

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Short-Acting Opioid Analgesics for Acute Pain Duration of Use

Override(s)	Approval Duration
Quantity Limit	1 year

Medications	Quantity Limit
<p>Butalbital-APAP-Caffeine-Codeine – All oral formulations of the following: Butalbital/acetaminophen/caffeine/codeine Acetaminophen/caffeine/dihydrocodeine</p> <p>Butalbital-ASA-caffeine-codeine – All oral formulations of the following: Butalbital/aspirin/caffeine/codeine</p> <p>Codeine sulfate - All oral formulations of codeine sulfate</p> <p>Hydrocodone-Acetaminophen tablets (2.5mg-325mg, 5mg-300mg, 5mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg, 10mg-325mg)</p> <p>Hydrocodone-Acetaminophen oral solution (2.5mg-108mg/5mL, 5mg-163mg/7.5mL, 5mg-217mg/10mL, 7.5-325/15mL, 10mg-300mg/15mL, 10mg-325mg/15mL)</p> <p>Hydrocodone-Ibuprofen – All oral formulations of hydrocodone/ibuprofen</p> <p>Hydromorphone – All oral tablet and liquid formulations of immediate release hydromorphone</p> <p>Meperidine - All oral formulations of meperidine</p>	<p>7 days' supply per fill; 14 day's supply per 30 days</p>

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														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

<p>Morphine sulfate IR tabs and solution – All oral tablet and liquid formulations of immediate release morphine sulfate</p> <p>Nucynta (tapentadol) – All oral formulations of immediate release Nucynta</p> <p>Oxymorphone - All oral formulations of immediate release oxymorphone</p> <p>Oxycodone – All oral formulations of immediate release oxycodone</p> <p>Oxycodone-Acetaminophen tablets (2.5mg-300mg, 2.5mg-325mg, 5mg-300mg, 5mg-325mg, 7.5mg-300mg, 7.5mg-325mg, 10mg-300mg, 10mg-325mg)</p> <p>Oxycodone-Acetaminophen oral solution (5mg-325mg/5mL)</p> <p>Oxycodone-Aspirin tablets (4.8355mg-325mg)</p> <p>Oxycodone-Ibuprofen tablets (5mg-400mg)</p> <p>Pentazocine-naloxone - All oral formulations of pentazocine/naloxone</p> <p>Acetaminophen-Cod #2 tablets (acetaminophen-codeine 300mg-15mg)</p> <p>Tylenol with codeine #3 tablets (acetaminophen-codeine 300mg-30mg)</p> <p>Acetaminophen-codeine oral solution, suspension 120-12mg/5mL, 300/12.5mL</p>	
--	--

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														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

<p>Tylenol With Codeine #4 Tablets (acetaminophen-codeine 300mg-60mg)</p> <p>Ultram, Tramadol HCl, Ultracet, Tramadol HCl-Acetaminophen – All oral formulations</p>	
---	--

APPROVAL CRITERIA

Requests for greater than 7 days’ supply per fill and greater than 14 days’ supply per 30 days of short-acting opioid analgesics may be approved for the following:

- I. Individual is currently utilizing opioid therapy on a consistent basis for chronic pain; **OR**
- II. Individual has a diagnosis of cancer related pain and/or is actively undergoing cancer treatment (provide diagnosis); **OR**
- III. Individual has a terminal condition and is receiving palliative/end-of-life care (provide diagnosis); **OR**
- IV. Individual has a diagnosis of sickle cell anemia.

NOTE: Individuals currently receiving opioids on a consistent basis is defined as prescribed use for 90 out of the past 110 days.

Tramadol containing agents may be subject to the following age requirements via prior authorization:

- 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)

Codeine containing agents may be subject to the following age requirements via prior authorization:

- I. Individual is 12 years of age or older. (FDA Safety Announcement 2017)

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														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

NOTE: An FDA Safety advisory released on 4-20-2017 noted that the label for codeine containing agents would be updated to include a contraindication for use in treating pain or cough 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>).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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.