

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	<p><u>Morphines</u> Arymo ER (morphine extended release tablets) Morphabond (morphine extended release tablets)</p>
POLICY #	12122
INDICATIONS	<p>Arymo ER and Morphabond are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.</p>
CRITERIA	<p>Arymo ER and Morphabond are covered only if the following prior authorization criteria are met:</p> <ul style="list-style-type: none"> • An intolerance to, or treatment failure of, a trial of two of the following medications <ul style="list-style-type: none"> ○ Exalgo ○ fentanyl patch (Duragesic) ○ morphine sulfate ER tabs (MS Contin) ○ Nucynta ER ○ oxymorphone ER (Opana ER—MD must write for original formulation on prescription)
LIMITATIONS	<p>This Document DOES NOT APPLY to Freedom Drug List Members (Connecticut Exchange members and most ConnectiCare SOLO Plan members)</p> <hr/>
REFERENCES	<ol style="list-style-type: none"> 1. Arymo ER, Egaletus Inc., Wayne, PA 2. Morphabond, Inspirion Delivery Technologies LLC, Valley Cottage, NY
P&T REVIEW HISTORY	5/17, 8/17, 5/18
REVISION RECORD	8/17, 5/18