

## Clinical Pharmacy Program Guidelines for Opiate Medications

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| Program    | Prior Authorization |
| Medication | Opiate              |

### 1. Background:

#### Drugs Requiring Prior Authorization

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| ACETAMINOPHEN-COD #2 TABLET                      | CODEINE SULFATE 60 MG TABLET            |
| ACETAMINOPHEN-COD #3 TABLET                      | DEMEROL <sup>®</sup> 50 MG/ML AMPUL     |
| ACETAMINOPHEN-COD #4 TABLET                      | DEMEROL 50 MG/ML AMPUL                  |
| ACETAMINOPHEN-CODEINE ELIXIR                     | DEMEROL 75 MG/1.5 ML AMPUL              |
| ACTIQ <sup>®</sup> 200 MCG LOZENGE               | DEMEROL 50 MG TABLET                    |
| ACTIQ 400 MCG LOZENGE                            | DEMEROL 50 MG/ML VIAL                   |
| ACTIQ 600 MCG LOZENGE                            | DEMEROL 100 MG/ML AMPUL                 |
| ACTIQ 800 MCG LOZENGE                            | DEMEROL 100 MG TABLET                   |
| ACTIQ 1,200 MCG LOZENGE                          | DEMEROL 100 MG/ML VIAL                  |
| ACTIQ 1,600 MCG LOZENGE                          | DEPODUR 15MG/1.5ML VIAL                 |
| ALFENTANOL HCL 500MCG/NL AMPULE                  | DILAUDID <sup>®</sup> 2 MG TABLET       |
| ASCOMP <sup>®</sup> WITH CODEINE CAPSULE         | DILAUDID 4 MG TABLET                    |
| ASPIRIN-CODEINE 325-50 TABLET                    | DILAUDID 8 MG TABLET                    |
| ASTRAMORPH-PF <sup>™</sup> 0.5MG/ML AMPULE       | DILAUDID-5 1 MG/ML LIQUID               |
| ASTRAMORPH-PF 0.5MG/ML VIAL                      | DILAUDID-HP 10 MG/ML AMPUL              |
| ASTRAMORPH-PF 1MG/ML AMPULE                      | DILAUDID-HP 10 MG/ML VIAL               |
| ASTRAMORPH-PF 1MG/ML VIAL                        | DILAUDID-HP 250 MG VIAL                 |
| AVINZA <sup>®</sup> 30 MG CAPSULE                | DOLOPHINE <sup>®</sup> HCL 10 MG TABLET |
| AVINZA 45 MG CAPSULE                             | DOLOREX <sup>®</sup> FORTE CAPSULE      |
| AVINZA 60 MG CAPSULE                             | DURAGESIC <sup>®</sup> 12 MCG/HR PATCH  |
| AVINZA 75 MG CAPSULE                             | DURAGESIC 25 MCG/HR PATCH               |
| AVINZA 90 MG CAPSULE                             | DURAGESIC 50 MCG/HR PATCH               |
| AVINZA 120 MG CAPSULE                            | DURAGESIC 75 MCG/HR PATCH               |
| BELLADONNA-OPIUM 30-16.2MG SUPP                  | DURAGESIC 100 MCG/HR PATCH              |
| BELLADONNA-OPIUM 60-16.2MG SUPP                  | EMBEDA <sup>®</sup> 20-0.8 MG CAPSULE   |
| BUPRENEX <sup>®</sup> 0.3 MG/ML AMPUL            | EMBEDA 30-1.2 MG CAPSULE                |
| BUTALB-CAFF-ACETAMINOPH-CODEIN                   | EMBEDA 50-2 MG CAPSULE                  |
| BUTALBITAL COMP-CODEINE #3 CAP                   | EMBEDA 60-2.4 MG CAPSULE                |
| BUTORPHANOL 1 MG/ML VIAL                         | EMBEDA 80-3.2 MG CAPSULE                |
| BUTORPHANOL 2 MG/ML VIAL                         | EMBEDA 100-4 MG CAPSULE                 |
| BUTORPHANOL 10 MG/ML SPRAY                       | ENDOCET <sup>®</sup> 5-325 TABLET       |
| BUTRANS <sup>®</sup> 5 MCG/HR PATCH              | ENDOCET 7.5-325 MG TABLET               |
| BUTRANS 10 MCG/HR PATCH                          | ENDOCET 7.5-500 MG TABLET               |
| BUTRANS 20 MCG/HR PATCH                          | ENDOCET 10-325 MG TABLET                |
| CAPITAL <sup>®</sup> WITH CODEINE 120MG-12MG/5ML | ENDOCET 10-650 MG TABLET                |
| CARISOPRODOL CPD-CODEINE TABLET                  | ENDODAN <sup>®</sup> 4.83-325 MG TABLET |
| CO-GESIC <sup>®</sup> 5-500 TABLET               | ETH-OXYDOSE 20 MG/ML SOLUTION           |
| CODEINE SULFATE 15MG TABLET                      | EXALGO <sup>®</sup> ER 8 MG TABLET      |
| CODEINE SULFATE 30 MG TABLET                     | EXALGO ER 12 MG TABLET                  |
| CODEINE SULFATE 30MG/5ML SOLUTION                | EXALGO ER 16 MG TABLET                  |

