

NYRx Drug Class Coverage Overview: Short-Acting Opioids

NYRx Preferred Drug List

Drugs in the Short-Acting Opioids drug class are included on the [NYRx Preferred Drug List \(PDL\)](#) and are subject to prior authorization (PA) requirements of the [NYRx Drug Utilization Review \(DUR\) Program](#):

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
I. Analgesics		
Opioids – Short-Acting ^{CC}		
butalbital/APAP/caffeine/codeine codeine codeine/APAP hydrocodone/APAP hydrocodone/ibuprofen hydromorphone tablets morphine IR oxycodone IR tablets, solution oxycodone/APAP tramadol tablet	butalbital compound/codeine butorphanol nasal spray dihydrocodeine/APAP/caffeine Dilaudid® hydromorphone solution levorphanol meperidine Nalocet® oxycodone IR capsules, concentrate oxycodone/APAP (Prolate) solution, tablets oxymorphone pentazocine/naloxone Percocet® RoxyBond Roxicodone® Seglantis® tramadol solution tramadol 25mg, 75mg tablet tramadol/APAP	CLINICAL CRITERIA (CC) * <ul style="list-style-type: none"> Limited to a total of 4 opioid prescriptions every 30 days. Initial prescription for opioid-naïve patients limited to a 7-day supply. PA required for initiation of opioid therapy for patients on established opioid dependence therapy. PA required for use if ≥ 90 MME of opioid per day for management of non-acute pain (> 7 days) <ul style="list-style-type: none"> Exception for diagnosis of cancer or sickle cell disease, or hospice or palliative care programs PA is required for opioid-naïve patients for prescription requests ≥ 50 MME per day. PA required for continuation of opioid therapy beyond an initial 7-day supply in patients established on gabapentin or pregabalin PA required for initiation of opioid therapy in patients currently on benzodiazepine therapy PA required for any codeine- or tramadol-containing products in pts < 12 years PA required for continuation of opioid therapy for >7 days for patients on established CNS stimulant therapy STEP THERAPY (ST) <ul style="list-style-type: none"> For Non-opioid Pain management alternatives please visit: https://health.ny.gov/health_care/medicaid/program/opioid_management/docs/non_opioid_alternatives_to_pain_management.pdf <small>*Exemptions from requirements for diagnosis of cancer, sickle cell disease, or hospice or palliative care</small>

Prior Authorization Requirements

- Preferred drugs will not require PA if the required coverage parameters are found in the member's Medicaid claim history at the time of pharmacy claim submission and if clinical criteria are met as outlined in the PDL. Non-preferred drugs will require PA.
- Clinical Criteria (CC) requirements outlined in the PDL are in response to New York State (NYS) legislation, regulation, policy, and/or CDC guidance, for example:
 - Initial opioid prescribing for acute pain is [limited to a seven-day supply](#) per NYS Public Health Law

- Prior authorization is required for prescriptions of opioid analgesics in excess of [four prescriptions in a thirty-day period](#).
- The morphine milligram equivalents (MME) limits are based on [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#).
- An opioid PA may be approved for up to twelve months for patients established on long term opioid therapy if certain requirements are met. Providers should ask the call center agent at the time of PA request or provide information in the fax form correspondence.

Fentanyl Mucosal Agents

Fentanyl mucosal agents require a PA to reinforce appropriate use and to ensure utilization consistent with approved indications. PA requests for the below fentanyl mucosal agents can be initiated by either prescribers or their authorized agents.

- fentanyl buccal tablet (Fentora® and any generics)
- fentanyl lozenge (Actiq® and any generics)

Please review the [Opioid Agents Worksheet](#) to assist in requesting a prior authorization for a fentanyl mucosal agent

- Prescribers are required to respond to a series of questions that identify the prescriber, the patient, and the reason for prescribing this drug.
- A fentanyl mucosal agent PA may be approved as a one-month supply with up to two refills.

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Short-Acting Opioid coverage criteria and the [NYRx Preferred Drug Quick List](#) and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the Short-Acting Opioid coverage criteria and the [NYRx Preferred Drug Quick List](#) and incorporate this information when prescribing for Medicaid members.

Resources

- [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#)
- [New York State Department of Health Opioid Management Resources](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Quick List](#)
- [NYRx Prior Authorization Submission Guide](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.