral solution generic Oxycodone/acetaminophen generic Tramadol tablets generic Tramadol/acetaminophen generic	Acetaminophen/caffeine/dihydrocodeine generic Benzhydrocodone/acetaminophen generic Butalbital/acetaminophen/caffeine/codeine 50-300-40-30 mg generic Butalbital/aspirin/caffeine/codeine generic Codeine generic Dilaudid Oral Liquid (hydromorphone) Hydrocodone/ibuprofen 5-200 mg, 10-200 mg generic Hydromorphone rectal suppository generic Meperidine tablet and oral solution generic Morphine rectal suppository generic Nucynta (tapentadol IR) Oxaydo (oxycodone IR 5 mg, 7.5 mg) Oxycodone concentrate oral solution generic Oxymorphone IR generic Roxybond (oxycodone IR abuse-deterrent) Seglentis (celecoxib/tramadol) Tramadol oral solution generic

IR=immediate-release

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- Short-acting narcotics will hit a PA reject for concurrent therapy with buprenorphine or buprenorphine/naloxone opioid dependency agents that have been dispensed within the last 7 days.
- Short-acting narcotics will hit a PA reject for opioid-naïve members being prescribed >50 morphine milligram equivalents (MME) per day or being prescribed >7-day supply, or for opioid-experienced members being prescribed >120 MME per day unless the member has cancer or sickle cell anemia, or the member is in long term care (LTC), hospice or palliative care.

**PA CRITERIA:**

Acetaminophen/Caffeine/Dihydrocodeine Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response with acetaminophen/codeine and who have experienced an inadequate response with tramadol/acetaminophen or an allergy, contraindication, drug-drug interaction or intolerable side effect to tramadol.

Benzhydrocodone/Acetaminophen Generic



- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic hydrocodone/acetaminophen and generic tramadol/acetaminophen, are not appropriate for the member.

*Butalbital/Acetaminophen/Caffeine/Codeine 50-300-40-30mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/acetaminophen/caffeine/codeine with 325 mg of acetaminophen, is not appropriate for the member.

*Butalbital/Aspirin/Caffeine Codeine Generic*

- ❖ Approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen or prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/acetaminophen/caffeine/codeine with 325 mg of acetaminophen, is not appropriate for the member.

*Codeine Generic*

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

*Dilaudid Oral Liquid and Meperidine Oral Solution Generic*

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations (i.e., tablets, capsules) and who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred oral liquid products.

*Hydrocodone/Ibuprofen 5-200 mg, 10-200 mg Generic*

- ❖ For the 5-200 mg strength, approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen.
- ❖ For the 10-200 mg strength, approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to acetaminophen and who have experienced an inadequate response to the preferred strength, 7.5-200 mg.

*Hydromorphone Rectal Suppository Generic and Morphine Rectal Suppository Generic*

- ❖ Approvable for members experiencing vomiting.

*Meperidine Tablets Generic*

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.

*Nucynta*

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred



products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.

*Oxaydo and Roxybond*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic oxycodone IR, is not appropriate for the member.

*Oxycodone Concentrate Oral Solution Generic*

- ❖ Approvable for members who are opioid tolerant and have experienced an inadequate response with morphine concentrate oral solution or an allergy, contraindication, drug-drug interaction or intolerable side effect to morphine.

*Oxymorphone IR Generic*

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.
- ❖ Approvable for members with a diagnosis of cancer, HIV or sickle cell anemia who are currently taking a long-acting narcotic or narcotic infusion and experiencing breakthrough pain.

*Pentazocine/Naloxone Generic*

- ❖ Approvable for members 12 years of age or older with a diagnosis of moderate to severe acute pain who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: hydrocodone/acetaminophen, hydromorphone IR, morphine IR, oxycodone IR, oxycodone/acetaminophen IR and tramadol IR.

*Seglentis*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic celecoxib and generic tramadol as separate products are not appropriate for the member.

*Concurrent Therapy with Buprenorphine/Naloxone or Buprenorphine Opioid Dependency Agents*

- ❖ Concurrent therapy of buprenorphine/naloxone or buprenorphine opioid dependency agents with short-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reasons that concurrent therapy is necessary.

**QLL CRITERIA:**

*Oxycodone IR Generic*

- ◆ An authorization to exceed the QLL may be approved for members with a diagnosis of cancer and for members whose dose is being tapered down.

*Butorphanol Nasal Spray Generic*

- ◆ An authorization to exceed the QLL may be approved one time for recurrent excessive headaches or migraines or acute pain.



**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.