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| EXALGO <sup>®</sup> ER 32 MG TABLET         | KADIAN <sup>®</sup> ER 10 MG CAPSULE      |
| FENTANYL 12 MCG/HR PATCH                    | KADIAN ER 20 MG CAPSULE                   |
| FENTANYL 25 MCG/HR PATCH                    | KADIAN ER 30 MG CAPSULE                   |
| FENTANYL 50 MCG/HR PATCH                    | KADIAN ER 50 MG CAPSULE                   |
| FENTANYL 75 MCG/HR PATCH                    | KADIAN ER 60 MG CAPSULE                   |
| FENTANYL 100 MCG/HR PATCH                   | KADIAN ER 80 MG CAPSULE                   |
| FENTANYL CITRATE OTFC 200 MCG               | KADIAN ER 100 MG CAPSULE                  |
| FENTANYL CITRATE OTFC 400 MCG               | KADIAN ER 200 MG CAPSULE                  |
| FENTANYL CITRATE OTFC 600 MCG               | LAZANDA <sup>®</sup> 100MCG SPRAY/PUMP    |
| FENTANYL CITRATE OTFC 800 MCG               | LAZANDA 400MCG SPRAY/PUMP                 |
| FENTANYL CIT OTFC 1,200 MCG                 | LEVORPHANOL 2 MG TABLET                   |
| FENTANYL CIT OTFC 1,600 MCG                 | LORCET <sup>®</sup> 10-650 TABLET         |
| FENTORA <sup>®</sup> 100 MCG BUCCAL TABLET  | LORCET PLUS TABLET                        |
| FENTORA 200 MCG BUCCAL TABLET               | LORTAB <sup>®</sup> 5-500 TABLET          |
| FENTORA 400 MCG BUCCAL TABLET               | LORTAB 7.5-500 TABLET                     |
| FENTORA 600 MCG BUCCAL TABLET               | LORTAB 10-500 TABLET                      |
| FENTORA 800 MCG BUCCAL TABLET               | LORTAB ELIXIR                             |
| FIORICET <sup>®</sup> -COD 30-50-325-40 CAP | MAGNACET <sup>®</sup> 5MG-400MG TABLET    |
| FIORINAL <sup>®</sup> -COD 30-50-325-40 CAP | MAGNACET 7.5MG-400MG TABLET               |
| HYCET <sup>®</sup> 7.5 MG-325 MG/15 ML SOL  | MAGNACET 10MG-400MG TABLET                |
| HYDROCODON-ACETAMINOPH 2.5-500              | MEPERIDINE 25 MG/ML VIAL                  |
| HYDROCODON-ACETAMINOPHEN 5-300              | MEPERIDINE 50 MG/5 ML SOLUTION            |
| HYDROCODON-ACETAMINOPHEN 5-325              | MEPERIDINE 50 MG TABLET                   |
| HYDROCODON-ACETAMINOPHEN 5-500              | MEPERIDINE 50 MG/ML VIAL                  |
