

ALASKA MEDICAID

Dilaudid® (Hydromorphone Hydrochloride)

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

PREFERRED DRUG:

NA

NON-PREFERRED DRUG:

NA

INDICATION:

Hydromorphone hydrochloride is indicated for the relief of moderate to severe pain such as that due to: Biliary Colic, Burns, Cancer, Myocardial Infarction, Renal Colic, Surgery, and Trauma.¹

CRITERIA FOR APPROVAL:

1. The dispensing pharmacy may override PA for patients in hospice, or who have cancer, or are in LTC facilities.
2. Treatment with at least one “first line”² medication has been less than optimal, or is inappropriate; **AND**
3. The patient can not be either safely or effectively treated with a combination opioid analgesic that also contains either acetaminophen, aspirin, or ibuprofen; **AND**
4. If used as a single agent, the total daily hydromorphone dose does not exceed 90mg;
5. If used in conjunction with other opioids, the total daily dose of all opioids does not exceed an average daily morphine equivalent dose³, (MED), of 360mg.

CRITERIA CAUSING DENIAL:

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.¹

LENGTH OF AUTHORIZATION:

1. Coverage may be approved for up to 6 months.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of medication.

REFERENCES / FOOTNOTES:

¹ Hydromorphone package insert, available at:

<[http://pharmaceuticals.mallinckrodt.com/ attachments/PackageInserts/26-Hydromorphone.pdf](http://pharmaceuticals.mallinckrodt.com/attachments/PackageInserts/26-Hydromorphone.pdf)> Accessed 06/13/2007

² Alaska Medicaid Opioid Guidelines, available on the PA page.

³ An opioid dose calculator can be downloaded at:

<<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>>
Accessed 06/13/2007