ALASKA MEDICAID
Prior Authorization Criteria

Dilaudid® (Hydromorphone Hydrochloride)

Tablets: 2mg, 4mg, 8mg. Oral Solution: 1mg / 1mL. Suppositories: 3mg

FDA INDICATIONS AND USAGE[1]

Hydromorphone Immediate Release is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Due to the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve hydromorphone IR for use in patients for whom alternative treatment options (i.e., non-opioid analgesics or physical therapy) are not tolerated or adequate analgesia cannot be achieved.

APPROVAL CRITERIA[1,2]

1. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in LTC facilities.
2. The prescriber attests to checking the PDMP; **AND**
3. Treatment with at least three different analgesic medications that have been less than optimal, or is inappropriate (I.E. post-surgery) ; **AND**
4. The patient cannot be either safely or effectively treated with a combination opioid analgesic that also contains either acetaminophen, aspirin, or ibuprofen; **AND**
5. If used as a single agent, the total daily hydromorphone immediate release dose does not exceed 24mg; **AND**
6. If used in conjunction with a long acting opioid, the total daily dose of all opioids does not exceed an average daily morphine equivalent dose established by the State of Alaska - Health and Social Services Drug Utilization Committee ; **AND**
7. Breakthrough dosing is on an as needed basis, (PRN), and not a scheduled basis; **AND**
8. Patient has been screened and is not exhibiting addictive behaviors and is not being treated for substance use; **AND**
9. Is being prescribed within state and national guidelines.

DENIAL CRITERIA [1]

1. Hydromorphone has been prescribed for something other than the relief of moderate to severe pain such as that due to: Biliary Colic, Burns, Cancer, Myocardial Infarction, Renal Colic, Surgery, Trauma.; **OR**
2. The patient has acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment; **OR**
3. The patient has a known or suspected gastrointestinal obstruction.

CAUTIONS[1,2]

- Monitor for addiction, abuse, and misuse.
- Serious, life threatening or fatal respiratory depression may occur.
- Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months, if the patient has shown positive clinical improvement.

QUANTITY LIMIT

- Up to 30 day supply

REFERENCES / FOOTNOTES:

1. Hydromorphone [package insert]. Whippany, NJ. Halo Pharmaceutical, Inc.; December 2016. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019891s024,019892s029lbl.pdf. Accessed on: October 16, 2019.
2. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. 65(1);1–49. March 18, 2016