



Opioid Immediate Release Duration Limit and Quantity Limit Program Summary

This prior authorization applies to Commercial, GenPlus, NetResults A series, Blue Partner, SourceRx and Health Insurance Marketplace formularies.

This is an optional program for self-funded groups.

OBJECTIVE

The intent of the Opioids IR Duration Limit and Quantity Limit (QL) program is to encourage appropriate prescribing quantities as recommended by FDA-approved product labeling and to encourage cost-effective prescribing when lower quantities of a higher strength are equivalent to the prescribed dose. The intent of the duration edit is to discourage unnecessary opioid exposure to opioid naïve patients. According to CDC, 3 days or less will often be sufficient; more than 7 days will rarely be needed. **Opioid naïve patients will be limited to a 7 day initial opioid IR duration limit.** The program allows continuation of the requested agent when there is documentation that the patient is not opioid naïve. Tramadol or codeine containing agents will not be approved for pediatric patients less than 12 years of age, nor for patients less than 18 years of age for post-operative pain management following a tonsillectomy and/or adenoidectomy. Requests for opioid IR agents, including quantities above the allowed limit, will be reviewed when patient-specific documentation has been provided.

TARGET AGENTS FOR DURATION AND QUANTITY LIMIT(S)

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Immediate Release Agents					
butorphanol	10 mg/mL nasal spray	65200020102050	G	M,N,O,Y	2.9 mLs
Codeine	15 mg tablet	65100020200305	BG	M,N,O,Y	6 tablets
Codeine	30 mg tablet	65100020200310	BG	M,N,O,Y	6 tablets
Codeine	60 mg tablet	65100020200315	BG	M,N,O,Y	6 tablets
Hydromorphone, Dilaudid	2 mg tablet	65100035100310	BG	M,N,O,Y	6 tablets
Hydromorphone, Dilaudid	4 mg tablet	65100035100320	BG	M,N,O,Y	6 tablets
Hydromorphone, Dilaudid	8 mg tablet	65100035100330	BG	M,N,O,Y	6 tablets
Hydromorphone, Dilaudid	1 mg/mL liquid	65100035100920	BG	M,N,O,Y	48 mLs
Levorphanol, Levodromoran	2 mg tablet	65100040100305	B	M,N,O,Y	4 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Meperidine, Demerol	50 mg tablet	65100045100305	BG	M,N,O,Y	8 tablets
Meperidine, Demerol	100 mg tablet	65100045100310	BG	M,N,O,Y	8 tablets
Meperidine, Demerol	50 mg/5 mL solution	65100045102060	B	M,N,O,Y	80 mLs
Methadone, Dolophine, Methadose	5 mg tablet	65100050100305	BG	M,N,O,Y	3 tablets
Methadone, Dolophine, Methadose	10 mg tablet	65100050100310	BG	M,N,O,Y	3 tablets
Methadone, Dolophine, Methadose	40 mg soluble tablet	65100050107320	G	M,N,O,Y	3 tablets
Methadone, Dolophine, Methadose	5 mg/5mL solution	65100050102010	BG	M,N,O,Y	30 mLs
Methadone, Dolophine, Methadose	10 mg/5 mL solution	65100050102015	BG	M,N,O,Y	15 mLs
Methadone, Dolophine, Methadose	10 mg/mL concentrate	65100050101310	BG	M,N,O,Y	3 mLs
Morphine	15 mg tablet	65100055100310	B	M,N,O,Y	8 tablets
Morphine	30 mg tablet	65100055100315	B	M,N,O,Y	6 tablets
Morphine	10 mg/5 mL solution	65100055102065	G	M,N,O,Y	90 mLs
Morphine	20 mg/5 mL solution	65100055102070	G	M,N,O,Y	45 mLs
Morphine	20 mg/mL concentrate	65100055102090	G	M,N,O,Y	9 mLs
Oxycodone, OxyIR, Roxyicodone intensol	5 mg capsule	65100075100110	G	M,N,O,Y	12 capsules
Oxycodone, OxyIR, Roxyicodone intensol	5 mg tablet	65100075100310	BG	M,N,O,Y	12 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Oxycodone, OxyIR, Roxyicodone intensol	10 mg tablet	65100075100320	G	M,N,O,Y	6 tablets
Oxycodone, OxyIR, Roxyicodone intensol	15 mg tablet	65100075100325	BG	M,N,O,Y	6 tablets
Oxycodone, OxyIR, Roxyicodone intensol	20 mg tablet	65100075100330	G	M,N,O,Y	6 tablets
Oxycodone, OxyIR, Roxyicodone intensol	30 mg tablet	65100075100340	BG	M,N,O,Y	6 tablets
Oxycodone, OxyIR, Roxyicodone intensol	5 mg/5mL solution	65100075102005	G	M,N,O,Y	180 mLs
Oxycodone, OxyIR, Roxyicodone intensol	20 mg/mL concentrate	65100075101320	G	M,N,O,Y	9 mLs
Oxecta, Oxaydo, Roxybond (oxycodone)	5 mg tablet	6510007510A510	B	M,N,O,Y	6 tablets
Oxecta, Oxaydo (oxycodone)	7.5 mg tablet	6510007510A520	B	M,N,O,Y	6 tablets
Roxybond (oxycodone)	15 mg tablet	6510007510A540	B	M,N,O,Y	6 tablets
Roxybond (oxycodone)	30 mg tablet	6510007510A560	B	M,N,O,Y	6 tablets
Oxymorphone, Opana	5 mg tablet	65100080100305	BG	M,N,O,Y	6 tablets
Oxymorphone, Opana	10 mg tablet	65100080100310	BG	M,N,O,Y	6 tablets
Nucynta (tapentadol)	50 mg tablet	65100091100320	B	M,N,O,Y	6 tablets
