

Long-Acting Opioid Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial request: 3 months Maintenance Therapy: Additional prior authorization required for each additional 6 months Individuals receiving for terminal diagnosis and receiving palliative care/end-of-life therapy: Lifetime Individuals receiving for cancer pain related to active cancer therapy: 1 year

Medications	Comments	Quantity Limits
Belbuca (buprenorphine buccal film)	Non-Preferred	75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg*: 2 buccal films per day
Butrans buprenorphine transdermal patch	Non-Preferred	5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr: 4 patches per 28 days
ConZip [§] tramadol extended-release capsules [§]	Non-Preferred	100 mg, 200 mg, 300 mg*: 1 capsule per day
Generic tramadol extended-release tablets [§]	Preferred	100 mg, 200 mg, 300 mg*: 1 tablet per day
Fentanyl Patch (generic) [§]	Preferred	12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr: 15 patches per 30 days
Hydromorphone extended-release tablets [§]	Preferred	8mg, 12mg, 16mg, 32mg: 1 tablet per day

Hysingla ER [§] hydrocodone bitartrate extended-release tablets [§]	Non-Preferred (Note: Preferred in FL, MD due to state mandate) Preferred	20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg: 1 tablet per day
Morphine sulfate extended-release capsules [§]	Preferred	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg: 2 capsules per day
Levorphanol [§] , Xyvona [§]	Non-Preferred	2 mg, 3 mg: 6 tablets per day
Methadone tablets, tablets for oral suspension, oral solution, oral concentrate (generic) [§] Diskets (methadone) tablets for oral suspension (generic) [§] Methadose tablets for oral suspension (generic) [§]	Preferred	5 mg: 6 tablets per day 10 mg: 6 tablets per day 40 mg: 1 tablet per day 10 mg/5 mL: 30 mL per day 5 mg/5 mL: 30 mL per day 10 mg/mL injection: 1 mL per day 10 mg/mL oral concentrate: 6 mL per day
Methadose oral concentrate (brand) [§]	Non-Preferred	
morphine sulfate beads ER capsules (24 hour) (generic Avinza) [§]	Non-Preferred	30mg, 45mg, 60mg, 75mg, 90mg, 120mg: 1 capsule per day
MS Contin [§] morphine sulfate extended-release tablets [§]	Non-Preferred Preferred	15mg, 30mg, 60mg: 3 tablets per day 100mg, 200mg: 2 tablets per day
Nucynta ER (tapentadol extended-release tablets) [§]	Non-Preferred	50 mg, 100 mg, 150 mg, 200 mg, 250 mg*: 2 tablets per day
oxymorphone extended-release tablets [§]	Preferred	5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg: 2 tablets per day

OxyContin (oxycodone extended-release tablets) [§]	Non-Preferred (Note: brand and generic preferred in FL, MD due to state mandate)	10mg, 15, 20mg, 30mg, 40mg, 60mg, 80mg: 2 tablets per day
Xtampza ER (oxycodone extended-release capsules) [§]	Non-Preferred (Note: Preferred in FL, MD due to state mandate)	9mg, 13.5mg, 18mg, 27mg, 36mg*: 2 capsules per day
hydrocodone bitartrate extended-release capsules [§]	Non-Preferred	10mg, 15mg, 20mg, 30mg, 40mg, 50mg: 2 capsules per day

Quantity Limit Override Criteria
<p>For approval of increased quantities of selected long-acting opioid agents (denoted with §), the following criteria must be met:</p> <ul style="list-style-type: none"> I. Individual has been diagnosed with cancer and appropriate cancer pain management requires dosing that exceeds the restricted amount; OR II. Individual has a terminal illness and appropriate pain management requires dosing that exceeds the restricted amount; <p>OR</p> <ul style="list-style-type: none"> III. Individual meets one of the following: <ul style="list-style-type: none"> A. Individual is stabilized on current dose and opioid utilization at that dose is effective in reducing pain and/or increasing function; OR B. Individual has obtained partial pain relief at lower doses of opioids and dose escalation is clinically appropriate; <p>AND</p> <ul style="list-style-type: none"> IV. Individual will be routinely monitored regarding continued improvement in pain and/or function as well as the absence of aberrant behaviors (including but not limited to: obtaining prescriptions from other providers, obtaining opioids from non-medical sources, forgery/alteration of prescriptions, recurrent episodes of prescription loss or theft, recurrent episodes of running short of medication supply and/or repeated requests for early refills). (AMDG 2015) <p>Note: It may be possible in some instances to use a higher strength of the requested medication and take fewer tablets/capsules to achieve the same total daily dosage requested.</p>

*Indicates FDA maximum recommended dose for specific drug and dosage strength

Tramadol Extended Release Agents may be subject to the following age requirements via prior authorization, in addition to Long-Acting Opioid Approval Criteria:

- I. Individual is 18 years of age or older; **OR**
- II. Individual is 12 years of age or older and treating for pain conditions other than postsurgical removal of tonsils and/or adenoids. (FDA Safety Announcement 2017)

NOTE: An FDA Safety advisory released on 4-20-2017 noted that the label for tramadol containing agents would be updated to include the following contraindications: contraindication for use in children younger than 18 years to treat pain after surgery to remove the tonsils and/or adenoids, and contraindication for use in treating pain in children younger than 12 years. This is due to serious risks, including slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12 years (<https://www.fda.gov/drugs/drugsafety/ucm549679.htm>)

APPROVAL CRITERIA

Requests for a long-acting opioid analgesic (preferred and non-preferred) may be approved when the following criteria are met:

