



Missouri Pharmacy Program – Preferred Drug List



Opioid – Long Acting

Effective 02/16/2005

Revised 04/04/2019

Preferred Agents

- Butrans®
- Embeda®
- Fentanyl Patch
- (12, 25, 50, 75, 100mcg)
- Morphine Sulfate ER Tabs
- OxyContin®

Non-Preferred Agents

- Belbuca® Film
- Buprenorphine Patch
- Duragesic®
- **Exalgo®**
- Fentanyl Patch 37.5, 62.5, 87.5mcg
- Hydromorphone ER
- **Hysingla® ER**
- Kadian®
- Morphabond™ ER
- Morphine ER Caps (gen Kadian)
- MS Contin®
- Oxycodone ER
- Oxymorphone ER
- Xtampza ER™
- Zohydro® ER

Approval Criteria

Approval Diagnoses		
Condition	Inferred Drugs	Date Range
Cancer or Sickle Cell	NA	6 months
	Antineoplastics	30 days
Opioid Tolerance*	Opioids	> 7 days supply in the last 30 days
Chronic nonmalignant pain (CNMP):	NA	6 months
	Non-opioid analgesics	90 days

*Inferred diagnosis of opioid tolerance required only for Oxycontin 80mg and Fentanyl doses greater than 25mcg/hr

- Patient is on hospice or receiving palliate care
- Therapy for pediatric patients under 19 years of age subject to Clinical Consultant review

- Documented appropriate diagnosis – see approval diagnoses box above
- Failure to achieve desired therapeutic outcomes with a trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on a current therapy regimen

Denial Criteria

- Lack of appropriate diagnoses
- Dosing exceeding established daily Morphine-Milligram-Equivalents (MMEs), including MME Accumulation Edit
- Doses exceeding dose optimization limitations
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030