

OPIOID	EXAMPLE OF THE DRUGS (e.g.)	REQUIREMENTS	EXCLUSIONS (age limits, and quantity limits still apply to exclusions)	SOURCE	AUTOMATION NAME (IF APPLICABLE)
ANTIPSYCHOTICS/OPIOIDS OVERLAPPING THERAPY	ABILIFY; OXYCODONE...	DENIES ANY COMBINATION OF OPIOIDS AND ANTIPSYCHOTICS WITHIN 30 DAYS OF FILL- 60 DAYS FOR ARISTADA, 90 DAYS FOR INVEGA TRINZA. PHARMACIES CAN OVERRIDE AT POINT OF SALE.	1. CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS 2. RECIPIENTS WITH LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Antipsychotics and Opioids ProDUR edit
CODEINE CONTAINING PRODUCTS EXCLUDING COUGH AND COLD PREPARATIONS	ACETAMINOPHEN WITH CODEINE	MINIMUM AGE IS 12		<a href="https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf">https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf</a>	
CONTROLLED SUBSTANCE FILL LIMIT	OXYCODONE, MORPHINE SULFATE IR, HYDROCODONE, HYDROMORPHONE, BUPRENORPHINE....	4 FILLS PER 30 DAYS 6 FILLS PER 30 DAYS FOR RECIPIENTS WITH A DIAGNOSIS OF CANCER, SICKLE CELL, OR CLAIMS WITH A LTC INDICATOR OR PATIENT RESIDENCE 03		<a href="https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf">https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf</a>	Schedule II – V controlled substances
COUGH AND COLD PRODUCTS CONTAINING CODEINE OR HYDROCODONE	TUSSIONEX, CODEINE WITH GUAIFENESIN	MINIMUM AGE OF 18 AND MAXIMUM AGE OF 20		<a href="http://ahca.myflorida.com/medicaid/Prescribed_Drug/banners.shtml">http://ahca.myflorida.com/medicaid/Prescribed_Drug/banners.shtml</a>	
LONG ACTING OPIOIDS (NARCOTICS) POLYPHARMACY	OXYCONTIN, MORPHINE SULFATE ER, DURAGESIC, METHADONE...	1. CHECK FOR A FILL OF A LONG ACTING NARCOTIC WITHIN 30 DAYS MUST BE SEEN IN CLAIMS HISTORY, EXCLUDING ITSELF 2. DENIES MORE THAN ONE LONG ACTING NARCOTIC IN A 30 DAY PERIOD	1. CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS 2. LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Long Acting Opioid Polypharmacy
NON-BZP SEDATIVE AND LA OPIOID PRODUR	LUNESTA, AMBIEN, BELBUCA, DURAGESIC, EXALGO	OPIOID NAÏVE PATIENTS LIMIT IS 90 MME- DEFINED AS NO OPIOIDS WITHIN THE PAST 60 DAYS	1. CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS 2. RECIPIENTS WITH LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	
OPIOID FORM	OXYCODONE, MORPHINE SULFATE IR, HYDROCODONE, HYDROMORPHONE...	<ol style="list-style-type: none"> <li><b>INITIAL SUBMISSION:</b> TRIAL OF OTHER MEDICATIONS PRIOR TO OPIOIDS (e.g. LYRICA, NSAIDS, TCA's, BACLOFEN, DULOXETINE)</li> <li>SHORT ACTING PARAMETERS LISTED</li> <li>LONG ACTING PARAMETERS LISTED -CHRONIC, MODERATE TO SEVERE PAIN WHO NEEDS AROUND THE CLOCK ANALGESIC</li> <li>TRIAL AND FAILURE OF PREFERRED AGENT IF NON-PREFERRED AGENT IS BEING REQUESTED-RATIONALE FOR DISCONTINUATION AND MEDICAL RECORDS DOCUMENTING TRIAL IS REQUIRED</li> <li>DAILY MORPHINE MILLIGRAM EQUIVALENT (MME) INFORMATION REQUESTED AND TREATMENT NAIVE CANNOT EXCEED 90 MME</li> <li>WAS PDMP USED</li> <li>PATIENT/PRESCRIBER PAIN MANAGEMENT, OPIOID TREATMENT FOR CHRONIC PAIN SUBMITTED</li> <li>HAS