| HYDROCODON-ACETAMINOPH 7.5-300              | MEPERIDINE 75 MG/ML VIAL                  |
| HYDROCODON-ACETAMINOPH 7.5-325              | MEPERIDINE 100 MG TABLET                  |
| HYDROCODON-ACETAMINOPH 7.5-500              | MEPERIDINE 100 MG/ML VIAL                 |
| HYDROCODON-ACETAMINOPH 7.5-650              | MEPERITAB 50 MG TABLET                    |
| HYDROCODON-ACETAMINOPH 7.5-750              | MEPERITAB 100 MG TABLET                   |
| HYDROCODON-ACETAMINOPHN 10-300              | METHADONE 5 MG/5 ML SOLUTION              |
| HYDROCODON-ACETAMINOPHN 10-325              | METHADONE 10 MG/ML ORAL CONC              |
| HYDROCODON-ACETAMINOPHN 10-500              | METHADONE 10 MG/5 ML SOLUTION             |
| HYDROCODON-ACETAMINOPHN 10-650              | METHADONE 40 MG TABLET DISPR              |
| HYDROCODON-ACETAMINOPHN 10-660              | METHADONE HCL 5 MG TABLET                 |
| HYDROCODON-ACETAMINOPHN 10-750              | METHADONE HCL 10 MG TABLET                |
| HYDROCODONE-ACETAMINOPHEN SOLN              | METHADONE INTENSOL 10 MG/ML               |
| HYDROCODONE BT-IBUPROFEN TAB                | METHADOSE <sup>™</sup> 10 MG/ML ORAL CONC |
| HYDROGESIC 5-500 MG CAPSULE                 | METHADOSE 10 MG TABLET                    |
| HYDROMORPHONE 1MG/ML SYRINGE                | METHADOSE 40 MG TABLET DISPR              |
| HYDROMORPHONE 2MG/ML VIAL                   | MORPHINE 15 MG/ML VIAL                    |
| HYDROMORPHONE 3 MG SUPPOS                   | MORPHINE SULF 2 MG/ML SYRINGE             |
| HYDROMORPHONE 2 MG TABLET                   | MORPHINE SULF 4 MG/ML SYRINGE             |
| HYDROMORPHONE 4 MG TABLET                   | MORPHINE SULF 5 MG SUPP                   |
| HYDROMORPHONE 8 MG TABLET                   | MORPHINE SULF 5 MG/ML VIAL                |
| HYDROMORPHONE 10 MG/ML VIAL                 | MORPHINE SULF 8 MG/ML AMPULE              |
| IBUDONE <sup>®</sup> 5-200 MG TABLET        | MORPHINE SULF 8 MG/ML SYRINGE             |
| IBUDONE 10-200 MG TABLET                    | MORPHINE SULF 8 MG/ML VIAL                |
| INFUMORPH 10 MG/ML AMPUL P-F                | MORPHINE SUFL 10 MG SUPP                  |
| INFUMORPH 25 MG/ML AMPUL P-F                | MORPHINE SULF 10MG/ML VIAL                |

