Utilization Management Policy Name: Immediate Release Opioid Quantity Limits – NC Standard

Rationale:

National guidelines on the use of opioids in acute pain indicate that 3 days of medication or less is often sufficient for pain management. Furthermore, a supply greater than 7 days is rarely needed. * Several states, including North Carolina (Strengthen Opioid Misuse Prevention Act), have implemented legal restrictions on the prescribing of opioids for more than 7 day on initial evaluation. Therefore, the following limitation encourages members to seek follow up evaluation for the use of opioids beyond the initial 7 days of treatment.

Prescriptions for more than a 7-day supply for members who have no prescription history of opioids in the past 180 days will reject at the pharmacy for payment. These prescriptions can be resubmitted for 7 days or less to receive a paid claim. Subsequent prescriptions will not have this same limitation. **Should a member have a prescription reject for an opioid prescription that is NOT their initial fill of the medication, the prescriber can attest to a member's medication history.**

Quantity limits have been added to ensure safe and effective use following the first time use of the pain medication.

Benefit limitation:

1. Members that are filling an immediate release opioid for the first time within 180 days are limited to a maximum of a 7-day supply.

Quantity Limit Exception Criteria:

1. The quantity (dose) requested is for documented titration purposes at the initiation of therapy (authorization for a 90-day titration period); **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert; **OR**
4. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed); **AND**
5. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval:

- Benefit limit: 30 days
- Quantity limit: 6 months

Quantity Limitations: quantity limitations apply to brand and associated generic products.

Immediate Release Agents		
Medication	**Strength**	**Quantity per Day**
butorphanol	10 mg/mL nasal spray	2.9167
Codeine	15 mg tablet	6
Codeine	30 mg tablet	6
Codeine	60 mg tablet	6
Hydromorphone, Dilaudid	2 mg tablet	6
Hydromorphone, Dilaudid	4 mg tablet	6
Hydromorphone, Dilaudid	8 mg tablet	6
Hydromorphone, Dilaudid	1 mg/mL liquid	48
Levorphanol **(see IR Opioid Policy)**	2 mg tablet	6
Levorphanol **(see IR Opioid Policy)**	3 mg tablet	4
Meperidine, Demerol	50 mg tablet	8
Meperidine, Demerol	100 mg tablet	8
Meperidine, Demerol	50 mg/5 mL solution	80
Methadone, Dolophine, Methadose	5 mg tablet	3
Methadone, Dolophine, Methadose	10 mg tablet	3
Methadone, Dolophine, Methadose	40 mg soluble tablet	3
Methadone, Dolophine, Methadose	5 mg/5mL solution	30
Methadone, Dolophine, Methadose	10 mg/5 mL solution	15
Methadone, Dolophine, Methadose	10 mg/mL concentrate	3
Morphine	15 mg tablet	8
Morphine	30 mg tablet	6
Morphine	10 mg/5 mL solution	90
Morphine	20 mg/5 mL solution	45
Morphine	20 mg/mL concentrate	9

Oxycodone, OxyIR, Roxicodone	5 mg capsule	12
Oxycodone, OxyIR, Roxicodone	5 mg tablet	12
Oxycodone, OxyIR, Roxicodone	10 mg tablet	6
Oxycodone, OxyIR, Roxicodone	15 mg tablet	6
Oxycodone, OxyIR, Roxicodone	20 mg tablet	6
Oxycodone, OxyIR, Roxicodone	30 mg tablet	6
Oxycodone, OxyIR, Roxicodone	5 mg/5mL solution	180
Oxycodone, OxyIR, Roxicodone Intensol	20 mg/mL concentrate	9
Oxaydo(oxycodone) **(see IR Opioid Policy)**	5 mg tablet	12
Oxaydo (oxycodone) **(see IR Opioid Policy)**	7.5 mg tablet	6
Oxymorphone, Opana	5 mg tablet	6
Oxymorphone, Opana	10 mg tablet	6
Qdolo (tramadol) **(see IR Opioid Policy)**	5 mg/mL solution	80 milliliters
Nucynta (tapentadol)	50 mg tablet	6
Nucynta (tapentadol)	75 mg tablet	6
Nucynta (tapentadol)	100 mg tablet	6
Rybix ODT (tramadol)	50 mg orally disintegrating tablet	8
Tramadol	100 mg tablet	4
Ultram (tramadol)	50 mg tablet	8
Combination Agents		
Oxycodone/Ibuprofen	5 mg/400 mg tablet	4
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	5
Reprexain, Ibudone, Xylon (hydrocodone/ibuprofen)	10 mg/200 mg tablet	5
Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet	5
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	8
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 mg tablet	12
Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	10
Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	8
Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	6
Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet	12
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet	8

Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/500 mg tablet	8
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet	6
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/650 mg tablet	6
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen)	5 mg/300 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	8
Primlev, Prolate (oxycodone/acetaminophen)	10 mg/300 mg tablet	6
Prolate (oxycodone/acetaminophen) **(see IR Opioid Policy)**	10 mg/300 mg per 5mL solution	30
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	8
Seglentis (celecoxib/tramadol)	56/44 mg tablet	4
Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule	8
Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8
Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	90
Acetaminophen/codeine	120 mg/12 mg/5 mL solution	90
Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	6
Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	6
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/30 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/60 mg tablet	6
Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mL solution	120
Hydrocodone/acetaminophen	2.5 mg/500 mg tablet	8
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	7.5 mg/650 mg tablet	6
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	10 mg/650 mg tablet	6
Lortab (hydrocodone/acetaminophen)	5 mg/500 mg tablet	8
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg tablet	6
Lortab (hydrocodone/acetaminophen)	10 mg/500 mg tablet	6
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg/15 mL solution	90
Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet	5
Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet	12
Norco (hydrocodone/acetaminophen)	7.5 mg/325 mg tablet	6
Norco (hydrocodone/acetaminophen)	10 mg/325 mg tablet	6
Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen)	5 mg/500 mg capsule	8

Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	7.5 mg/750 mg tablet	5
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	10 mg/660 mg tablet	6
Xodol (hydrocodone/acetaminophen)	5 mg/300 mg tablet	12
Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg tablet	6
Xodol (hydrocodone/acetaminophen)	10 mg/300 mg tablet	6
hydrocodone/acetaminophen solution	10 mg/325 mg/15 mL solution	90
Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mL solution	67.5
Zydone (hydrocodone/acetaminophen)	5 mg/400 mg tablet	8
Zydone (hydrocodone/acetaminophen)	7.5 mg/400 mg tablet	6
Zydone (hydrocodone/acetaminophen)	10 mg/400 mg tablet	6
Trezix, Acetaminophen/Caffeine/Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	10
Trezix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	10
Panlor, Dvorah (acetaminophen/caffeine/dihydrocodeine)	325 mg/30 mg/16 mg tablet	10
Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	712.8 mg/60 mg/32 mg tablet	5
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	6
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
pentazocine/naloxone	50 mg/0.5 mg tablet	12
Talacen (pentazocine/acetaminophen)	25 mg/650 mg tablet	6

References: all information referenced is from FDA package insert unless otherwise noted below.

References

*Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016; 65 (No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Strengthen Opioid Misuse Prevention (STOP) Act, NC, House Bill 243 / S.L. 2017-74.

Policy Implementation/Update Information:

February 2021: Criteria update: Added Seglentis to policy

March 2021: Criteria update: Annual Criteria review. Removal of discontinued products: Synlagos-DC, hydrocodone/ibuprofen 2.5/200mg tablet, Roxicet 5/325mg per 5mL solution, Hydrocodone/APAP 2.5/325mg.
Jan 2021: Criteria change: Added Prolate 10mg/300mg solution to the policy.
Nov 2020: Criteria update: Added Qdolo to the policy.
Oct 2020: Criteria change: Removed Roxybond from policy (discontinued product). Corrected levorphanol dosing and QL.
Sept 2020: Criteria change: Changed Oxaydo 5mg quantity limit to 12 tabs per day.
June 2020: Criteria update: Added Prolate to the policy.
Feb 2020: Criteria update: Added Dvorah brand name to the policy, generic already listed.
Feb 2020: Criteria update: Added new to market Tramadol 100mg tablet to the policy.
January 2019: Added benefit limitation language to criteria.
January 2019: Original utilization management criteria issued.

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