

## Pain Management – Narcotic Analgesics – Short-Acting

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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### POS Edits

**AL** – Some agents are limited to use in recipients who are within agent-specific age ranges.

- Codeine single-ingredient products are limited to use in recipients who are at least 18 years of age. Codeine combination products are limited to use in recipients who are at least 12 years of age.
- Tramadol (tablets/solution) and tramadol combination products are limited to use in recipients who are at least 12 years old.\*

*\*Use of tramadol products for recipients 12 to less than 18 years of age will require authorization following THIS CRITERIA.*

**BY** – Bypass diagnosis codes can be found at [THIS LINK](#).

- With the exception of fentanyl buccal and sublingual agents, pharmacy claims submitted with a diagnosis code for cancer, palliative end-of-life care, second or third degree burns or corruptions, or sickle cell crisis, will bypass the quantity limits.
- Pharmacy claims for any short-acting narcotic analgesic, when submitted with a diagnosis code for cancer, palliative end-of-life care, second or third degree burns or corruptions, or sickle cell crisis, will bypass the maximum morphine milligram equivalent (MME) limit.
- Pharmacy claims for any short-acting narcotic analgesic, when submitted with a diagnosis code for cancer or palliative end-of-life care, will bypass the restriction on concurrent use of opioids with benzodiazepines.

**CU** – Concurrent use of opioid analgesics and benzodiazepines is monitored at the pharmacy POS.

- Pharmacy claims for an opioid analgesic will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for a benzodiazepine.

**DD** – Pharmacy claims for any opioid (including buprenorphine-containing products) will deny for drug-drug interaction when the recipient has an active prescription (a prescription in which the days' supply has not expired) for naltrexone tablets or naltrexone extended-release injectable suspension (Vivitrol®) and vice versa.

#### **DX**

- Pharmacy claims for all Schedule II opioid prescriptions must be submitted with a valid diagnosis code.
- Pharmacy claims for fentanyl buccal and sublingual agents must be submitted with a cancer-related diagnosis code (C00.\*-C96.\*).

*\* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10-CM diagnosis code*

**MD** – Pharmacy claims for some agents are limited to a maximum daily dose.

- Tapentadol immediate-release formulation is limited to a maximum daily dose of 700mg per day.
- Tramadol immediate-release tablets and oral solution are limited to a maximum daily dose based on age:
  - o 400mg/day for recipients who are younger than 76 years of age;
  - o 300mg/day for recipients who are older than 75 years of age.
- Tramadol/acetaminophen is limited to a maximum daily dose of 8 tablets per day.
- [Tramadol/celecoxib is limited to a maximum daily dose of 4 tablets per day.](#)

**MME** – The cumulative daily morphine milligram equivalent (MME) for all active opioid prescriptions will be limited to a maximum of 90 MME per day. Requests to override the MME limit should follow [THIS CRITERIA](#).

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POS Edits				
<b>QL</b> – Quantity limits for short-acting narcotic analgesics are based upon the recipient’s recent history of opioid use.  <i>Requests to override the Quantity Limit should follow <a href="#">THIS CRITERIA</a>.</i>	No Opioid Claim in Previous 90-days		Opioid Claim in Previous 90-days	
	Generic	7-day Quantity Limit	Generic	30-day Quantity Limit
	Codeine/Acetaminophen	28 units	Codeine/Acetaminophen	Not Addressed
	Benzhydrocodone/Acetaminophen	28 units	Benzhydrocodone/Acetaminophen	45 units
	Fentanyl Buccal/Sublingual	Not Addressed	Fentanyl Buccal/Sublingual	120 units
	Hydrocodone/Acetaminophen	28 units	Hydrocodone/Acetaminophen	45 units
	Hydrocodone/Ibuprofen	28 units	Hydrocodone/Ibuprofen	30 units
	Hydromorphone	28 units	Hydromorphone	45 units
	Meperidine	28 units	Meperidine	45 units
	Morphine	28 units	Morphine	45 units
	Oxycodone	28 units total	Oxycodone	45 units total
	Oxycodone/Acetaminophen		Oxycodone/Acetaminophen	
	Oxymorphone	28 units	Oxymorphone	45 units
	Tapentadol	28 units	Tapentadol	45 units
	Tramadol	28 units	Tramadol	45 units
	Tramadol/Acetaminophen	28 units	Tramadol/Acetaminophen	40 units
	<a href="#">Tramadol/Celecoxib</a>	<a href="#">28 units</a>	<a href="#">Tramadol/Celecoxib</a>	<a href="#">45 units</a>
Oral Opioid Liquid Formulation Quantity Limits if No Opioid Claim in Previous 90 days				
All oral opioid liquid products have a quantity limit of 6 ounces (180ml) or a 7-day supply (whichever is less) if there is no opioid claim in the previous 90 days.				
<b>TD</b> – These agents are monitored at the pharmacy POS for duplication of therapy with each other and with buprenorphine-containing agents. <ul style="list-style-type: none"> <li>- These agents are monitored at the pharmacy POS for duplication of therapy with each other (short-acting narcotics with other short-acting narcotics).</li> <li>- Pharmacy claims for an opioid analgesic for recipients with an active prescription (a prescription in which the days’ supply has not expired) for buprenorphine-containing agents will deny.</li> </ul>				

## Pain Management – Narcotic Analgesics – Short-Acting

Revision / Date	Implementation Date
Created POS Document	February 2020
Linked the MME and quantity limit criteria / June 2020	June 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Included tramadol solution (Qdolo®) / June 2021	January 2022
Modified wording for tapentadol and tramadol products / December 2021	April 2022
Modified age limit for tramadol products / February 2022	July 2022
<u>Added tramadol/celecoxib and policy clarifications / April 2022</u>	<u>October 2022</u>