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Opioids Immediate Release (IR) Duration Quantity Limit Program Summary

Requests for methadone MAT (medication assisted treatment) do not apply to this policy and may be covered through a methadone clinic under medical.

FDA APPROVED INDICATIONS AND DOSAGE[4-40]

Single Ingredient Agent(s)	Indication(s)	Dosage
Codeine[a] Tablet	Management of mild to moderate pain, where treatment with an opioid is appropriate and for which alternative treatments are inadequate	15 mg to 60 mg every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
Dilaudid (hydromorphone)[a] Tablet Liquid	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	**Oral solution**: Initial dose of 2.5 mg to 10 mg every 3 to 6 hours as needed. **Tablets**: Initial dose of 2 mg to 4 mg every 4 to 6 hours
Levorphanol[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	Initial dose 1 to 2 mg every 6 to 8 hours as needed. If necessary, the dose may be increased up to 3 mg every 6 to 8 hours.
Meperidine[a] Tablet Solution	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	**Adults**: 50 mg to 150 mg every 3 to 4 hours as needed **Pediatric**: 1.1 mg/kg to 1.8 mg/kg every 3 to 4 hours as needed If adequate pain management cannot be achieved with a total daily dose of 600 mg or less, discontinue meperidine by tapering dose and selecting an alternative treatment
Dolophine, Methadose (methadone)[a] Tablet Soluble tablet Solution Concentrate	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative	Initial dose of 2.5 mg every 8 to 12 hours

 Effective: 03/01/2023

	treatment options are inadequate	
Morphine sulfate[a] Tablet Concentrate Solution	Management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	**Tablets**: 15 mg to 30 mg every 4 hours as needed **Oral Solution**: 10 mg to 20 mg every 4 hours as needed
Oxaydo, Roxybond, Roxicodone (oxycodone)[a] Capsule Tablet Solution Concentrate	Management of acute and chronic pain in adults severe enough to require an opioid analgesic and for which alternative treatments are inadequate	Initial dose of 5 mg to 15 mg every 4 to 6 hours
Opana (oxymorphone)[a] Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	10 mg to 20 mg every 4 to 6 hours
Nucynta (tapentadol) Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	50 mg to 100 mg every 4 to 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.
Qdolo (tramadol) Oral solution	Management of pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate.	Initial dose: 25 mg/day and titrate in 25 mg increments as separate doses every 3 days to reach 100 mg/day (25 mg four times daily). After titration, may administer 50 mg to 100 mg every 4 to 6 hours. Max of 400 mg per day.
Ultram[a]**, Tramadol** Tablet	Management of pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate	50 mg to 100 mg every 4 to 6 hours as needed. Max dose of 400 mg per day
Combination Ingredient Agent(s)	**Indication(s)**	**Dosage**
Apadaz, Benzhydrocodone/ acetaminophen Tablet	Short-term (no more than 14 days) management of acute pain severe enough to require an opioid analgesic and for which	1-2 tablets every 4-6 hours. Dosage should not exceed 12 tablets in a 24 hour period.

	alternative treatments are inadequate	
Tylenol w/Codeine (acetaminophen/ codeine)[a] Tablet Oral solution	Management of mild to moderate pain, where treatment with an opioid is appropriate and for which alternative treatments are inadequate	**Tablets**: Based on codeine component 15 mg and 30 mg: one to two every 4 hours 60 mg: one every 4 hours Max of 360 mg of codeine per day **Oral solution**: 15 mL every 4 hours
Fioricet w/Codeine (butalbital/ acetaminophen/ caffeine/codeine)[a] Capsule	Management of the symptom complex of tension (or muscle contraction) headache when non-opioid analgesic and alternative treatments are inadequate	One or two capsules every 4 hours. Total daily dosage should not exceed 6 capsules.
Fiorinal w/Codeine (butalbital/aspirin/ caffeine/codeine)[a] Capsule	Management of the symptom complex of tension (or muscle contraction) headache when non-opioid analgesic and alternative treatments are inadequate	One or two capsules every 4 hours as needed. Total daily dosage should not exceed 6 capsules.
Trezix, Acetaminophen/ caffeine/ dihydrocodeine Capsule Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	Two capsules/tablets every four hours, as needed. No more than five doses, or ten capsules/tablets should be taken in a 24-hour period.
Hydrocodone/ Acetaminophen[a] Solution	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	15 mL every 4 to 6 hours. Maximum 90 mLs per day
Lortab (hydrocodone/ acetaminophen) Solution	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	11.25 mL every 4 to 6 hours. Maximum 67.5 mL per day
Norco (hydrocodone/ acetaminophen)[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which	Initial dose depends on hydrocodone dose: 5 mg: one to two tablets every 4 to 6 hours. Max of 8 tablets per day.