Nucynta (tapentadol)	75 mg tablet	65100091100330	B	M,N,O,Y	6 tablets
Nucynta (tapentadol)	100 mg tablet	65100091100340	B	M,N,O,Y	6 tablets
Rybix ODT (tramadol)	50 mg orally disintegrating tablet	65100095107220	DC	M,N,O,Y	8 tablets
Ultram (tramadol)	50 mg tablet	65100095100320	BG	M,N,O,Y	8 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Combination Agents					
Oxycodone/Ibuprofen	5 mg/400 mg tablet	65990002260320	B	M,N,O,Y	4 tablets
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	65991702500310	DC	M,N,O,Y	5 tablets
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	65991702500315	BG	M,N,O,Y	5 tablets
Reprexain, Ibudone, Xylon (hydrocodone/ibuprofen)	10 mg/200 mg tablet	65991702500330	BG	M,N,O,Y	5 tablets
Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet	65991702500320	BG	M,N,O,Y	5 tablets
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	65995002200320	BG	M,N,O,Y	8 tablets
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 mg tablet	65990002220340	G	M,N,O,Y	12 tablets
Synalgos-DC, Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	65991303100115	B	M,N,O,Y	12 capsules
Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	65990002200315	DC	M,N,O,Y	10 tablets
Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	65990002200328	DC	M,N,O,Y	8 tablets
Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	65990002200336	DC	M,N,O,Y	6 tablets
Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet	65990002200305	BG	M,N,O,Y	12 tablets
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	65990002200310	BG	M,N,O,Y	12 tablets
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet	65990002200327	BG	M,N,O,Y	8 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/500 mg tablet	65990002200330	DC	M,N,O,Y	8 tablets
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet	65990002200335	BG	M,N,O,Y	6 tablets
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/650 mg tablet	65990002200340	DC	M,N,O,Y	6 tablets
Nalocet (oxycodone/acetaminophen)	2.5 mg/300 mg tablet	65990002200303	B	M,N,O,Y	12 tablets
Primlev (oxycodone/acetaminophen)	5 mg/300 mg tablet	65990002200308	B	M,N,O,Y	12 tablets
Primlev (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	65990002200325	B	M,N,O,Y	8 tablets
Primlev (oxycodone/acetaminophen)	10 mg/300 mg tablet	65990002200333	B	M,N,O,Y	6 tablets
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	65990002200320	DC	M,N,O,Y	8 tablets
Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mL solution	65990002202005	B	M,N,O,Y	60 mLs
Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule	65990002200120	DC	M,N,O,Y	8 capsules
Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	65990002200337	DC	M,N,O,Y	8 tablets
Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	65991002051805	B	M,N,O,Y	90 mLs
Acetaminophen/codeine	120 mg/12 mg/5 mL solution	65991002052020	G	M,N,O,Y	90 mLs
Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	65991002050325	DC	M,N,O,Y	6 tablets
Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	65991002050327	DC	M,N,O,Y	6 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet	65991002050310	BG	M,N,O,Y	12 tablets
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/30 mg tablet	65991002050315	BG	M,N,O,Y	12 tablets
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/60 mg tablet	65991002050320	BG	M,N,O,Y	6 tablets
Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mL solution	65991702102015	BG	M,N,O,Y	120 mLs
Hydrocodone/acetaminophen	2.5 mg/325 mg tablet	65991702100302	G	M,N,O,Y	12 tablets
Hydrocodone/acetaminophen	2.5 mg/500 mg tablet	65991702100307	DC	M,N,O,Y	8 tablets
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	7.5 mg/650 mg tablet	65991702100340	DC	M,N,O,Y	6 tablets
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	10 mg/650 mg tablet	65991702100345	DC	M,N,O,Y	6 tablets
Lortab (hydrocodone/acetaminophen)	5 mg/500 mg tablet	65991702100310	DC	M,N,O,Y	8 tablets
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg tablet	65991702100325	DC	M,N,O,Y	6 tablets
Lortab (hydrocodone/acetaminophen)	10 mg/500 mg tablet	65991702100327	DC	M,N,O,Y	6 tablets
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg/15 mL solution	65991702102020	DC	M,N,O,Y	90 mLs
Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet	65991702100353	DC	M,N,O,Y	5 tablets
Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet	65991702100356	BG	M,N,O,Y	12 tablets

