Opioids Extended Release (ER) Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date **Date of Origin**
5/1/2023

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Belbuca® (buprenorphine)* Buccal film	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	* – generic available	5
Butrans® (buprenorphine) Transdermal patch	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		6
Conzip®, Tramadol Sustained Release Capsule Extended Release Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not		7

Agent(s)	FDA Indication(s)	Notes	Ref#
	tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
Duragesic® (fentanyl) Transdermal patch	Management of pain in opioid tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		8
fentanyl Transdermal patch	Management of pain in opioid tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		11
hydromorphone Extended-Release* Tablet	Management of pain in opioid tolerant patients severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*- generic available	10
Hysingla ER®	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.	*- generic available	12

Agent(s)	FDA Indication(s)	Notes	Ref#
(hydrocodone Extended-Release)* Tablet	Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
Morphine Sulfate Extended-Release Capsule	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		15
MS Contin® (morphine sulfate Extended-Release)* Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*- generic available	16
Nucynta ER® (tapentadol Extended-Release) Tablet	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) in adults severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use:		17

Agent(s)	FDA Indication(s)	Notes	Ref#
	• Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve tapentadol ER for use in patients for whom alternative treatment options (e.g., nonopioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
Oxycontin®, Oxycodone Extended-Release Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		18
Oxymorphone Extended-Release Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
Xtampza ER® (oxycodone Extended-Release) Capsule	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.		20

Agent(s)	FDA Indication(s)	Notes	Ref#
	• Product is not indicated as an as-needed (prn) analgesic.		
Zohydro ER® Abuse Deterrent, Hydrocodone Extended-Release Capsule*	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*- generic available	21

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Chronic Pain	The Centers for Disease Control and Prevention (CDC) guidelines define acute pain as pain with abrupt onset and caused by an injury or other process that is not ongoing. Long-term opioid use often begins with treatment of acute pain. 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.(1) 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.(3) The CDC defines chronic pain as pain that continues or is expected to continue more than three months or past the time of normal tissue healing. When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids. The FDA modified labeling of ER/LA opioids, indicating they should be reserved for management of severe, continuous pain requiring daily, around-the-clock, long term opioid treatment. The CDC indicates ER/LA opioids should be reserved for severe, continuous pain and should be considered only for patients who have received immediate-release opioids daily for at least 1 week. Assessment should be done to determine if continued opioid therapy is needed.(1) The American Society of Interventional Pain Physicians (ASIPP) 2017 Guideline for Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain states that there is similar effectiveness for long and short-acting opioids, with increased adverse consequences of long-acting opioids. Long-acting agents should

	only be used in the management of severe, intractable pain. The guidelines recommend the following for the treatment of chronic non-cancer pain:(2)
	
	• Initiating therapy with an opioid:
	  ○ Complete a comprehensive assessment and document comprehensive history, general medical condition, psychosocial history, psychiatric status, and substance use history
	  ○ Screen for opioid abuse, utilize prescription drug monitoring programs (PDMPs), and utilize urine drug testing (UDT) to identify opioid abusers, reduce opioid abuse, and potentially reduce doctor shopping. Utilize at initiation of therapy and to monitor adherence
	  ○ Establish appropriate physical and psychological diagnoses prior to initiating therapy
	  ○ Complete a pain management consultation, for non-pain physicians, if use of chronic opioids is planned or in patients where the total daily dose will exceed the recommended CDC morphine equivalent therapy
	  ○ Establish medical necessity prior to initiation or maintenance of opioid therapy based on average, moderate, or severe (greater than or equal to 4 on a scale of 0-10) pain and/or disability
	  ○ Establish treatment goals of opioid therapy with regard to pain relief and improvement in function
	  ○ Obtain a robust agreement prior to initiating and maintaining opioid therapy. Agreements reduce over-use, misuse, abuse, and diversion
	• Assessing improvement:
	  ○ Assess improvement based on analgesia, activity, aberrant behavior, and adverse effects. Clinicians should document at least a 30% improvement in pain or disability without adverse consequences
	  ○ Therapy must be started with short-acting opioids and should be maintained with lowest effective doses
	  ○ Evidence of effectiveness is similar for long-acting and short-acting opioids with increased prevalence of adverse consequences of long-acting opioids
	  ○ Long-acting opioids in high doses are recommended only in specific circumstances with severe intractable pain that is not amenable to short-acting opioids or moderate doses of long-acting opioids
	  ○ Low dose should be considered up to 40 MME, 41-90 MME should be considered moderate dose, and greater than 91 morphine milligram equivalents (MME) as high dose
	  ○ Long-acting opioids should not be utilized for initial opioid therapy
	  ○ Monitor adherence via UDT and PDMP to identify patients who are non-compliant or abusing prescription or illicit drugs
	  ○ Chronic opioid therapy may be continued, with continuous adherence monitoring, and modified in conjunction with or after failure of other modalities of treatments.
	
	The 2022 CDC guidelines for Prescribing Opioids for Pain recommend the following for prescribing opioids for acute, subacute, and chronic pain:(1)
	
	• When to initiate or continue opioids for chronic pain:
	  ○ Clinicians should maximize use of non-pharmacologic and non-opioid pharmacologic therapies prior to initiating opioid therapy as appropriate for the specific condition and patient
	  ○ Clinicians should consider opioids only if expected benefits for both pain and function are anticipated to outweigh risks to the patients
	  ○ Clinicians should establish treatment goals with all patients prior to starting opioid therapy for chronic pain. Goals should include realistic goals for pain and function, and how to discontinue therapy if benefits do not outweigh the risks. Clinicians should only continue therapy with opioids if there is clinically meaningful improvement in pain and function that outweigh the risks to patient safety

	○ Clinicians should discuss the risks and realistic benefits of opioid therapy prior to starting and periodically during therapy • Opioid selection, dosage, duration, follow-up, and discontinuation: ○ Clinicians should prescribe immediate release opioids instead of extended release/long-acting opioids when starting opioid therapy for acute, subacute, or chronic pain ○ The lowest effective dose should be prescribed when opioids are started. Clinicians should use caution when prescribing opioids, should reassess evidence of benefits and risks when increasing doses to greater than or equal to 50 MME/day, as many patients do not experience benefit in pain or function when doses are increased beyond 50 MME/day. Exposure to doses over 50 MME/day put patients at increased risk of harm, including opioid misuse ○ Opioids for acute pain should be prescribed at the lowest effective dose of immediate release opioids and should be prescribed at a quantity no greater than necessary for the expected duration of pain. Benefits and risks should be evaluated at least every 2 weeks if patients after initiating opioid therapy, and if opioid use is required beyond 1 month, clinicians should ensure reversible causes of pain are addressed and that opioid prescribing for acute pain does not become long-term opioid therapy simply due to lack of appropriate reassessment ○ Benefits and risks should be evaluated within 1 to 4 weeks after starting opioid therapy for subacute or chronic pain or of dose escalations. Benefits and risks of continued therapy should be evaluated every 3 months or more frequently ○ Clinicians should re-evaluate patients at higher risk for opioid use disorder (e.g., patients with mental health conditions or depression, patients with a history of substance abuse, history of overdose, taking more than 50 MME/day, or taking other central nervous system depressants with opioids) more frequently than every 3 months • Assessing Risk and addressing Harms of Opioid use: ○ Clinicians should incorporate into the management plan strategies to mitigate risk, including offering naloxone when there is increased risk of opioid overdose, such as history of overdose, history of substance abuse disorder, higher opioid dosages (greater than or equal to 50 MME/day), or concurrent benzodiazepine use ○ When initiating opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for subacute or chronic pain, clinicians should review a patient's history of controlled substance prescriptions using the states prescription drug monitoring program (PDMP) data to determine if the patient is receiving opioid dosages or dangerous combinations that put the patient at high risk for overdose. ○ Clinicians should consider the benefits and risks of toxicology testing when prescribing opioids for subacute or chronic pain ○ Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible The CDC guideline for opioid prescribing note that patients with cancer, sickle cell disease, and patients receiving end of life care are exempt from these recommendations. The guideline also states that although identification of an opioid use disorder can alter the expected benefits and risks of opioid therapy for pain, patients with co-occurring pain and substance use disorder require ongoing pain management that maximizes benefits relative to risks. Clinicians should continue to use non-pharmacologic and non-opioid pharmacologic pain treatments as appropriate and consider consulting a pain specialist as needed to provide optimal pain management.(1)

Safety(4-21)	The concurrent use of opioid agonists with buprenorphine or buprenorphine/naloxone should be avoided. Such concurrent use may reduce analgesic effect and/or may precipitate withdrawal symptoms. All agents contain the following boxed warnings: • Addiction, Abuse, and Misuse: Product exposes patients and other users to the risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk prior to prescribing product and monitor all patients regularly for the development of these behaviors and conditions • Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS): To ensure that the benefits of opioid analgesics outweigh the risks of addiction, abuse, and misuse, the Food and Drug Administration (FDA) has required a REMS for these products. Under the requirements of the REMS, drug companies with approved opioid analgesic products must make REMS-compliant education programs available to healthcare providers. Healthcare providers are strongly encouraged to: o complete a REMS-compliant education program, o counsel patients and/or their caregivers, with every prescription, on safe use, serious risks, storage, and disposal of these products, o emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist, and o consider other tools to improve patient, household, and community safety. • Life-Threatening Respiratory Depression: Serious, life-threatening, or fatal respiratory depression may occur with use of product. Monitor for respiratory depression, especially during initiation of product or following a dose increase o Oral products: Instruct patients to swallow product whole (for some capsules, contents may be sprinkled on applesauce and swallowed immediately without chewing); crushing, chewing, or dissolving product can cause rapid release and absorption of a potentially fatal dose of product o Belbuca, Butrans: Misuse or abuse of Belbuca by chewing, swallowing, snorting, or injecting buprenorphine extracted from the film/patch will result in uncontrolled delivery of buprenorphine and pose a significant risk of overdose and death o Fentanyl transdermal patches: Due to risk of respiratory depression, patches are contraindicated for use as an as-needed analgesic, in non-opioid tolerant patients, in acute pain, and in postoperative pain • Accidental Ingestion/Exposure: Accidental ingestion/exposure of even one dose of product, especially by children, can result in a fatal overdose of product o Fentanyl products also note deaths due to an overdose have occurred when children and adults were accidentally exposed. Strict adherence to the recommended handling and disposal instructions is of the utmost importance to prevent accidental exposure • Neonatal Opioid Withdrawal Syndrome: Prolonged use of product during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated, and requires management according to protocols developed by neonatology experts. If opioid use is required for a prolonged period in a pregnant woman, advise the patient of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available • Risks From Concomitant Use With Benzodiazepines Or Other CNS Depressants: 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: o Reserve concomitant prescribing of product and benzodiazepines or other CNS depressants for use in patients for whom alternative treatment options are inadequate.

	○ Limit dosages and durations to the minimum required. ○ Follow patients for signs and symptoms of respiratory depression and sedation. Tramadol products contain the following additional boxed warnings: • Ultra-Rapid Metabolism Of Tramadol And Other Risk Factors For Life-Threatening Respiratory Depression In Children: Life-threatening respiratory depression and death have occurred in children who received tramadol. Some of the reported cases occurred following tonsillectomy and/or adenoidectomy, and at least one case, the child had evidence of being an ultra-rapid metabolizer of tramadol due to a CYP2D6 polymorphism. Tramadol is contraindicated in children younger than 12 years of age and in children younger than 18 years of age following tonsillectomy and/or adenoidectomy. Avoid the use of tramadol in adolescents 12 to 18 years of age who have other risk factors that may increase their sensitivity to the respiratory depressant effects of tramadol • Interactions with Drugs Affecting Cytochrome P450 Isoenzymes: The effects of concomitant use or discontinuation of cytochrome P450 3A4 inducers, 3A4 inhibitors, or 2D6 inhibitors with tramadol are complex. Use of cytochrome P450 3A4 inducers, 3A4 inhibitors, or 2D6 inhibitors with tramadol requires careful consideration of the effects on the parent drug, tramadol, and the active metabolite, M1 Fentanyl products contain the following additional boxed warnings: • Cytochrome P450 3A4 Interaction: The concomitant use of fentanyl with all cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression. In addition, discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in fentanyl plasma concentration. Monitor patients receiving fentanyl and any CYP3A4 inhibitor or inducer • Risk of Increased Fentanyl Absorption with Application of External Heat: Exposure of the fentanyl application site and surrounding area to direct external heat sources, such as heating pads or electric blankets, heat or tanning lamps, sunbathing, hot baths, saunas, hot tubs, and heated water beds may increase fentanyl absorption and has resulted in fatal overdose of fentanyl. Warn patients to avoid exposing the application site and surrounding area to direct external heat sources Oxycodone and hydrocodone products contain the following additional boxed warning: • Cytochrome P450 3A4 Interaction: The concomitant use of oxycodone/hydrocodone with all cytochrome P450 3A4 inhibitors may result in an increase in oxycodone/hydrocodone plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression. In addition, discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in oxycodone/hydrocodone plasma concentration. Monitor patients receiving oxycodone/hydrocodone and any CYP3A4 inhibitor or inducer

	Oxymorphone, Morphine sulfate ER capsules, Kadian, Nucynta contain the following additional boxed warning: • Interaction with Alcohol: Instruct patients not to consume alcoholic beverages or use prescription or non-prescription products that contain alcohol while taking product. The co-ingestion of alcohol with product may result in increased plasma levels and a potentially fatal overdose Morphine ER products have the following contraindications for use: • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Concurrent use of monoamine oxidase inhibitors (MAOIs) or use within 14 days • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity to morphine Buprenorphine products have the following contraindications for use: • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity (e.g., anaphylaxis) to buprenorphine Tramadol products have the following contraindications for use: • Hypersensitivity to tramadol • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • All children younger than 12 years of age • Post-operative pain management in children younger than 18 years of age following tonsillectomy and/or adenoidectomy • Concurrent use of monoamine oxidase inhibitors (MAOIs) or use of MAOIs within the last 14 days Fentanyl products have the following contraindications for use: • Opioid non-tolerant patients • Acute or intermittent pain, postoperative pain, mild pain • Respiratory compromise, acute or severe asthma • Known or suspected GI obstruction, including paralytic ileus • Known hypersensitivity to fentanyl or any of the components of the transdermal system Hydromorphone ER has the following contraindications for use: • Opioid non-tolerant patients.

	• Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Surgical procedures and/or underlying disease resulting in narrowing of the gastrointestinal tract, or have "blind loops" of the gastrointestinal tract or gastrointestinal obstruction • Hypersensitivity (e.g., anaphylaxis) to hydromorphone or sulfite-containing medications Hydrocodone ER products have the following contraindications for use: • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known of suspected paralytic ileus or gastrointestinal obstruction • Hypersensitivity to any component or hydrocodone bitartrate Nucynta ER has the following contraindications for use: • Acute or severe bronchial asthma • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity to tapentadol or to any other ingredients of the product • Concurrent use of monoamine oxidase inhibitors (MAOI) or use within the last 14 days Oxycodone ER products have the following contraindications for use: • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity (e.g., anaphylaxis) to oxycodone Oxymorphone ER products have the following contraindications for use: • Acute or severe bronchial asthma or hypercarbia • Known or suspected paralytic ileus and gastrointestinal obstruction • Moderate and severe hepatic impairment • Hypersensitivity (e.g., anaphylaxis) to oxymorphone, any other ingredients in oxymorphone ER, or to morphine analogs such as codeine

REFERENCES

Number	Reference
1	Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1
2	Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) guidelines. Pain Physician 2017;20:S3-S92.

Number	Reference
3	FDA Drug Safety Communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. April 2017.
4	~~Arymo ER prescribing information. Egalet. October 2019.~~ Reference no longer used.
5	Belbuca prescribing information. Endo Pharmaceutical, Inc. June 2022.
6	Butrans prescribing information. Purdue Pharma LP. June 2022.
7	Conzip prescribing information. Vertical Pharmaceuticals Inc. September 2021.
8	Duragesic prescribing information. Janssen Pharmaceuticals. March 2021.
9	hydromorphone ER prescribing information. Ascent Pharmaceuticals, Inc. September 2020.
10	Fentanyl patch prescribing information. Mylan Pharmaceuticals Inc. March 2021.
11	Hysingla ER prescribing information. Purdue Pharma LP. March 2021.
12	Morphine sulfate ER capsule prescribing information. Upsher-Smith Laboratories, LLC. April 2021.
13	~~Morphabond ER prescribing information. Inspirion Delivery Technologies LLC. October 2019.~~ Reference no longer used.
14	morphine sulfate ER prescribing information. Actavis Pharma, Inc. August 2021.
15	MS Contin prescribing information. Purdue Pharma LP. March 2021.
16	Nucynta ER prescribing information. Janssen Pharmaceuticals Inc. March 2021.
17	OxyContin prescribing information. Purdue Pharma L.P. October 2021.
18	Oxymorphone prescribing information. Amneal Pharmaceuticals LLC. June 2022.
19	Tramadol ER prescribing information. Sun Pharmaceuticals Industries, Inc. June 2021.
20	Xtampza prescribing information. Collegium Pharmaceuticals, Inc. March 2021.
21	Zohydro ER prescribing information. Zogenix Inc. March 2021.

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	30	TABS	30	DAYS				
	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	30	CAPS	30	DAYS				
	morphine sulfate cap er	10 MG ; 100 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG ; 80 MG	60	CAPS	30	DAYS				
	Oxymorphone HCl Tab ER ; oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 ; 30 MG ; 40 MG ; 5	60	TABS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
		MG ; 7.5 MG								
	Tramadol HCl Cap ER 24HR Biphasic Release 150 MG	150 ; 150 MG	60	CAPS	30	DAYS				
	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	30	TABS	30	DAYS				
Belbuca	Buprenorphine HCl Buccal Film ; buprenorphine hcl buccal film	150 ; 150 MCG ; 300 ; 300 MCG ; 450 ; 450 MCG ; 600 ; 600 MCG ; 75 ; 75 MCG ; 750 ; 750 MCG ; 900 ; 900 MCG	60	FILMS	30	DAYS				
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	4	SYSTMS	28	DAYS				
Conzip	Tramadol HCl Cap SR ; tramadol hcl cap er	100 MG ; 150 ; 150 MG ; 200 MG ; 300 MG	30	CAPS	30	DAYS				
Duragesic	fentanyl td patch	100 MCG/HR ; 12 MCG/HR ; 25 MCG/HR ; 37.5 MCG/HR ; 50 MCG/HR ; 62.5 MCG/HR ; 75 MCG/HR ; 87.5 MCG/HR	15	PATCHS	30	DAYS				
Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	30	TABS	30	DAYS				
Ms contin	morphine sulfate tab er	100 MG ; 15 MG	90	TABS	30	DAYS				

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist	Effective Date
		; 200 MG ; 30 MG ; 60 MG								
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	60	TABS	30	DAYS				
Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	60	TABS	30	DAYS				
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 60 MG	60 MG	120	TABS	30	DAYS				
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 80 MG	80 MG	120	TABS	30	DAYS				
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	60	CAPS	30	DAYS				
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	36 MG	240	CAPS	30	DAYS				
Zohydro er	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	60	CAPS	30	DAYS				

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	Commercial ; HIM ; ResultsRx
	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	Commercial ; HIM ; ResultsRx
	morphine sulfate cap er	10 MG ; 100 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG ; 80 MG	Commercial ; HIM ; ResultsRx
	Oxymorphone HCl Tab ER ; oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	Commercial ; HIM ; ResultsRx
	Tramadol HCl Cap ER 24HR Biphasic Release 150 MG	150 ; 150 MG	Commercial ; HIM ; ResultsRx
	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	Commercial ; HIM ; ResultsRx
Belbuca	Buprenorphine HCl Buccal Film ; buprenorphine hcl buccal film	150 ; 150 MCG ; 300 ; 300 MCG ; 450 ; 450 MCG ; 600 ; 600 MCG ; 75 ; 75 MCG ; 750 ; 750 MCG ; 900 ; 900 MCG	Commercial ; HIM ; ResultsRx
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	Commercial ; HIM ; ResultsRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Conzip	Tramadol HCl Cap SR ; tramadol hcl cap er	100 MG ; 150 ; 150 MG ; 200 MG ; 300 MG	Commercial ; HIM ; ResultsRx
Duragesic	fentanyl td patch	100 MCG/HR ; 12 MCG/HR ; 25 MCG/HR ; 37.5 MCG/HR ; 50 MCG/HR ; 62.5 MCG/HR ; 75 MCG/HR ; 87.5 MCG/HR	Commercial ; HIM ; ResultsRx
Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	Commercial ; HIM ; ResultsRx
Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	Commercial ; HIM ; ResultsRx
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	Commercial ; HIM ; ResultsRx
Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	Commercial ; HIM ; ResultsRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 60 MG	60 MG	Commercial ; HIM ; ResultsRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 80 MG	80 MG	Commercial ; HIM ; ResultsRx
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	Commercial ; HIM ; ResultsRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	36 MG	Commercial ; HIM ; ResultsRx
Zohydro er	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	Commercial ; HIM ; ResultsRx

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	**Program Maximum Daily Doses**

Agent(s)	Program Maximum Daily Dose
Belbuca (buprenorphine buccal film)	1800 mcg
Butrans (buprenorphine transdermal system)	20 mcg/hr system/week
ConZip, Tramadol SR (tramadol ER)	300 mg
Duragesic (fentanyl transdermal patch)	100 mcg/hr patch/2 days
fentanyl transdermal patch	87.5 mcg/hr patch/2 days
Hysingla (hydrocodone ER)	120 mg
Morphine Sulfate ER (generic Kadian)	400 mg
Morphine Sulfate ER	120 mg
MS Contin (morphine sulfate ER)	600 mg
Nucynta ER (tapentadol ER)	500 mg
OxyContin (oxycodone ER)	160 mg
Oxymorphone ER	80 mg
tramadol ER	300 mg
Xtampza ER (oxycodone ER)	288 mg
Zohydro ER (hydrocodone ER)	100 mg

Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met: 1. BOTH of the following: A. The requested quantity (dose) does NOT exceed the program quantity limit **AND** B. If the requested agent contains tramadol, dihydrocodeine, or codeine, then ONE of the following: 1. The patient is 12 to less than 18 years of age AND the requested opioid will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR** 2. The patient is 18 years of age or over **OR** 2. The requested quantity (dose) is greater than the program quantity limit AND ONE of the following: A. The requested quantity (dose) is less than or equal to the Program Maximum Daily dose (maximum mg allowed with highest dosage strength) AND ALL of the following: 1. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **AND** 2. The prescriber has provided information in support of therapy with a higher dose for the intended diagnosis **AND** 3. If the requested agent contains tramadol, dihydrocodeine, or codeine, then ONE of the following: A. The patient is 12 to less than 18 years of age AND the requested opioid will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR** B. The patient is 18 years of age or over **OR** B. The requested quantity (dose) is greater than the Program Maximum Daily Dose (maximum mg allowed with highest dosage strength) AND ALL of the following: 1. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **AND** 2. ONE of the following: A. The patient has a diagnosis of active cancer pain due to an active malignancy **OR** B. The patient is eligible for hospice OR palliative care **OR** C. The patient has a diagnosis of sickle cell disease **OR** D. The patient is undergoing treatment of chronic non-cancer pain and ALL of the following: 1. A formal, consultative evaluation which includes ALL of the following has been conducted: A. Diagnosis **AND** B. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy **AND** C. The need for continued opioid therapy has been assessed **AND** 2. A patient-specific pain management plan is on file for the patient **AND** 3. The prescriber has reviewed the patient's records in the state's prescription drug monitoring program (PDMP) **AND** has determined that the opioid dosages and combinations of opioids and other controlled substances within the patient's records do NOT indicate the patient is at high risk for overdose **AND** 3. The prescriber has provided information in support of therapy with a higher dose for the requested indication **AND** 4. If the requested agent contains tramadol, dihydrocodeine, or codeine, then ONE of the following: A. The patient is 12 to less than 18 years of age AND the requested opioid will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR** B. The patient is 18 years of age or over **Length of Approval:** 1 month for dose titration requests and up to 6 months for all other requests