	alternative treatments are inadequate	7.5 mg and 10 mg: one tablet every 4 to 6 hours. Max of 6 tablets per day.
Hydrocodone/ Ibuprofen[a] Tablet	Short-term management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	One tablet every 4 to 6 hours, as needed. Dosage should not exceed 5 tablets in a 24-hour period.
Nalocet, Oxycodone/ Acetaminophen, Primlev, Prolate Tablet Solution	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	**Tablet:** One tablet every 6 hours as needed Maximum dose based on oxycodone strength: 2.5 mg and 5 mg: 12 tablets daily 7.5 mg: 8 tablets daily 10 mg: 6 tablets daily **Oral solution**: 5 mL every 6 hours as needed Maximum dose based on oxycodone strength: 10 mg/300 mg: Max of 30 mL daily 5 mg/325 mg: Max of 60 mL daily
Percocet (oxycodone/ acetaminophen)[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	One tablet every 6 hours as needed Maximum dose based on oxycodone strength: 2.5 mg and 5 mg: 12 tablets daily 7.5 mg: 8 tablets daily 10 mg: 6 tablets daily
oxycodone/ aspirin[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	One tablet every 6 hours as needed for pain. The maximum daily dose of aspirin should not exceed 4 grams or 12 tablets.
Oxycodone/Ibuprofen Tablet	Management of short term (no more than 7 days) acute to moderate pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	One tablet every 6 hours Maximum 4 tablets per day

pentazocine/ naloxone[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	One or two tablets every 3 to 4 hours. Total daily dosage should not exceed 12 tablets.
Seglentis (celecoxib/tramadol) Tablet	Management of acute pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate	Two tablets every 12 hours as needed for pain. Do not exceed recommended dose of Seglentis.
Ultracet (tramadol/ acetaminophen)[a] Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate	Two tablets every 4 to 6 hours as needed for pain relief, up to a maximum of 8 tablets per day for up to 5 days.

a – generic available

CLINICAL RATIONALE

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. Three days or less will often be sufficient; more than seven days will rarely be needed.[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
    - 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 (≥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 lose 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 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 2016 CDC guidelines for Prescribing Opioids for Chronic Pain recommend the following:[1]

- When to initiate or continue opioids for chronic pain:
    - Clinicians should consider opioids only if expected benefits for both pain and function are anticipated to outweigh risks to the patients. Opioids should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate

    - 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 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 morphine milligram equivalents (MME)/day, and should avoid increasing doses to greater than or equal to 90 MME/day or carefully justify titrating to doses greater than or equal to 90 MME/day
    - 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. Three days or less will often be sufficient; more than seven days will rarely be needed
    - Benefits and risks should be evaluated within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalations. Benefits and risks of continued therapy should be evaluated every 3 months or more frequently
- 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 (≥50 MME/day), or concurrent benzodiazepine use
    - Patient's history of controlled substance use should be reviewed by the clinician using state 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. PDMP data should be reviewed when starting opioid therapy for chronic pain and periodically during opioid therapy, ranging from every prescription to every 3 months
    - Clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription and illicit drugs
    - Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible

The CDC guideline for opioid prescribing 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]

References

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Opioids Immediate Release (IR) Duration Quantity Limit

OBJECTIVE

The intent of the program is to help direct appropriate use of immediate release opioids based on CDC guideline recommendation on the duration of acute opioid use. For targets of the Duration and Quantity Limit, the program will not stop claims for immediate release opioids which are 7 days of therapy or less. The program will also allow for continuation of therapy, regardless of requested days of therapy, in patients who are on opioid therapy in the past 120 days. Requests for therapy longer than 7 days for patients who do not have opioid use in the past 120 days will result in an alert to patients to seek prior authorization for extended therapy. The program will also check for appropriate age for requests for products containing tramadol, dihydrocodeine, and codeine. Requests for these agents will be limited to patients 12 years of age and older, and patients 12 years to 18 years will be restricted from use for post-operative pain management following a tonsillectomy and/or adenoidectomy. For targets, an age limit also applies.

TARGET AGENT(S) FOR DURATION AND QUANTITY LIMIT(S)

SINGLE INGREDIENT AGENT(S)			
Brand (generic)	**GPI**	**Maximum Duration of 1st Fill[b]**	**Age Limit**
Codeine			
15 mg tablet	65100020200305	7 days	≥18 years
30 mg tablet[a]	65100020200310	7 days	≥18 years
60 mg tablet	65100020200315	7 days	≥18 years
Dilaudid (hydromorphone)[a]			
2 mg tablet	65100035100310	7 days	NA
4 mg tablet	65100035100320	7 days	NA
8 mg tablet	65100035100330	7 days	NA
1 mg/mL liquid	65100035100920	7 days	NA
Levorphanol[a]			
2 mg tablet	65100040100305	7 days	NA
3 mg tablet	65100040100310	7 days	NA
Meperidine			
50 mg tablet	65100045100305	7 days	NA
50 mg/5 mL solution	65100045102060	7 days	NA
Dolophine (methadone)[a]			
5 mg tablet	65100050100305	7 days	NA
10 mg tablet	65100050100310	7 days	NA
Methadose, Methadone[a]			
40 mg soluble tablet	65100050107320	7 days	NA
5 mg/5 mL solution	65100050102010	7 days	NA
10 mg/5 mL solution	65100050102015	7 days	NA
10 mg/mL concentrate	65100050101310	7 days	NA
Morphine sulfate[a]			
15 mg tablet	65100055100310	7 days	NA
30 mg tablet	65100055100315	7 days	NA
10 mg/5 mL solution	65100055102065	7 days	NA
20 mg/5 mL solution	65100055102070	7 days	NA
20 mg/mL concentrate	65100055102090	7 days	NA

 Effective: 03/01/2023

Oxaydo, Roxybond, Roxicodone (oxycodone)			
5 mg capsule[a]	65100075100110	7 days	NA
5 mg tablet[a]	65100075100310	7 days	NA
5 mg tablet	6510007510A530	7 days	NA
7.5 mg tablet	65100075100315	7 days	NA
10 mg tablet[a]	65100075100320	7 days	NA
15 mg tablet[a]	65100075100325	7 days	NA
15 mg tablet	6510007510A540	7 days	NA
20 mg tablet[a]	65100075100330	7 days	NA
30 mg tablet[a]	65100075100340	7 days	NA
30 mg tablet	6510007510A560	7 days	NA
5 mg/5 mL solution[a]	65100075102005	7 days	NA
20 mg/mL concentrate[a]	65100075101320	7 days	NA
Opana (oxymorphone)[a]			
5 mg tablet	65100080100305	7 days	NA
10 mg tablet	65100080100310	7 days	NA
Nucynta (tapentadol)			
50 mg tablet	65100091100320	7 days	NA
75 mg tablet	65100091100330	7 days	NA
100 mg tablet	65100091100340	7 days	NA
Qdolo, Ultram, Tramadol			
50 mg tablet[a]	65100095100320	7 days	≥18 years
100 mg tablet[a]	65100095100340	7 days	≥18 years
5 mg/mL solution	65100095102005	7 days	≥18 years
COMBINATION INGREDIENT AGENT(S)			
Apadaz, Benzhydrocodone/acetaminophen			
4.08/325 mg tablet	65990002020310	7 days	NA
6.12/325 mg tablet	65990002020320	7 days	NA
8.16/325 mg tablet	65990002020330	7 days	NA
Tylenol w/Codeine (acetaminophen/codeine)[a]			
120 mg/12 mg/5 mL solution	65991002052020	7 days	≥18 years
300 mg/15 mg tablet	65991002050310	7 days	≥18 years
300 mg/30 mg tablet	65991002050315	7 days	≥18 years
300 mg/60 mg tablet	65991002050320	7 days	≥18 years
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)[a]			
50 mg/300 mg/40 mg/30 mg capsule	65991004100113	7 days	≥18 years
50 mg/325 mg/40 mg/30 mg capsule	65991004100115	7 days	≥18 years
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)[a]			
50 mg/325 mg/40 mg/30 mg capsule	65991004300115	7 days	≥18 years
Trezix, Acetaminophen/caffeine/dihydrocodeine			
320.5 mg/30 mg/16 mg capsule	65991303050115	7 days	≥18 years
325 mg/30 mg/16 mg tablet	65991303050320	7 days	≥18 years
Lortab, Norco, Hydrocodone/acetaminophen			
5 mg/300 mg tablet[a]	65991702100309	7 days	NA
5 mg/325 mg tablet[a]	65991702100356	7 days	NA
7.5 mg/300 mg tablet[a]	65991702100322	7 days	NA
7.5 mg/325 mg tablet[a]	65991702100358	7 days	NA
10 mg/300 mg tablet[a]	65991702100375	7 days	NA
10 mg/325 mg tablet[a]	65991702100305	7 days	NA

7.5 mg/325 mg/15 mL solution[a]	65991702102015	7 days	NA
10 mg/300 mg/15 mL solution	65991702102024	7 days	NA
10 mg/325 mg/15 mL solution	65991702102025	7 days	NA
Hydrocodone/Ibuprofen			
5 mg/200 mg tablet	65991702500315	7 days	NA
7.5 mg/200 mg tablet[a]	65991702500320	7 days	NA
10 mg/200 mg tablet	65991702500330	7 days	NA
Percocet, Prolate, Oxycodone/acetaminophen, Nalocet, Primlev			
2.5 mg/300 mg tablet	65990002200303	7 days	NA
2.5 mg/325 mg tablet[a]	65990002200305	7 days	NA
5 mg/300 mg tablet	65990002200308	7 days	NA
5 mg/325 mg tablet[a]	65990002200310	7 days	NA
7.5 mg/300 mg tablet	65990002200325	7 days	NA
7.5 mg/325 mg tablet[a]	65990002200327	7 days	NA
10 mg/300 mg tablet	65990002200333	7 days	NA
10 mg/325 mg tablet[a]	65990002200335	7 days	NA
5 mg/325 mg/5 mL solution	65990002202005	7 days	NA
10 mg/300 mg/5 mL solution	65990002202020	7 days	NA
Oxycodone/Aspirin			
4.8355 mg/325 mg tablet	65990002220340	7 days	NA
Oxycodone/Ibuprofen			
5 mg/400 mg tablet	65990002260320	7 days	NA
pentazocine/naloxone[a]			
50 mg/0.5 mg tablet	65200040300310	7 days	NA
Seglentis (celecoxib/tramadol)			
56 mg/44 mg tablet	65995002100320	7 days	≥18 years
Ultracet (tramadol/acetaminophen)[a]			
37.5 mg/325 mg tablet	65995002200320	7 days	≥18 years

a – generic available
b – 1st fill defined as a fill with no previous fills in the past 120 days

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
TARGET DURATION AND QUANTITY LIMIT AGENT(S) will be approved when ONE of the following is met:

1. The request exceeds the 7-day supply limit AND ALL of the following:
    A. ONE of the following:
        i. Information has been provided that the patient is current using opioid(s)
        OR
        ii. The prescriber states the patient is NOT new to opioid therapy AND is at risk if therapy is changed
        OR
        iii. The patient's medication history includes use of an oncology agent within the past 90 days
        OR
        iv. BOTH of the following:
            a. ONE of the following:
                1. The patient has a diagnosis of chronic cancer pain due to an active malignancy
                OR
                2. The patient is eligible for hospice OR palliative care
                OR

3. The patient is undergoing treatment of non-cancer pain and ALL of the following:
    A. The prescriber has provided information in support of use of immediate-release single or combination opioids for an extended duration (>7 days)
    AND
    B. A formal, consultative evaluation which includes BOTH of the following was conducted:
        i. Diagnosis
        AND
        ii. A complete medical history which includes previous and current pharmacologic and non-pharmacologic therapy
    AND
    C. A patient-specific pain management plan is on file for the patient
    AND
    D. The patient is not diverting controlled substances, according to the patient's records in the state's prescription drug monitoring program (PDMP), if applicable

AND

b. ONE of the following:
    1. The patient is not currently using buprenorphine or buprenorphine/naloxone for opioid dependence treatment
    OR
    2. The prescriber has provided information in support of use of opioids with buprenorphine or buprenorphine/naloxone for opioid dependence treatment

AND

B. If the requested agent contains acetaminophen, then the requested dose of acetaminophen does NOT exceed 4 g/day
AND
C. If the requested agent contains tramadol, dihydrocodeine, OR codeine, then ONE of the following:
    i. The patient is 12 to less than 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 over

OR

2. The request does NOT exceed the 7-day supply limit AND 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 agent 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: 6 months