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| MORPHINE SULF 10 MG/5 ML SOLN  | ORAMORPH® SR 15 MG TABLET      |
| MORPHINE SULF 20 MG SUPP       | ORAMORPH SR 30 MG TABLET       |
| MORPHINE SULF 20 MG/5 ML SOLN  | ORAMORPH SR 60 MG TABLET       |
| MORPHINE SULF 25 MG/ML VIAL    | ORAMORPH SR 100 MG TABLET      |
| MORPHINE SULF 100 MG/5 ML SOLN | OXECTA™ 5MG TABLET             |
| MORPHINE SULFATE 50 MG/ML VIAL | OXECTA 7.5MG TABLET            |
| MORPHINE SULF CR 15 MG TABLET  | OXYCODON-ACETAMINOPHEN 2.5-325 |
| MORPHINE SULF CR 30 MG TABLET  | OXYCODONE-ACETAMINOPHEN 5-325  |
| MORPHINE SULF CR 60 MG TABLET  | OXYCODONE-ACETAMINOPHEN 5-500  |
| MORPHINE SULF CR 100 MG TABLET | OXYCODON-ACETAMINOPHEN 7.5-325 |
| MORPHINE SULF CR 200 MG TABLET | OXYCODON-ACETAMINOPHEN 7.5-500 |
| MORPHINE SULF ER 15 MG TABLET  | OXYCODONE-ACETAMINOPHEN 10-325 |
| MORPHINE SULF ER 30 MG TABLET  | OXYCODONE-ACETAMINOPHEN 10-650 |
| MORPHINE SULF ER 60 MG TABLET  | OXYCODONE-ASA 4.88-325 TABLET  |
| MORPHINE SULF ER 100 MG TABLET | OXYCODONE CONC 20 MG/ML SOLN   |
| MORPHINE SULF ER 200 MG TABLET | OXYCODONE HCL 5 MG CAPSULE     |
| MORPHINE SULFATE IR 15 MG TAB  | OXYCODONE HCL 5 MG/5 ML SOL    |
| MORPHINE SULFATE IR 30 MG TAB  | OXYCODONE HCL 5 MG TABLET      |
| MS CONTIN® 15 MG TABLET        | OXYCODONE HCL 10 MG TABLET     |
| MS CONTIN 60 MG TABLET         | OXYCODONE HCL 10 MG TABLET ER  |
| MS CONTIN 100 MG TABLET        | OXYCODONE HCL 15 MG TABLET     |
| MS CONTIN 200 MG TABLET        | OXYCODONE HCL 20 MG/ML SOLN    |
| MS CONTIN CR 30 MG TABLET      | OXYCODONE HCL 20 MG TABLET     |
| NALBUPHINE 10 MG/ML AMPUL      | OXYCODONE HCL 20 MG TABLET ER  |
| NALBUPHINE 200 MG/10 ML VIAL   | OXYCODONE HCL 30 MG TABLET     |
| NORCO® 10-325 TABLET           | OXYCODONE HCL CR 80 MG TABLET  |
| NUCYNTA® 50 MG TABLET          | OXYCODONE HCL ER 80 MG TABLET  |
| NUCYNTA 75 MG TABLET           | OXYCODONE-ASA 4.5-0.38-325 TAB |
| NUCYNTA 100 MG TABLET          | OXYCODONE-IBUPROFEN 5-400 TAB  |
| NUCYNTA ER 50MG TABLET         | OXYCONTIN® 10 MG TABLET        |
| NUCYNTA ER 100MG TABLET        | OXYCONTIN 15 MG TABLET         |
| NUCYNTA ER 150MG TABLET        | OXYCONTIN 20 MG TABLET         |
| NUCYNTA ER 200MG TABLET        | OXYCONTIN 30 MG TABLET         |
| NUCYNTA ER 250MG TABLET        | OXYCONTIN 40 MG TABLET         |
| ONSOLIS™ 200 MCG SOLUBLE FILM  | OXYCONTIN 60 MG TABLET         |
| ONSOLIS 400 MCG SOLUBLE FILM   | OXYCONTIN 80 MG TABLET         |
| ONSOLIS 600 MCG SOLUBLE FILM   | OXYMORPHONE HCL 5 MG TABLET    |
| ONSOLIS 800 MCG SOLUBLE FILM   | OXYMORPHONE HCL 10 MG TABLET   |
| ONSOLIS 1,200 MCG SOLUBLE FILM | PENTAZOCIN-ACETAMINOPHN 25-650 |
| OPANA® 1 MG/ML AMPULE          | PENTAZOCINE-NALOXONE TABLET    |
| OPANA 5 MG TABLET              | PERCOCET® 2.5-325 MG TABLET    |
| OPANA 10 MG TABLET             | PERCOCET 5-325 MG TABLET       |
| OPANA ER 5 MG TABLET           | PERCOCET 7.5-325 MG TABLET     |
| OPANA ER 7.5 MG TABLET         | PERCOCET 7.5-500 MG TABLET     |
| OPANA ER 10 MG TABLET          | PERCOCET 10-325 MG TABLET      |
| OPANA ER 15 MG TABLET          | PERCOCET 10-650 MG TABLET      |
| OPANA ER 20 MG TABLET          | PERCODAN® TABLET               |
| OPANA ER 30 MG TABLET          | POLYGESIC 5/500 CAPSULE        |
| OPANA ER 40 MG TABLET          | PRIMLEV™ 2.5-300 MG TABLET     |