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Norco (hydrocodone/ acetaminophen)	7.5 mg/325 mg tablet	65991702100358	BG	M,N,O,Y	6 tablets
Norco (hydrocodone/ acetaminophen)	10 mg/325 mg tablet	65991702100305	BG	M,N,O,Y	6 tablets
Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen)	5 mg/500 mg capsule	65991702100110	DC	M,N,O,Y	8 capsules
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/ acetaminophen)	7.5 mg/750 mg tablet	65991702100350	DC	M,N,O,Y	5 tablets
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/ acetaminophen)	10 mg/660 mg tablet	65991702100346	DC	M,N,O,Y	6 tablets
Xodol (hydrocodone/ acetaminophen)	5 mg/300 mg tablet	65991702100309	BG	M,N,O,Y	12 tablets
Xodol (hydrocodone/ acetaminophen)	7.5 mg/300 mg tablet	65991702100322	BG	M,N,O,Y	6 tablets
Xodol (hydrocodone/ acetaminophen)	10 mg/300 mg tablet	65991702100375	BG	M,N,O,Y	6 tablets
hydrocodone/ acetaminophen solution	10 mg/325 mg/15 mL solution	65991702102025	BG	M,N,O,Y	90 mLs
Zolvit/Lortab (hydrocodone/ acetaminophen)	10 mg/300 mg/15 mL solution	65991702102024	B	M,N,O,Y	67.5 mLs
Zydone (hydrocodone/ acetaminophen)	5 mg/400 mg tablet	65991702100360	DC	M,N,O,Y	8 tablets
Zydone (hydrocodone/ acetaminophen)	7.5 mg/400 mg tablet	65991702100365	DC	M,N,O,Y	6 tablets
Zydone (hydrocodone/ acetaminophen)	10 mg/400 mg tablet	65991702100370	DC	M,N,O,Y	6 tablets
Treizix, Acetaminophen/ Caffeine/ Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	65991303050115	B	M,N,O,Y	10 capsules

