

NYRx Drug Class Coverage Overview: Long-Acting Opioids

NYRx Preferred Drug List

Drugs in the Long-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 – Long-Acting ^{CC}		
buprenorphine patch fentanyl patch (12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg) morphine sulfate ER tablet	Belbuca [®] Butrans [®] ConZip [®] ST fentanyl patch (37.5 mcg, 62.5 mcg, 87.5 mcg) hydrocodone ER hydrocodone ER (gen Hysingla ER) hydromorphone ER Hysingla [®] ER morphine ER capsule (gen Avinza) morphine ER capsule (gen Kadian) MS Contin [®] Nucynta [®] ER ST oxycodone ER Oxycontin [®] oxymorphone ER tramadol ER ST Xtampza [®] ER	CLINICAL CRITERIA (CC) * <ul style="list-style-type: none"> Limited to a total of 4 opioid prescriptions every 30 days; Exemption for diagnosis of cancer, hospice or palliative care, or sickle cell disease PA required for initiation of opioid therapy for patients on established opioid dependence therapy PA required for use if ≥ 90 MME (MME = morphine milligram equivalents) of opioid per day for management of non-acute pain (pain lasting > 7 days) PA required for initiation of long-acting opioid therapy in opioid-naïve patients. PA required for any additional long-acting opioid prescription for patients currently on long-acting opioid therapy. 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 STEP THERAPY (ST) <ul style="list-style-type: none"> Nucynta[®] ER (tapentadol ER): Trial with tapentadol IR before tapentadol ER for patients who are naïve to a long-acting opioid Tramadol ER (tramadol naïve patients): Attempt treatment with IR formulations before the following ER formulations: ConZip[®], tramadol ER *Exemption from requirements for diagnosis of cancer, sickle cell disease, or hospice or palliative care.

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, FDA labeling, and/or CDC guidance, for example:
 - Prior authorization is required for initiation of opioid therapy for patients established on opioid dependence therapy, another long-acting opioid therapy, benzodiazepine therapy, central nervous system (CNS) stimulant, or the initiation of a long-acting opioid therapy in

an opioid-naïve patient. PA is required for prescriptions of opioid analgesics in excess of [four prescriptions in a 30-day period](#), except for patients with a diagnosis of cancer, sickle cell disease, hospice, or palliative care.

- The morphine milligram equivalents (MME) limits are based on the [CDC's Clinical Practice Guideline for Prescribing Opioids for Pain](#).
- Due to FDA labeling, PA is required for any tramadol-containing products in patients under the age of 12 years old.
- Step Therapy requirements exist for ConZip®, Nucynta® ER, and tramadol ER, and include a trial of the immediate-release formulations before the extended-release formulations.
 - Patients with a diagnosis of cancer, sickle cell disease, hospice or palliative care are exempt from this step requirement.
- 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.
- Belbuca®, Butrans®, and buprenorphine patch PA requests are allowed for a maximum PA length of six months if approvable unless the call/fax indicates a shorter duration of therapy is required.

Methadone

Methadone requires a trial of a long-acting opioid prior to initiation for the management of chronic non-cancer pain. Detoxification or maintenance treatment of opioid addiction is not covered on the outpatient, NYRx formulary. It is covered through methadone maintenance treatment programs.

The following [NYRx Frequency/Quantity/Duration \(F/Q/D\)](#) parameters apply, except in the event of diagnosis of cancer, hospice care, or sickle cell disease:

- 12 units per day, 360 units per 30 days.

The following additional parameters may also apply:

- Confirmed diagnosis of chronic non-cancer pain.
- Prescriptions of opioid analgesics in excess of [four prescriptions in a 30-day period](#).
- For initiation of methadone in patients who are on established opioid dependence therapy, currently on long-acting opioid therapy, who are opioid naïve, and/or currently on benzodiazepine therapy.

- Prior authorization would be required for use if MME is greater than 90 MME of opioid per day for management of non-acute pain (pain lasting greater than seven days).

Methadone PA requests are allowed for a maximum PA length of three months if approvable unless call/fax indicates a shorter duration of therapy is required.

What Pharmacy Providers Need to Do

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

Resources

- [CDC's Clinical Practice Guideline for Prescribing Opioids for Pain](#)
- [New York State Department of Health Opioid Management Resources](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Frequency/Quantity/Duration \(F/Q/D\)](#)
- [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.