- I. Individual has one of the following:
 - A. Diagnosis of cancer related pain and/or is actively undergoing cancer therapy (provide cancer diagnosis); **OR**
 - B. Diagnosis of terminal illness and is receiving palliative/end-of-life care (provide terminal diagnosis);

OR

- II. Individual has a diagnosis of pain severe enough to require daily, around-the-clock, long term opioid treatment (provide diagnosis); **AND**
- III. Individual has one of the following:
 - A. An inadequate response to alternative treatment options, including but not limited to non-opioid analgesics and immediate-release opioids; **OR**
 - B. Alternative treatment options would otherwise be inadequate to provide sufficient management of pain; **OR**
 - C. Individual has contraindications to non-opioid analgesics (including but not limited to NSAID use in individuals with active ulcer condition/gastrointestinal bleeding, renal failure)¹;

AND

- IV. Individual is 18 years of age or older unless the following agents are requested:
 - A. If requested agent is fentanyl transdermal patch and individual is 2 years of age or older **AND** already receiving at least 60 mg/day of oral morphine, 30 mg/day of oral oxycodone, 8 mg/day of oral hydromorphone, 60 mg/day of oral hydrocodone, or an equianalgesic dose of another opioid;

AND

- V. One of the following:
 - A. For initial therapy, individual is not opioid naïve as noted by the following:
 - 1. Individual is currently using a short-acting opioid analgesic, including use of opioid analgesia as an inpatient for post-surgical pain; **OR**
 - 2. Individual is transitioning from one long-acting opioid analgesic to another long-acting opioid analgesic;

OR

B. For continued therapy, attestation that long-acting opioid therapy has provided meaningful improvement in pain and/or function compared to baseline;

AND

VI. Prescriber has consulted with individual regarding risks of opioid therapy;

AND

VII. Clear treatment goals have been defined and outlined as part of overall plan.

AND

VIII. Prescriber has reviewed the prescription drug monitoring program (PDMP) to evaluate use of controlled substances (if available).

Requests for long-acting opioid analgesics may not be approved for the following:

- I. Individual is requesting or using as an as-needed analgesic; **OR**
- II. Individual has one of the following conditions:
 - A. Significant respiratory depression; **OR**
 - B. Acute or severe bronchial asthma or hypercarbia; **OR**
 - C. Known or suspected paralytic ileus; **OR**
- III. Methadone is prescribed for a diagnosis of opioid use disorder in the retail setting.

Requests for a non-preferred long-acting opioid analgesic must also meet the following criteria (in addition to the above criteria in I.-VIII.):

- I. Individual has had a trial and inadequate response or intolerance to two preferred long-acting agents (where covered). Medication samples/coupons/discount cards are excluded from consideration as a trial;

Preferred generic agents: Fentanyl patch (generic), methadone tablets, tablets for oral suspension, oral solution, oral concentrate (generic), Diskets (methadone) tablets for oral suspension (generic), Methadose tablets for oral suspension (generic), morphine sulfate ER, oxycodone ER (not covered in CA, CO), hydrocodone ER tablets, hydromorphone ER (not covered in CA, CO), generic tramadol ER tablets (not covered in CA, CO).

Non-preferred agents: Belbuca, buprenorphine patch (generic), Butrans, ConZip, Hysingla ER, hydrocodone ER capsules, levorphanol, Xyvona (levorphanol), Methadose oral concentrate, morphine sulfate beads ER, MS Contin, Nucynta ER, Oxycodone ER, OxyContin (brand), tramadol ER capsules, Xtampza ER.

OR

- II. Individual has completed titration and is already maintained on a stable on dose of the requested drug;

OR

- III. The preferred long-acting opioids are not acceptable due to clinical situations, including but not limited to:
- A. Known hypersensitivity to any ingredient which is not also in the requested non-preferred agent;

OR

- IV. Belbuca (buprenorphine buccal film) may be approved when:
- A. There is concern for abuse or dependence with pure opioid agents; **OR**
 - B. Individual is not a candidate for using full mu-opioid agonist due to underlying clinical conditions.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. Advanced Opioid Converter. GlobalRPh.com [Internet database]. URL: <http://www.globalrph.com/opioidconverter2.htm>.
5. American Society of Interventional Pain Physicians (07/2012). "American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part 2--guidance". *Pain physician* (1533-3159), 15 (3 suppl), p. S67.
6. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2022. *MMWR Recomm Rep* 2016;65:1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.
7. 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(3):1-95. Published 2022 Nov 4. doi:10.15585/mmwr.rr7103a1.
8. The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain. October 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available from: <http://www.ahrq.gov/research/findings/evidence-based-reports/opioidstp.html>.
9. FDA Drug Safety Communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. U.S. Food and Drug Administration. 4-20-2017. Available from: <https://www.fda.gov/drugs/drugsafety/ucm549679.htm>.
10. VA/DOD Clinical Practice Guideline for Opioid Therapy for Chronic Pain. Department of Veterans Affairs/Department of Defense. Version 3.0 – 2017. Available from: <https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOTCPG022717.pdf>.
11. VA/DoD Clinical Practice Guideline. (2022). Use of Opioids in the Management of Chronic Pain Work Group. Washington, DC: U.S. Government Printing Office.
12. Washington State Agency Medical Directors' Group. Interagency guideline on opioid dosing for chronic non-cancer pain: an educational aid to improve care and safety with opioid treatment. Olympia (WA): Washington State Department of Labor and Industries; June 2015. Available from: <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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