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Treizix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	65991303050120	DC	M,N,O,Y	10 capsules
Acetaminophen/Caffeine/Dihydrocodeine	325 mg/30 mg/16 mg tablet	65991303050320	B	M,N,O,Y	10 tablets
Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	712.8 mg/60 mg/32 mg tablet	65991303050340	DC	M,N,O,Y	5 tablets
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	65991004100115	G	M,N,O,Y	6 capsules
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	65991004100113	BG	M,N,O,Y	6 capsules
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	65991004300115	BG	M,N,O,Y	6 capsules
Oxycodone/Ibuprofen	5 mg/400 mg tablet	65990002260320	B	M,N,O,Y	4 tablets
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	65991702500310	BG	M,N,O,Y	5 tablets
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	65991702500315	BG	M,N,O,Y	5 tablets
Talacen (pentazocine/acetaminophen)	25 mg/650 mg tablet	65994002100310	DC	M,N,O,Y	6 tablets
pentazocine/naloxone	50 mg/0.5 mg tablet	65200040300310	G	M,N,O,Y	12 tablets

a – QvT of 7 days per 60 days is cumulative across all agents

TARGET FOR QUANTITY LIMIT

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Combination Agents					

AGENT	Strength	GPI	Brand, Generic Availability	Multi-source Code	Daily Quantity Limit
Combination Agents					
Allzital (butalbital/ acetaminophen)	25 mg/325 mg tablet	64991002120304	B	M,N,O,Y	12 tablets
Butalbital Compound (butalbital/ aspirin/ caffeine)	50 mg/325 mg/40 mg tablet	64991003300320	DC	M,N,O,Y	6 tablets
Butalbital Compound (butalbital/ aspirin/ caffeine)	50 mg/325 mg/40 mg capsule	64991003300120	BG	M,N,O,Y	6 capsules
Butalbital/ Acetaminophen	50 mg/325 mg tablet	64991002120310	BG	M,N,O,Y	6 tablets
Butalbital/ Acetaminophen	50 mg/650 mg tablet	64991002120320	DC	M,N,O,Y	6 tablets
Dolgic Plus (butalbital/ acetaminophen/ caffeine)	50 mg/750 mg/40 mg tablet	64991003100330	DC	M,N,O,Y	5 tablets
Vanatol LQ (butalbital/ acetaminophen/ caffeine)	50 mg/325 mg/40 mg/15 mL solution	64991003102020	BG	M,N,O,Y	90 mLs
butalbital/ acetaminophen/ caffeine	50 mg/325 mg/40 mg capsule	64991003100110	G	M,N,O,Y	6 capsules
Esgic (butalbital/ acetaminophen/ caffeine)	50 mg/325 mg/40 mg tablet	64991003100310	BG	M,N,O,Y	6 tablets
Esgic-Plus (butalbital/ acetaminophen/ caffeine)	50 mg/500 mg/40 mg capsule	64991003100120	DC	M,N,O,Y	6 capsules
Esgic-Plus (butalbital/ acetaminophen/ caffeine)	50 mg/500 mg/40 mg tablet	64991003100320	DC	M,N,O,Y	6 tablets
Orbivan (butalbital/ acetaminophen/ caffeine)	50 mg/300 mg/40 mg capsule	64991003100108	BG	M,N,O,Y	6 capsules
Bupap/Orbivan CF (butalbital/ acetaminophen)	50 mg/300 mg tablet	64991002120308	G	M,N,O,Y	6 tablets

AGENT	Strength	GPI	Brand, Generic Availa- bility	Multi- source Code	Daily Quantity Limit
Combination Agents					
Butal/APAP (butalbital/ acetaminophen)	50 mg/300 mg capsule	64991002120105	B	M,N,O,Y	6 capsules
Phrenilin Forte (butalbital/ acetaminophen)	50 mg/650 mg capsule	64991002120120	DC	M,N,O,Y	6 capsules

