



Missouri Pharmacy Program – Preferred Drug List



Long-Acting Narcotics

Effective 02/16/2005

Revised 01/05/2012

Preferred Agents

Existing Clinical Edits May Apply

- Kadian®
- Duragesic®
- Morphine Sulfate ER
- Oxycontin®

Non-Preferred Agents

Existing Clinical Edits May Apply

- MS Contin®
- Fentanyl Patches
- Avinza®
- Opana ER
- Oxycodone ER
- Oramorph SR®
- Embeda®
- Exalgo ER®
- **Butrans® Transdermal**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Oxycontin/Duragesic Clinical Criteria <ul style="list-style-type: none"> ○ Therapy for pediatric patients under 19 years of age subject to Clinical Consultant review. ○ Documented appropriate diagnosis - see approval diagnoses box ○ Therapy dosed under dose optimization limitations 	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	Drug Prior Authorization Hotline: (800) 392-8030
Documented compliance on current therapy regimen	

Approval Diagnoses				
Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range	Client Approval (Initials)
Cancer	140 - 208	NA	2 years	
	NA	Antineoplastics	12 months	
Opioid Tolerance*	NA	Opioids	> 7 days supply in the last 30 days	
Chronic nonmalignant pain (CNMP):	282-355 710-733.7	NA	1 year	
	NA	Non-opioid analgesics	90 days	

*Inferred diagnosis of opioid tolerance required only for Oxycontin 80mg and 160mg tablets and Duragesic doses greater than 25mcg/hr.