

**Morphine IR**  
**Avinza, Kadian, MS Contin (Morphine sulfate ER)**  
**Dilaudid (hydromorphone IR)**  
**Exalgo (hydromorphone ER)**  
**Opana (oxymorphone IR and ER)**

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## **Pre - PA Allowance**

### **Quantity**

#### **Immediate-release Formulations**

Morphine sulfate (IR)	360 tablets per 90 days
Opana (oxymorphone) IR	
Dilaudid (hydromorphone) IR	

#### **Extended-release Formulations**

Avinza (morphine sulfate ER)	360 tablets per 90 days
Kadian (morphine sulfate ER)	
MS Contin (morphine sulfate ER)	
Exalgo (hydromorphone ER)	
Opana (oxymorphone) ER	

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## **Prior-Approval Requirements**

*Prior authorization is not required if prescribed by an oncologist*

**Age** 18 years of age or older

### **Diagnoses**

#### **Morphine Sulfate IR, Hydromorphone IR and Oxymorphone IR**

Patient must have the following:

1. Moderate to severe pain  
**AND ALL** of the following:
  - a. **NO** dual therapy with other immediate release opioid analgesic(s)
  - b. Alternative treatment options have been ineffective, not tolerated or inadequate for controlling the pain
    - i. These include: non-opioid analgesics

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- c. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy
- d. Prescriber agrees to assess patient for serotonin syndrome
- e. **NO** dual therapy with opioid addiction treatment
- f. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)
  - v. Oxazepam (Serax)
  - vi. Chlordiazepoxide (Librium)
  - vii. Clorazepate dipotassium (Tranxene)

**Morphine Sulfate ER, Hydromorphone ER and Oxymorphone ER**

Patient must have the following:

- 1. Pain, severe enough to require daily, around-the-clock long term opioid treatment

**AND ALL** of the following:

- a. **NO** dual therapy with other long acting opioid analgesic(s)
- b. Alternative treatment options have been ineffective, not tolerated or inadequate for controlling the pain
  - i. These include: non-opioid analgesics and immediate release analgesics
- c. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy
- d. Prescriber agrees to assess patient for serotonin syndrome
- e. **NO** dual therapy with opioid addiction treatment
- f. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)

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- v. Oxazepam (Serax)
- vi. Chlordiazepoxide (Librium)
- vii. Clorazepate dipotassium (Tranxene)

## **Prior - Approval Limits**

### **Quantity**

#### **Immediate-release Formulations**

Morphine sulfate 15mg (IR) 900 tablets per 90 days **OR**

Morphine sulfate 30mg (IR) 540 tablets per 90 days

**Maximum daily limit of any combination: 180mg**

Opana 5mg (Oxymorphone) (IR) 900 tablets per 90 days **OR**

Opana 10mg (Oxymorphone) (IR) 720 tablets per 90 days **OR**

**Maximum daily limit of any combination: 80mg**

Dilaudid 2mg (Hydromorphone) (IR) 900 tablets per 90 days **OR**

Dilaudid 4mg (Hydromorphone) (IR) 900 tablets per 90 days **OR**

Dilaudid 8mg (Hydromorphone) (IR) 810 tablets per 90 days **OR**

**Maximum daily limit of any combination: 72mg**

**OR**

#### **Extended-release Formulations**

Avinza 30 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

Avinza 45 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

Avinza 60 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

Avinza 75 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

Avinza 90 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

Avinza 120 mg (Morphine sulfate) 1080 capsules per 90 days **OR**

**Maximum daily limit of any combination: 1600mg**

Exalgo 8mg (Hydromorphone) 900 tablets per 90 days **OR**

Exalgo 12mg (Hydromorphone) 900 tablets per 90 days **OR**

Exalgo 16mg (Hydromorphone) 720 tablets per 90 days **OR**

Exalgo 32mg (Hydromorphone) 360 tablets per 90 days **OR**

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**Maximum daily limit of any combination: 128mg**

Kadian 10mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 20mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 30mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 40mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 50mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 60mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 80mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 100mg (Morphine sulfate)	900 capsules per 90 days <b>OR</b>
Kadian 200mg (Morphine sulfate)	540 capsules per 90 days

**Maximum daily limit of any combination: 1200mg**

MS Contin 15mg (Morphine sulfate)	900 tablets per 90 days <b>OR</b>
MS Contin 30mg (Morphine sulfate)	900 tablets per 90 days <b>OR</b>
MS Contin 60mg (Morphine sulfate)	900 tablets per 90 days <b>OR</b>
MS Contin 100mg (Morphine sulfate)	900 tablets per 90 days <b>OR</b>
MS Contin 200mg (Morphine sulfate)	540 tablets per 90 days