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

TARGET AGENT(S) will be approved for quantities above the program limit or above a 7 day supply when ALL of the following are met:

1. ONE of the following:
 - a. The provider attests the patient is **NOT OPIOID NAIVE** (naïve is defined as: 7 days or greater without being on an opioid and not taking an opioid every day in the previous 180 days – patients that received opioids in a hospital are considered opioid naïve)
OR
 - b. The patient has a diagnosis of chronic cancer pain due to an active malignancy
OR
 - c. The patient is eligible for hospice care
OR
 - d. The member is undergoing treatment of chronic non-cancer pain and ALL of the following:
 - i. The prescriber has provided documentation in support of use of immediate release single or combination opioids for an extended duration
AND
 - ii. The prescriber provides documentation of a formal, consultative evaluation including:
 1. Diagnosis
AND
 2. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy
AND
 - iii. The prescriber has confirmed that a patient-specific pain management plan is on file for the patient
AND
 - iv. The prescriber has confirmed that the patient is not diverting the requested medication, according to the patient's records in the state's prescription drug monitoring program (PDMP), if applicable
- AND**
2. ONE of the following:
 - a. The patient is not concurrently using a buprenorphine or buprenorphine/naloxone for opioid dependence treatment
OR
 - b. The prescriber has submitted documentation supporting concurrent use of an opioid and the requested buprenorphine product due to one of the following:
 - i. Dental procedure with dates
 - ii. Surgery with dates
 - iii. Acute injury with dates
- AND**
3. ONE of the following:
 - a. The requested agent contains tramadol or codeine **AND** ONE of the following:
 - i. The patient is between 12 and 18 years of age **AND** the requested agent will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy
OR
 - ii. The patient is 18 years of age or older
 - OR**
 - b. The requested agent does not contain tramadol or codeine
- AND**
4. BOTH of the following:
 - a. ONE of the following:
 - i. The quantity requested is less than or equal to the program quantity limit
OR
 - ii. The quantity (dose) requested is above the program limit, less than or equal to the maximum dose recommended in FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength

OR

- iii. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling or the requested agent does not have a FDA labeled maximum dose, and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review pharmacist

AND

- b. If the product contains acetaminophen the quantity (dose) requested is NOT greater than the maximum recommended dose of acetaminophen of 4 grams per day

Length of approval: 6 months

Grace Fill Allowance: Allow 1 grace fill providing up to 7 days of therapy

This pharmacy policy is not an authorization, certification, explanation of benefits or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All pharmacy policies are based on (i) information in FDA approved package inserts (and black box warning, alerts, or other information disseminated by the FDA as applicable); (ii) research of current medical and pharmacy literature; and/or (iii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

The purpose of pharmacy policies are to provide a guide to coverage. Pharmacy policies are not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Neither this policy, nor the successful adjudication of a pharmacy claim, is guarantee of payment.

FDA APPROVED INDICATIONS AND DOSAGE^{1,2,17}

Immediate Release Opioid Agents	Indication	Dosage & Administration
butorphanol nasal spray ^a	10 mg/mL nasal spray	<p>The usual recommended initial dose is 1 mg (1 spray in one nostril). If adequate pain relief is not achieved within 60 to 90 minutes, an additional 1 mg dose may be given.</p> <p>The initial dose sequence outlined above may be repeated in 3 to 4 hours as required after the second dose of the sequence.</p> <p>Depending on the severity of the pain, an initial dose of 2 mg (1 spray in each nostril) may be used in patients who will be able to remain recumbent in the event drowsiness or dizziness occurs. In such patients single additional 2 mg doses should not be given for 3 to 4 hours.</p>
codeine ^a	15 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
codeine ^a	30 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
codeine ^a	60 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
Demerol ^a (meperidine)	50 mg tablet	Every 3-4 hours
Demerol ^a (meperidine)	100 mg tablet	Every 3-4 hours
Demerol (meperidine)	50 mg/5 mL solution	Every 3-4 hours
Dilaudid ^a (hydromorphone)	2 mg tablet	Every 4-6 hours
Dilaudid ^a (hydromorphone)	4 mg tablet	Every 4-6 hours
Dilaudid ^a (hydromorphone)	8 mg tablet	Every 4-6 hours

Immediate Release Opioid Agents	Indication	Dosage & Administration
Dilaudid ^a (hydromorphone)	1 mg/mL liquid	Every 3-6 hours
Dolophine ^a (methadone)	5 mg tablet	Every 8-12 hours
Dolophine ^a (methadone)	10 mg tablet	Every 8-12 hours
Levorphanol	2 mg tablet	Every 6-8 hours
Methadose ^a (methadone)	40 mg soluble tablet	80-120 mg daily
Methadone ^a	5 mg/5mL solution	Every 8-12 hours
Methadone ^a	10 mg/5 mL solution	Every 8-12 hours
Methadose ^a (methadone)	10 mg/mL concentrate	Every 8-12 hours
Morphine	15 mg tablet	Every 4 hours
morphine ^a	30 mg tablet	Every 4 hours
morphine ^a	10 mg/5 mL solution	Every 4 hours
morphine ^a	20 mg/5 mL solution	Every 4 hours
morphine ^a	20 mg/mL concentrate	Every 4 hours
oxycodone ^a	5 mg capsule	Every 4-6 hours
Roxybond™ (oxycodone)	5 mg tablet	Every 4-6 hours
Roxybond™ (oxycodone)	15 mg tablet	Every 4-6 hours
Roxybond™ (oxycodone)	30 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	5 mg tablet	Every 4-6 hours
oxycodone ^a	10 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	15 mg tablet	Every 4-6 hours
oxycodone ^a	20 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	30 mg tablet	Every 4-6 hours
oxycodone ^a	5 mg/5mL solution	Every 4-6 hours
oxycodone ^a	20 mg/mL concentrate	Every 4-6 hours
Oxaydo (oxycodone)	5 mg tablet	Every 4-6 hours
Oxaydo (oxycodone)	7.5 mg tablet	Every 4-6 hours
Opana (oxymorphone)	5 mg tablet	Every 4-6 hours
Opana (oxymorphone)	10 mg tablet	Every 4-6 hours

Immediate Release Opioid Agents	Indication	Dosage & Administration
Nucynta (tapentadol)	50 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Nucynta (tapentadol)	75 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Nucynta (tapentadol)	100 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Ultram ^a (tramadol)	50 mg tablet	Every 4 to 6 hours not to exceed 400 mg/day

Combination Opioid Agents	Indication	Dosage & Administration
oxycodone/ ibuprofen	5 mg/400 mg tablet	Should not exceed 4 tablets (20 mg/1600 mg) in a 24-hour period and should not exceed 7 days.
Reprexain, Ibudone (hydrocodone/ ibuprofen)	5 mg/200 mg tablet 10 mg/200 mg tablet	One tablet every 4 to 6 hours, as necessary. Dosage should not exceed 5 tablets (40 mg/1000 mg) in a 24-hour period.
Vicoprofen (hydrocodone/ ibuprofen) ^a	7.5 mg/200 mg tablet	One tablet every 4 to 6 hours, as necessary. Dosage should not exceed 5 tablets (37.5 mg/1000 mg) in a 24-hour period.
Ultracet (tramadol/ acetaminophen) ^a	37.5 mg/325 mg tablet	2 tablets every 4 to 6 hours as needed for pain relief, up to a maximum of 8 tablets (300 mg/2600 mg) per day for up to 5 days.
oxycodone/aspirin ^a	4.8355 mg/325 mg tablet	One tablet every 6 hours as needed for pain. The maximum daily dose of aspirin should not exceed 4 grams or 12 tablets.
Synalgos-DC, Aspirin/Caffeine/ Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	Two capsules every 4 hours as needed for pain. Maximum 12 capsules (4,276.8 mg/360 mg/192 mg) per day
Percocet, Endocet (oxycodone/ acetaminophen) ^a	2.5 mg/325 mg tablet	Maximum 12 tablets (30 mg/3,900) per day
Percocet, Endocet, Roxicet (oxycodone/ acetaminophen) ^a	5 mg/325 mg tablet	Maximum 12 tablets (60 mg/3,900 mg) per day
Percocet, Endocet (oxycodone/ acetaminophen) ^a	7.5 mg/325 mg tablet	Maximum 8 tablets (60 mg/2,600) per day
Percocet, Endocet (oxycodone/ acetaminophen) ^a	10 mg/325 mg tablet	Maximum 6 tablets (60 mg/1950 mg) per day
Percocet, Endocet (oxycodone/ acetaminophen) ^b	7.5 mg/500 mg tablet	Maximum 8 tablets (60 mg/4,000 mg) per day
Percocet, Endocet (oxycodone/ acetaminophen) ^b	10 mg/650 mg tablet	Maximum 6 tablets (60 mg/3,900 mg) per day

