



# Pharmacy Update

Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4

Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

Email: [pharmacy@okhca.org](mailto:pharmacy@okhca.org) OHCA Website: [www.okhca.org](http://www.okhca.org)

PA Criteria/Step Therapy Tiers: [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa) PA forms: [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms)

February 1, 2013

## Opana® ER Coverage

Effective February 4, 2013, generic oxymorphone extended release tablets will require special authorization. The request for authorization should state the reason the member cannot use brand name Opana® ER. OHCA is requiring this authorization for several reasons, including the abuse-deterrent formulation of the branded product and a lower net cost to the state for the branded product. The generic formulation is not abuse-deterrent and therefore may pose a safety risk. Opana® ER will remain a Tier 3 narcotic analgesic.

## Narcotic Analgesic Prior Authorization

- Only one long-acting and one short-acting agent can be used concurrently.

### Tier-2 authorization requires:

- documented 30 day trial/titration period with at least two Tier-1 medications within the last 90 days, or
- clinically appropriate pain therapy requiring time-released medication

### Tier-3 authorization requires:

- documented 30 day trial with at least two long acting Tier-2 medications within the last 90 days, or
- documented allergy or contraindication to all Tier-2 medications

### Oncology Only Products:

- Members with an oncology-related diagnosis are exempt from the prior authorization process, although quantity and dosage limits still apply. These products are covered only for members with an oncology diagnosis.

Tier-1	Tier-2	Tier-3	Oncology Only
<b>Immediate release</b>	<b>Long Acting</b>		
codeine	fentanyl patches ( <b>Duragesic</b> ®)	morphine sulfate ( <b>Avinza</b> ®)	
hydromorphone ( <b>Dilaudid</b> ®)	morphine extended release ( <b>MS Contin</b> ®)	morphine sulfate ( <b>Kadian</b> ®)	
morphine – immediate release ( <b>MSIR</b> ®)		morphine sulfate/naltrexone ( <b>Embeda</b> ®)	
methadone ( <b>Dolophine</b> ®)		oxycodone ( <b>OxyContin</b> ®)	
oxycodone- immediate release ( <b>OxyIR</b> ®)		oxymorphone ( <b>Opana</b> ® ER)	
oxycodone/APAP ( <b>Percocet</b> ®)		tramadol ER ( <b>Ultram</b> ® ER, <b>Ryzolt</b> ®)	
oxycodone/ASA ( <b>Percodan</b> ®)		hydromorphone ( <b>Exalgo</b> ®)	
hydrocodone/APAP ( <b>Lortab</b> ®)		buprenorphine transdermal ( <b>Butrans</b> ®)	
hydrocodone/IBU ( <b>Vicoprofen</b> ®)		hydromorphone ( <b>Exalgo</b> ®)	
ASA/butalbital/caffeine/codeine ( <b>Fiorinal with Codeine</b> ®)		tapentadol ER ( <b>Nucynta ER</b> ®)	
tramadol/APAP ( <b>Ultracet</b> ®)	<b>Short Acting</b>		
	oxymorphone ( <b>Opana</b> ®)	tramadol ODT ( <b>Rybix</b> ®)	fentanyl ( <b>Actiq</b> ®)
	tapentadol ( <b>Nucynta</b> ®)	oxycodone/APAP ( <b>Primlev</b> ®, <b>Xolox</b> ®)	fentanyl ( <b>Fentora</b> ®)
		hydrocodone/APAP ( <b>Xodol</b> ®, <b>Zamicet</b> ®)	fentanyl ( <b>Onsolis</b> ®)
		oxycodone ( <b>Oxecta</b> ®)	fentanyl ( <b>Abstral</b> ®, <b>Lazanda</b> ®)
		hydrocodone/APAP/caffeine ( <b>Trezix</b> ®)	fentanyl sublingual spray ( <b>Subsys</b> ®)