A URINE DRUG SCREEN BEEN ORDERED FOR NEW CHRONIC PAIN PATIENTS PRIOR TO INITIATION OF THERAPY-BASELINE</li> <li><b>CONTINUATION OF ONGOING THERAPY:</b> HAS A UDS BEEN ORDERED AND REVIEWED FOR CHRONIC PAIN PATIENTS TO ENSURE COMPLIANCE</li> <li>NEXT OFFICE VISIT FOR CHRONIC PAIN</li> <li>FOR DOSE/FREQUENCY INCREASE, CALCULATE MME, IF &gt;90MME, PROVIDE RATIONAL</li> <li>CONSIDER OFFERING NALOXONE TO PATIENTS WITH INCREASED RISK OF OPIOID OVERDOSE</li> </ol>	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms/FL_PA_Opioid_Form.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms/FL_PA_Opioid_Form.pdf</a>	
OPIOID/MAT Edit	OXYCODONE, BUPRENORPHINE	DENIES OPIOIDS VIA POS IF RECIPIENT HAS OPIOID USE DISORDER (OUD) DIAGNOSIS OR A MEDICATION ASSISTED TREATMENT (MAT) PRODUCT WITHIN THE PREVIOUS 30 DAYS. PHARMACIES CAN OVERRIDE AT POINT OF SALE.	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Opioid - MAT ProDUR Edit
OPIOID MORPHINE EQUIVALENT (MME) - 50 MME HD (HIGH DOSE) BYPASS LOGIC	OXYCODONE	<p><b>LIMITATION:</b> MAXIMUM OF 50 MME PER DAY ACROSS ALL HIC4</p> <p><b>LOGIC:</b> 1. DENY ALL CLAIMS WITH GREATER THAN 50 MME PER DAY FOR OPIOID TOLERANT RECIPIENTS 2. OPIOID TOLERANT IS DEFINED AS HAVING A PAID OPIOID CLAIM, WITHIN 60 DAYS OF THE INCOMING CLAIM 3. PROVIDER WILL BE ABLE TO OVERRIDE THE DENIAL UTILIZING THE DUR REASON FOR SERVICE CODE: HD-HIGH DOSE AND ONLY THE APPROVED INTERVENTION/PROFESSIONAL SERVICE CODES, OUTCOME/RESULT OF SERVICE CODES</p>	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	CUMULATIVE 50 MORPHINE MILLIGRAM EQUIVALENT (MME) LIMIT PER DAY

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OPIOID MORPHINE MILLIGRAM EQUIVALENT (MME)- <b>90 MME</b> BYPASS LOGIC	OXYCODONE	OPIOID NAÏVE PATIENTS LIMIT IS 90 MME- DEFINED AS NO OPIOIDS WITHIN THE PAST 60 DAYS	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS OR OPIOID TOLERANT OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	CUMULATIVE 90 MORPHINE MILLIGRAM EQUIVALENT (MME) LIMIT PER DAY
LA OPIOID/BENZODIAZEPINE OVERLAPPING THERAPY	OXYCODONE, ATIVAN	DENIES ANY COMBINATION OF OPIOIDS AND BENZODIAZEPINE VIA POINT OF SALE. PHARMACIES ARE ALLOWED TWO OVERRIDES IN 180 DAYS AND THE THIRD WILL DENY-HARD EDIT.	CANCER, SICKLE CELL, OR SEIZURE DIAGNOSIS WITHIN THE PAST 730 DAYS. OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	
OXYCONTIN	OXYCONTIN, OXYCODONE ER	1. VERIFY AGE IS 11 YEARS OR OLDER 2. HISTORY OF DIAGNOSIS OF CHRONIC NON-MALIGNANT PAIN, CANCER OR SICKLE CELL. 3. PRIOR HISTORY OF OXYCONTIN IN PAST 90 DAYS SATISFIES TRIAL HISTORY 4. ONLY ONE STRENGTH OF OXYCONTIN IS ALLOWED THROUGH THE AUTOMATION PROCESS 5. QUANTITY LIMITS OF 2 TABLETS PER DAY FOR 10MG, 15MG, 20MG, 30MG, 40MG OR 60MG AND QUANTITY LIMIT OF 4 TABLETS PER DAY OF 80MG	DIAGNOSIS OF CANCER OR SICKLE CELL WITHIN THE PAST 730 DAYS OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Oxycontin