Combination Opioid Agents	Indication	Dosage & Administration
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	Maximum 12 tablets (30 mg/3,600 mg) per day
Primlev (oxycodone/ acetaminophen)	5 mg/300 mg tablet	Maximum 12 tablets (60 mg/3,600 mg) per day
Primlev (oxycodone/ acetaminophen)	7.5 mg/300 mg tablet	Maximum 8 tablets (60 mg/2,400mg) per day
Primlev (oxycodone/ acetaminophen)	10 mg/300 mg tablet	Maximum 6 tablets (60 mg/1800 mg) per day
Roxicet (oxycodone/ acetaminophen) ^b	5 mg/500 mg tablet	Maximum 8 tablets (40 mg/4000 mg) per day
Roxicet (oxycodone/ acetaminophen)	5 mg/325 mg/5 mL solution	Maximum 60 mLs (60 mg/3,900mg) per day
Tylox (oxycodone/ acetaminophen) ^b	5 mg/500 mg capsule	Maximum 8 tablets (40 mg/4000 mg) per day
Xolox (oxycodone/ acetaminophen) ^b	10 mg/500 mg tablet	Maximum 8 tablets (80 mg/4000 mg) per day
Capital and Codeine (acetaminophen/ codeine)	120 mg/12 mg/5 mL suspension	Pediatric: 5-10 mLs 3-4 times daily. Maximum 80 mLs (1,920 mg/192 mg) per day Adults: 15 mLs every 4 hours as needed. Maximum 90 mLs (2,160/216 mg) per day
Tylenol w/Codeine (acetaminophen/ codeine) ^a	300 mg/15 mg tablet	Maximum 12 tablets (3600 mg/180 mg) per day
Tylenol w/Codeine (acetaminophen/ codeine) ^a	300 mg/30 mg tablet	Maximum 12 tablets (3600 mg/360 mg) per day
Tylenol w/Codeine (acetaminophen/ codeine) ^a	300 mg/60 mg tablet	Maximum 6 tablets (1800 mg/360 mg) per day

Combination Opioid Agents	Indication	Dosage & Administration
Hycet (hydrocodone/ acetaminophen) ^a	7.5 mg/325 mg/15 mL solution	Maximum 90 mLs (45 mg/1,950 mg) per day
Hydrocodone/ Acetaminophen ^a	2.5 mg/325 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 12 tablets (30 mg/3,900 mg).
Hydrocodone/ Acetaminophen ^b	2.5 mg/500 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (20 mg/4000 mg).
Lorcet, Lorcet Plus (hydrocodone/ acetaminophen) ^b	7.5 mg/650 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/3,900 mg).
Lorcet, Lorcet Plus (hydrocodone/ acetaminophen) ^b	10 mg/650 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/3,250 mg).
Lortab (hydrocodone/ acetaminophen) ^b	5 mg/500 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/4000 mg).
Lortab (hydrocodone/ acetaminophen) ^b	7.5 mg/500 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/3000mg).
Lortab (hydrocodone/ acetaminophen) ^b	10 mg/500 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/2500 mg).
Lortab (hydrocodone/ acetaminophen) ^b	7.5 mg/500 mg/15 mL solution	Maximum 90 mLs (45 mg/3000 mg) per day.
Maxidone (hydrocodone/ acetaminophen) ^b	10 mg/750 mg tablet	One table every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/3,750 mg).

Combination Opioid Agents	Indication	Dosage & Administration
Norco (hydrocodone/ acetaminophen) ^a	5 mg/325 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/2,600 mg).
Norco (hydrocodone/ acetaminophen) ^a	7.5 mg/325 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/1,950 mg).
Norco (hydrocodone/ acetaminophen) ^a	10 mg/325 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/1,625 mg).
Xodol (hydrocodone/ acetaminophen) ^a	5 mg/300 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/2400 mg).
Xodol (hydrocodone/ acetaminophen) ^a	7.5 mg/300 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/1,800 mg).
Xodol (hydrocodone/ acetaminophen) ^a	10 mg/300 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (60 mg/1,800 mg).
Zamicet (hydrocodone/ acetaminophen)	10 mg/325 mg/15 mL solution	One tablespoonful (15 mL) every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablespoonfuls (90 mLs) (60 mg/1,950 mg).
Zolvit/Lortab (hydrocodone/ acetaminophen)	10 mg/300 mg/15 mL solution	Maximum 67.5 mL (45 mg/1,350 mg) per day
Trezix, Acetaminophen/ Caffeine/ Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	Two capsules orally every four hours, as needed. No more than two capsules should be taken in a 4-hour period. No more than five doses, or ten capsules (3,205 mg/300mg/160 mg) should be taken in a 24-hour period.

Combination Opioid Agents	Indication	Dosage & Administration
Acetaminophen/Caffeine/Dihydrocodeine	325 mg/30 mg/16 mg tablet	Two tablets every four hours, as needed. No more than two tablets should be taken in a 4-hour period. No more than 5 doses, or ten tablets, should be taken in a 24-hour period.
butalbital/acetaminophen/caffeine/codeine ^a	50 mg/325 mg/40 mg/30 mg capsule	One or two tablets every 4 hours as needed. Total daily dosage should not exceed 6 tablets (300mg/1,950mg/240mg/180mg).
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	One or two capsules every 4 hours. Total daily dosage should not exceed 6 capsules (300 mg/1800 mg/240 mg).
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine) ^a	50 mg/325 mg/40 mg/30 mg capsule	One or two tablets every 4 hours as needed. Total daily dosage should not exceed 6 tablets (300mg/1,950mg/240mg/180mg).
Pentazocine/naloxone ^a	50 mg/0.5 mg tablet	One or two tablets every 3-4 hours. Total daily dosage should not exceed 12 tablets

a – generic available

b – discontinued

CLINICAL RATIONALE

The Center for Disease Control and Prevention recommends that when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.¹⁶

Use of tramadol or codeine containing products in pediatric patients has caused life-threatening respiratory depression, with some of the reported cases occurring post-tonsillectomy and/or adenoidectomy. Ultra-rapid metabolizers are at increased risk of life-threatening respiratory depression due to a CYP2D6 polymorphism. Use in children under 12 years of age is contraindicated for these products, and for those between the ages of 12 and 18 years when used for post-operative pain management following tonsillectomy and/or adenoidectomy.²¹

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This pharmacy policy is not an authorization, certification, explanation of benefits or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All pharmacy policies are based on (i) information in FDA approved package inserts (and black box warning, alerts, or other information disseminated by the FDA as applicable); (ii) research of current medical and pharmacy literature; and/or (iii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

The purpose of pharmacy policies are to provide a guide to coverage. Pharmacy policies are not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Neither this policy, nor the successful adjudication of a pharmacy claim, is guarantee of payment.