



NEW NON PREFERRED DRUGS	
THERAPEUTIC CLASS	PA REQUIRED NON PREFERRED
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	Altuviio
Cardiovascular Agents: Lipotropics	Atorvaliq
Cardiovascular Agents: Pulmonary Arterial Hypertension*	Orenitram
Endocrine Agents: Diabetes – Insulin	Rezvoglar
Gastrointestinal Agents: Bowel Preparations	Moviprep PEG3350-SOD SUL-NACL-KCL-ASB-C 7.5-2.691G Plenvu SOD SULF-POTASS SULF-MAG SULF Soln Sutab
Gastrointestinal Agents: Proton Pump Inhibitors	Konvomep
Immunomodulator Agents: Systemic Inflammatory Disease	Amjevita

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	Pradaxa Pellet Pak Xarelto Suspension
Gastrointestinal Agents: Bowel Preparations	Clenpiq Gavilyte-C Gavilyte-G Golytely PEG-3350 and Electrolytes 236-22.7G, 420G Suprep

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Analgesic Agents: Opioids
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants
Cardiovascular Agents: Pulmonary Arterial Hypertension*
Gastrointestinal Agents: Proton Pump Inhibitors

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	SUMMARY OF CHANGE
Analgesic Agents: Opioids	LENGTH OF AUTHORIZATIONS: For the course of therapy, up to 180 days. Initial short-acting and long-acting requests may only be authorized for up to



90 days

ALL AUTHORIZATIONS: Must be prescribed in accordance with FDA approved labeling

BUPRENORPHINE TOPICAL (BUTRANS) CRITERIA:

- For doses greater than 5 mcg/hour must provide documentation of an inadequate clinical response of at least ~~60 consecutive days~~ with at least one immediate release opioid formulation with at least one opioid formulation taken for at least 60 of the last 90 days
- ~~Must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation~~

MORPHINE SULFATE ER (KADIAN, MS CONTIN) & TAPENTADOL ER (NUCYNTA) CRITERIA:

- Unless receiving for cancer pain, palliative care, or end-of-life/hospice care, must provide documentation of an inadequate clinical response with at least ~~60 consecutive days~~ with at least one immediate release opioid formulation ~~one~~ opioid formulation taken for at least 60 of the last 90 days
- Must also meet LONG-ACTING OPIOID CRITERIA

NON-PREFERRED CRITERIA:

- Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR**
 - For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation
- Must have had an inadequate clinical response of at least 7 days of at least two unrelated preferred drugs of the same duration of action (SHORT-ACTING or LONG-ACTING)
 - ~~For non-preferred extended release formulations: must provide documentation of and inadequate clinical response with its immediate release formulation (if available)~~
 - For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available)
- Must also meet applicable SHORT-ACTING or LONG-ACTING OPIOID



CRITERIA

ADDITIONAL SHORT-ACTING OPIOIDS CRITERIA:

- The system defines an “initial request” as having no opioid claims in the previous 90 days
- **Initial short-acting requests** can be authorized up to 90 days
 - Length of authorization is dependent on indication, previous patient utilization, and requested length of therapy (could be more restrictive)
 - To exceed acute opioid limits, documentation of the following must be provided:
 - Diagnosis code which must be for somatic type pain
 - Prescriber attestation that the benefits and risks of opioid therapy have been discussed with patient
 - Exemptions to the additional criteria:
 - Patients receiving short-acting opioids for active cancer treatment, palliative care, and end-of-life/hospice care, sickle cell, severe burn, traumatic crushing of tissue, amputation, major orthopedic surgery
 - Prescriber attestation that patient is opioid tolerant (i.e., new to Medicaid or was on higher dose in hospital)
- **Subsequent short-acting requests** can be authorized up to 180 days
 - Documentation of the following must be provided:
 - Current treatment plan
 - Demonstrated adherence to treatment plan through progress notes, including pain and function scores, random urine screenings results reviewed, concerns addressed, and no serious adverse outcomes observed
- **Dose escalation requests** can be authorized up to 180 days
 - Documentation of the following must be provided:
 - Prescriber attestation that dose escalation is likely to result in improved function **and/or** pain control
 - Requests for a cumulative daily dose **> 10080 MED** must be prescribed by or in consultation with a pain specialist, **specialist in the area of the body affected by pain**, or anesthesiologist

Effective July 1, 2018, patients with initial prescriptions for short acting opioid therapy, defined as no rx claims for opioids in the last 90 days, will be limited to 30 MED per day and a maximum of 7 days per prescription. Prior authorization will be required to exceed these limits.