SHORT ACTING BEFORE LONG ACTING NARCOTIC AND ABUSE DETERRENT NARCOTIC	OXYCONTIN, HYSINGLA ER	1. TRIAL OF 2 FILLS WITH A DAYS SUPPLY OF >= 14 DAYS OF A SHORT ACTING NARCOTIC WITHIN 60 DAYS OR A FILL OF ANY LONG ACTING NARCOTIC WITHIN 60 DAYS TO RECEIVE A LONG ACTING NARCOTIC 2. VERIFY AGE IS 18 OR OLDER UNLESS FOR OXYCONTIN	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Abuse Deterrent Narcotic (ADN.) & Short Acting (SA) before Long Acting (LA) Narcotic Automation logic
SHORT ACTING OPIOIDS (NARCOTICS)	OXYCODONE IR, MORPHINE SULFATE IR, HYDROCODONE, HYDROMORPHONE...	1. SCHEDULE 2-MAX OF 2 FILLS PER MONTH OF A 3 DAY SUPPLY. 2. SCHEDULE 2- MAX OF 2 FILLS PER MONTH OF A 7 DAY SUPPLY WITH "ACUTE PAIN EXEMPTION" WRITTEN ON THE RX. 3. SCHEDULES 3, 4 AND 5-MAX OF 14 DAY SUPPLY PER MONTH.	CANCER AND SICKLE CELL DIAGNOSES IN THE PAST 365 DAYS OR AN LTC INDICATOR OR PATIENT RESIDENCE 03	<a href="https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf">https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf</a>	Short Acting Narcotic Max Day Supply
SUMMARY OF LIMITATIONS	ACTIQ, DURAGESIC, OXYCONTIN	<b>ABSTRAL</b> = 4 TABS PER DAY <b>ACTIQ</b> = 4 LOZENGES PER DAY <b>BUPRENORPHINE SL TABS OR SUBOXONE (BUPRENORPHINE/NALOXONE) TABS/FILM</b> = 3 TABS/FILM PER DAY, <b>BUTRANS</b> = 1 BOX PER 28 DAYS <b>DURAGESIC</b> = 10 PATCHES EVERY 30 DAYS <b>EMBEDA</b> =2 CAPS PER DAY <b>FENTORA</b> = 4 TABS PER DAY <b>HYSINGLA</b> = 1 TAB PER DAY <b>KADIAN</b> = 2 CAPS PER DAY <b>LAZANDA</b> = 1 UNIT PER DAY, <b>METHADONE</b> = 60MG PER DAY <b>MS CONTIN</b> =3 TABS PER DAY <b>OXYCODONE IR:</b> 5MG = 12 TABS/DAY, 5MG/5ML SOLN = 60MLS/DAY, <b>OXYCODONE IR</b> 7.5MG = 8 TABS/DAY, <b>OXYCODONE IR</b> : 10MG, 15MG, 30MG = 6 TABS/DAY <b>OXYCODONE IR</b> 20MG = 9 TABS PER DAY, <b>OXYCODONE IR</b> 20MG/ML SOLN = 9MLS PER DAY <b>OXYCODONE/IBUPROFEN</b> = 4 TABS PER DAY, <b>OXYCONTIN</b> = 10MG, 15MG, 20MG, 30MG, 40MG, 60MG= 2 TABS/DAY, OXYCONTIN 80MG= 4 TABS PER DAY <b>OXYMORPHONE ER</b> = 2 TABS PER DAY, <b>PERCOCET:</b> 2.5/325, 5/325= 12 TABS PER DAY <b>PERCOCET</b> 7.5/325 = 8 TABS PER DAY <b>PERCOCET</b> 10/325 = 6 TABS PER DAY <b>SUBLOCADE</b> = 300MG PER 30 DAYS <b>SUBSYS</b> = 4 UNITS PER DAY, <b>VICODIN</b> 5/300MG = 8 TABS PER DAY, <b>VICODIN</b> 7.5/300MG = 6 TABS PER DAY, <b>VICODIN FP</b> 10/300MG = 6 TABS PER DAY, <b>ZOHYDRO ER</b> = 2 CAPS PER DAY, <b>ZUBSOLV</b> = 3 TABS PER DAY.		<a href="https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf">https://ahca.myflorida.com/medicaid/Prescribed_Drug/pdf/Summary_of_Drug_Limitations_2021-06-30_v107.pdf</a>	
All Opioids	Prescription Digital Therapy RESET (SUD) RESET-O (OUD)	<b>LOGIC:</b> FOR RESET (SUD): LOOK BACK 365 DAYS FOR ICD 10 - F19 (Other Psychoactive Substance Related Disorders) FOR RESET-O (OUD): LOOK BACK 365 DAYS FOR ICD 10 – F11 (Opioid Use Disorder) <b>PHARMACY BYPASS:</b> PHARMACY MAY ENTER A "3" (EPSDT) IN THE PA TYPE CODE FIELD (NCPDP FIELD #461-EU) TO PASS PRIOR AUTHORIZATION FOR THE DIAGNOSIS		<a href="http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf">http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf</a>	Reset AutoPA