| Market Applicability/Effective Date | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Market** | **FL & FHK** | **FL MMA** | **FL LTC** | **GA** | **KS** | **KY** | **LA** | **MD** | **NJ** | **NV** | **NY** | **TN** | **TX** | **WA** |
| **Applicable** | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

| ***Note: prior authorization applies to the brand, generic and branded generic name of the following products*** | |
|---|---|
| **Medication** | **Quantity Limit** |
| Buprenorphine Patch Weekly | May be subject to quantity limits |
| Fentanyl Patch 72 Hour | May be subject to quantity limits |
| Hydromorphone HCl Tablet Extended Release 24 Hour | May be subject to quantity limits |
| Hysingla ER Tablet | May be subject to quantity limits |
| Methadone HCl Tablet | May be subject to quantity limits |
| Methadone HCl Concentrate | May be subject to quantity limits |
| Methadone HCl Solution | May be subject to quantity limits |
| Methadone HCl Tablet Soluble | May be subject to quantity limits |
| Morphine Sulfate Capsule Extended Release 24 Hour | May be subject to quantity limits |
| Morphine Sulfate Tablet Extended Release 12 Hour | May be subject to quantity limits |
| Morphine Sulfate Beads Capsule Extended Release 24 Hour | May be subject to quantity limits |
| Morphine-Naltrexone Capsule Controlled Release | May be subject to quantity limits |
| Oxycodone HCl Conc. 20 MG/ML | May be subject to quantity limits |
| Oxycodone HCl Tablet Extended Release 12 Hour | May be subject to quantity limits |
| Oxymorphone HCl Tablet Extended Release 12 Hour | May be subject to quantity limits |
| Tapentadol HCl Tablet Extended Release 12 Hour | May be subject to quantity limits |
| Xartemis XR Tablet | May be subject to quantity limits |
| Zohydro ER Capsule | May be subject to quantity limits |

## OVERRIDE(S)

Prior Authorization of Benefits

## APPROVAL DURATION

One year, or as otherwise specified in approval criteria below.

## APPROVAL CRITERIA

If a long acting narcotic medication is requested and the individual is continuing another long acting medication, then the request will be reviewed on a case by case basis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

| Market Applicability/Effective Date | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Market** | **FL & FHK** | **FL MMA** | **FL LTC** | **GA** | **KS** | **KY** | **LA** | **MD** | **NJ** | **NV** | **NY** | **TN** | **TX** | **WA** |
| **Applicable** | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

Requests for duplicate therapy may be approved if the following are met:

**I.** Individual has a diagnosis of Cancer; **OR**
**II.** Individual has a diagnosis of Multiple Sclerosis; **OR**
**III.** Individual has a diagnosis of HIV/AIDS; **OR**
**IV.** Individual has a diagnosis of Lupus; **OR**
**V.** Individual has a diagnosis of Sickle Cell Anemia; **OR**
**VI.** Medication is prescribed after a pain management consult – six month override

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.