ADDITIONAL LONG-ACTING OPIOIDS CRITERIA:

- The system defines an “initial long-acting request” as having no opioid claims in the previous 90 days
- **Initial long-acting requests** can be authorized up to 90 days
 - Documentation of the following must be provided:
 - Request is a daily dose equivalent of ≤ 80 MED
 - Inadequate clinical response to both non-opioid pharmacologic and non-pharmacologic treatments
 - Current use of short-acting opioids for ≥ 60 consecutive days of the last 90 days
 - Treatment plan including risk assessment, substance abuse history, concurrent therapies, and requirements for random urine screenings (baseline urine drug tests must be submitted)
 - Pain and function scores at each visit
 - Opioid contract required to be in place and submitted with PA form
 - Exemptions to the additional criteria:
 - Patients receiving long-acting opioids for catastrophic injury or cancer pain, palliative care, or end-of-life/hospice care
- **Subsequent long-acting requests** can be authorized up to 180 days
 - Documentation of the following must be provided:
 - Current treatment plan
 - Demonstrated adherence to treatment plan through progress notes, including pain and function scores, random urine screenings results reviewed, concerns addressed, and no serious adverse outcomes observed
- **Dose escalation requests** can be authorized up to 180 days
 - Documentation of the following must be provided:
 - Prescriber attestation that dose escalation is likely to result in improved function and/or pain control
 - Requests for a cumulative daily dose > 10080 MED must be prescribed by or in consultation with a pain specialist, specialist in the area of the body affected by pain, or anesthesiologist



	<p>ADDITIONAL TRANSMUCOSAL FENTANYL CRITERIA:</p> <ul style="list-style-type: none"> • Must be prescribed by an oncologist, pain specialist, or hospice/palliative prescriber • Must be concurrently taking a long-acting opioid at a therapeutic dose of any of the following for at least <u>7 days</u> without adequate pain relief: <ul style="list-style-type: none"> ≥ 60 mg oral morphine/day ≥ 8 mg oral hydromorphone/day ≥ 25 mcg/hr transdermal fentanyl ≥ 25 mg oral oxymorphone/day ≥ 30 mg oral oxycodone/day Equianalgesic dose of another opioid <p>BUPRENORPHINE BUCCAL FILM (BELBUCA) CRITERIA:</p> <ul style="list-style-type: none"> • Must meet ADDITIONAL LONG-ACTING OPIOID Criteria <p>QL – Transmucosal Fentanyl: 4 doses per day</p>
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	AR – All drugs: a PA is required for patients older than 12 years old
Cardiovascular Agents: Pulmonary Arterial Hypertension*	<p>AR – Sildenafil Susp and Tadalafil: a PA is required for patients 6 years and older</p> <p>AR - Sildenafil Susp: a PA is required for patients 18 years and older</p> <p>AR - Tadalafil: a PA is required for patients younger than 18 years</p>
Gastrointestinal Agents: Proton Pump Inhibitors	AR – Omeprazole & Pantoprazole Tab/Cap/ODT: a PA is required for patients <u>22</u> <u>21</u> years and older requesting more than once daily dosing

NEW THERAPEUTIC CATEGORIES

Gastrointestinal Agents: Bowel Preparations

NEW THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	
Gastrointestinal Agents: Bowel Preparations	<p>LENGTH OF AUTHORIZATIONS: 365 Days</p> <p>ALL AUTHORIZATIONS: Must be prescribed in accordance with FDA approved labeling</p> <p>NON-PREFERRED CRITERIA:</p> <ul style="list-style-type: none"> • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e.,



	<p>allergies, drug-drug interactions, contraindications, or intolerances) OR</p> <ul style="list-style-type: none">○ For any solid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a non-solid oral dosage formulation• Must have had an inadequate clinical response with at least <u>one preferred drug</u><ul style="list-style-type: none">○ For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available) <p><u>SUBSEQUENT AUTHORIZATION CRITERIA:</u></p> <ul style="list-style-type: none">• Must provide documentation of patient's clinical response to treatment and ongoing safety monitoring
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