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| PRIMLEV 5-300 MG TABLET        | TALACEN CAPLET                  |
| PRIMLEV 7.5-300 MG TABLET      | TALWIN® 30 MG/ML VIAL           |
| PRIMLEV 10-300 MG TABLET       | TALWIN NX TABLET                |
| PROPOXYPH-ACETAMINOPHEN 50-325 | THERACODOPHEN-325               |
| REPREXAIN™ 2.5-200 MG TABLET   | THERACODOPHEN-650               |
| REPREXAIN 5-200 MG TABLET      | THERADOCOPHEN-LOW 90            |
| REPREXAIN 7.5-200 MG TABLET    | TREZIX™ 16-356-30 CAPSULE       |
| REPREXAIN 10-200 MG TABLET     | TYLENOL® WITH CODEINE #3 TABLET |
| ROXICET™ 5-325 ORAL SOLUTION   | TYLENOL WITH CODEINE #4 TABLET  |
| ROXICET 5-325 TABLET           | TYLOX® 5-500 CAPSULE            |
| ROXICET 5-500 CAPLET           | VICODIN® 5-500 TABLET           |
| ROXICODONE® 5 MG/5 ML SOLUTION | VICODIN ES 7.5-750 MG TABLET    |
| ROXICODONE 5 MG TABLET         | VICODIN HP TABLET               |
| ROXICODONE 15 MG TABLET        | VICOPROFEN® 200-7.5 MG TAB      |
| ROXICODONE 30 MG TABLET        | XODOL® 5-300 TABLET             |
| ROXICODONE INTENSOL 20 MG/ML   | XODOL 7.5-300 MG TABLET         |
| SUBSYS® 100 MCG SPRAY          | XODOL 10-300 TABLET             |
| SUBSYS 200 MCG SPRAY           | XOLOX 10-500 MG TABLET          |
| SUBSYS 400 MCG SPRAY           | ZAMICET® SOLUTION               |
| SUBSYS 600 MCG SPRAY           | ZOLVIT™ 10 MG-300 MG/15 ML SOL  |
| SUBSYS 800 MCG SPRAY           | ZYDONE® 5-400 MG TABLET         |
| SUBSYS 1200 MCG SPRAY          | ZYDONE 7.5-400 MG TABLET        |
| SUBSYS 1600 MCG SPRAY          | ZYDONE 10-400 MG TABLET         |
| SYNALGOS®-DC CAPSULE           |                                 |

## 2. Coverage Criteria:

### A. Authorization Criteria

1. The patient does not have greater than or equal to 8 opiate claims in the last 60 days.

**AND**

2. For requests for Actiq, the patient is at least 16 years of age.

**Authorization will be issued for 365 days.**

|                       |                                    |
|-----------------------|------------------------------------|
| Program               | Program type – Prior Authorization |
| <b>Change Control</b> |                                    |
| Date                  | Change                             |
| 8/1/2016              | New program                        |