



SoonerCare Fax Blast

February 5, 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
Immediate release	Long Acting		
codeine	fentanyl patches (Duragesic ®)	morphine sulfate (Avinza ®)	
hydromorphone (Dilaudid ®)	morphine extended release (MS Contin ®)	morphine sulfate (Kadian ®)	
morphine – immediate release (MSIR ®)		morphine sulfate/naltrexone (Embeda ®)	
methadone (Dolophine ®)		oxycodone (OxyContin ®)	
oxycodone- immediate release (OxyIR ®)		oxymorphone (Opana ® ER)	
oxycodone/APAP (Percocet ®)		tramadol ER (Ultram ® ER, Ryzolt ®)	
oxycodone/ASA (Percodan ®)		hydromorphone (Exalgo ®)	
hydrocodone/APAP (Lortab ®)		buprenorphine transdermal (Butrans ®)	
hydrocodone/IBU (Vicoprofen ®)		hydromorphone (Exalgo ®)	
ASA/butalbital/caffeine/codeine (Fiorinal with Codeine ®)		tapentadol ER (Nucynta ER ®)	
tramadol/APAP (Ultracet ®)	Short Acting		
	oxymorphone (Opana ®)	tramadol ODT (Rybix ®)	fentanyl (Actiq ®)
	tapentadol (Nucynta ®)	oxycodone/APAP (Primlev ®, Xolox ®)	fentanyl (Fentora ®)
		hydrocodone/APAP (Xodol ®, Zamicet ®)	fentanyl (Onsolis ®)
		oxycodone (Oxecta ®)	fentanyl (Abstral ®, Lazanda ®)
		hydrocodone/APAP/caffeine (Trezix ®)	fentanyl sublingual spray (Subsys ®)

We appreciate the services you provide to Oklahomans insured by SoonerCare.

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 OHCA Website: www.okhca.org

PA Criteria/Step Therapy Tiers: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms