Mass General Brigham Health Plan

Opioids and Analgesics
Olinvyk (oliceridine)
Effective 07/01/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Olinvyk is indicated in adults for the management of acute pain severe enough to require an intravenous opioid analgesic and for whom alternative treatments are inadequate.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of acute moderate to severe pain
2. Inadequate response, adverse reaction, or contraindication to ALL of the following:
    a. Fentanyl injection
    b. Hydromorphone injection
    c. Morphine injection
3. Appropriate dosing
4. Total course of therapy ≤ 48 hours
5. Member must meet the above criteria, and prescriber must also provide documentation of trials of alternatives with rebate or clinical rationale for the use of a non-rebate product (as per the Non-FDA approved and Non-rebate Medications guideline)

Limitations

1. Approvals will be granted for 1 month

References

1. Olinvyk [prescribing information]. Chesterbrook (PA): Trevena, Inc.; 2020 Nov

Review History
06/11/25 – Created for P&T to align with MH criteria. Effective 7/1/25