**Maximum daily limit of any combination: 1200mg**

Opana ER 5mg (Oxymorphone)	900 tablets per 90 days <b>OR</b>
Opana ER 7.5mg (Oxymorphone)	900 tablets per 90 days <b>OR</b>
Opana ER 10mg (Oxymorphone)	900 tablets per 90 days <b>OR</b>
Opana ER 15mg (Oxymorphone)	900 tablets per 90 days <b>OR</b>
Opana ER 20mg (Oxymorphone)	900 tablets per 90 days <b>OR</b>
Opana ER 30mg (Oxymorphone)	540 tablets per 90 days
Opana ER 40mg (Oxymorphone)	450 tablets per 90 days <b>OR</b>

**Maximum daily limit of any combination: 200mg**

**Duration**      6 months

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**Prior – Approval *Renewal* Requirements**

**Age**              18 years of age or older

**Diagnoses**

**Morphine Sulfate IR, Hydromorphone IR and Oxymorphone IR**

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Patient must have the following:

1. Moderate to severe pain

**AND ALL** of the following:

- a. **NO** dual therapy with other immediate release opioid analgesic(s)
- b. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy
- c. Prescriber agrees to assess patient for serotonin syndrome
- d. **NO** dual therapy with opioid addiction treatment
- e. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)
  - v. Oxazepam (Serax)
  - vi. Chlordiazepoxide (Librium)
  - vii. Clorazepate dipotassium (Tranxene)

**Morphine Sulfate ER, Hydromorphone ER and Oxymorphone ER**

Patient must have the following:

1. Pain, severe enough to require daily, around-the-clock long term opioid treatment

**AND ALL** of the following:

- a. **NO** dual therapy with other long acting opioid analgesic(s)
- b. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy
- c. Prescriber agrees to assess patient for serotonin syndrome
- d. **NO** dual therapy with opioid addiction treatment

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- e. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)
  - v. Oxazepam (Serax)
  - vi. Chlordiazepoxide (Librium)
  - vii. Clorazepate dipotassium (Tranxene)

### **Prior – Approval *Renewal* Limits**

Same as above

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**Appendix 1 - List of Serotonergic Medications**

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

paroxetine	Paxil, Paxil CR, Pexeva, Brisdelle
fluvoxamine	Luvox, Luvox CR
fluoxetine	Prozac, Prozac Weekly, Sarafem, Selfemra, Symbyax
sertraline	Zoloft
citalopram	Celexa
escitalopram	Lexapro

**Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**

venlafaxine	Effexor XR
desvenlafaxine	Pristiq, Khedezla
duloxetine	Cymbalta
milnacipran	Savella

**Tricyclic Antidepressants (TCAs)**

amitriptyline	No brand name currently marketed
desipramine	Norpramin
clomipramine	Anafranil
imipramine	Tofranil, Tofranil PM
nortriptyline	Pamelor, Aventyl
protriptyline	Vivactil
doxepin	Zonalon, Silenor
trimipramine	Surmontil

**Monoamine Oxidase Inhibitors (MAOIs)**

isocarboxazid	Marplan
phenelzine	Nardil
selegiline	Emsam, Eldepryl, Zelapar
tranylcypromine	Parnate

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#### Other Psychiatric Medicines

amoxapine	No brand name currently marketed
maprotiline	No brand name currently marketed
nefazodone	No brand name currently marketed
trazodone	Oleptro
bupirone	No brand name currently marketed
vilazodone	Viibryd
mirtazapine	Remeron, Remeron Soltab
lithium	Lithobid

#### Migraine Medicines

almotriptan	Axert
frovatriptan	Frova
naratriptan	Amerge
rizatriptan	Maxalt, Maxalt-MLT
sumatriptan	Imitrex, Imitrex Statdose, Alsuma, Sumavel Dosepro, Zecuity, Treximet
zolmitriptan	Zomig, Zomig-ZMT

#### Antiemetics

ondansetron	Zofran, Zofran ODT, Zuplenz
granisetron	Kytril, Sancuso
dolasetron	Anzemet
palonosetron	Aloxi

#### Other Serotonergic Medicines

dextromethorphan	Bromfed-DM, Delsym, Mucinex DM, Nuedexta
linezolid	Zyvox
cyclobenzaprine	Amrix
methylene blue	
St. John's wort	
tryptophan	