

FutureScripts announces 2015 prior authorization requirements for high dose narcotics on the AmeriHealth New Jersey Select Drug Program[®] formulary

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Effective January 1, 2015, certain prescription medications (high dose narcotics) from our Select Drug Program[®] formulary required prior authorization.* Due to the unique nature of these medications, impact to existing users has been delayed to allow patients with active prescriptions time to discuss their options with their health care provider. Therefore up until now, the only members affected by this requirement were those with prescriptions starting *after* January 1, 2015.

Now, we are in the process of alerting affected members and their healthcare providers of the prior authorization requirement as it takes effect.

Which medications are affected by this change?

The following brand and generic medications are affected by this change:

Brand Name	Generic Name	Applicable Strength
Avinza [®]	Morphine sulfate ER capsule 24HR	120mg
Dilaudid [®]	Hydromorphone immediate release	4mg, 8mg
Duragesic [®] Patch	Fentanyl transdermal patch 72 HR	25mcg, 50mcg, 75mcg, 100mcg
Exalgo [®]	Hydromorphone tablet ER 24HR Abuse deterrent	8mg, 12 mg, 16mg and 32mg
Kadian [®]	Morphine sulfate ER 24HR capsule	60mg, 80mg, 100mg, 200mg
Various (Methadose [™])	Methadone	All strengths
Morphine Sulfate tab	Morphine Sulfate tablet	30mg
MS Contin [®]	Morphine sulfate extended release tab	60mg, 100mg, 200mg
Nucynta [®]	Tapendatol immediate release	100mg
Nucynta [®] ER	Tapendatol extended release	150mg, 200mg, 250mg
Opana [®]	Oxymorphone	10mg
Opana [®] ER	Oxymorphone	20mg, 30mg, 40mg
Oxy IR	Oxycodone immediate release	30mg
Oxycontin [®]	Oxycodone Extended-release	30mg, 40mg, 60mg, 80mg

How are we communicating this change to members?

We will be sending a [letter](#) to affected members to advise them of the change. The letter will list the medication(s) the member currently takes that will require prior authorization and specify the options for continuing therapy. The letter will be sent to members at least 30 days in advance of the date their prior authorization requirement takes effect.

Letters will be sent according to the following schedule:

Mailing dates for members whose authorization ends on 3/31/15:

- January 26

- February 2 and 16

Mailing dates for members whose authorization ends on 6/30/15:

- March 2, 16, and 30
- April 13 and 27
- May 11 and 25

How are we communicating this change to healthcare providers?

We will be sending a [letter to providers](#) who have patients affected by this change. It will include a list of affected patients and the medication(s) that will require prior authorization.

The letters will be sent out on the following dates:

To providers with members whose authorization ends on 3/31/15:

- January 26

To providers with members whose authorization ends on 6/30/15:

- March 2
- April 13

If you have any questions, please contact your AmeriHealth New Jersey broker representative.

* High dose narcotics are just one sub-group of medications that require prior authorization. Full details of formulary changes effective 1/1/2015 for other impacted drugs are [available online](#).