Opioids Immediate Release (IR) and Extended Release (ER) New To Therapy with Daily Quantity Limit Program Summary

This program applies to Medicaid.

Requests for an oral liquid form of a drug must be approved if BOTH of the following apply:

1) the indication is FDA approved AND
2) the patient is using an enteral tube for feeding or medication administration

FDA APPROVED INDICATIONS AND DOSAGE[4-57]

Immediate Release Opioid Single Ingredient Agent(s)	Indication(s)
butorphanol[a] Nasal spray	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
Codeine[a] Tablet	Management of mild to moderate pain, where treatment with an opioid is appropriate and for which alternative treatments are inadequate
Dilaudid (hydromorphone)[a] Tablet Liquid	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Levorphanol[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Meperidine Tablet Solution	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
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 treatment options are inadequate
Morphine[a] Tablet Concentrate Solution	Management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Oxaydo, Roxybond, Roxicodone (oxycodone)[a] Capsule	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate

Tablet Solution Concentrate	
Opana (oxymorphone)[a] Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Nucynta (tapentadol) Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults and pediatric patients aged 6 years and older with a body weight of at least 40 kg.
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
Ultram, Tramadol[a] Tablet	Management of pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Immediate Release Opioid Combination Ingredient Agent(s)	**Indication(s)**
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 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
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
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
Trezix, Acetaminophen/ caffeine/ dihydrocodeine Capsule, tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Hydrocodone/ Acetaminophen[a]	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate

Solution	
Lortab (hydrocodone/ acetaminophen) Solution	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Norco (hydrocodone/ acetaminophen)[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Hydrocodone/ Ibuprofen[a] Tablet	Short-term management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Nalocet, Oxycodone/ Acetaminophen, Primlev, Prolate Tablet Solution	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Percocet (oxycodone/ acetaminophen)[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
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
pentazocine/ naloxone[a] Tablet	Management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate
Ultracet (tramadol/ acetaminophen)[a] Tablet	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate

a – generic available

Opioid Extended Release Agent(s)	Indication(s)	Dosage (Maximum Labeled Dose)
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	Twice daily (1800 mcg daily)

	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.	
Butrans®[a] (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.	1 transdermal system weekly (20 mcg/hr)
Conzip®, Tramadol SR 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	Once daily (300 mg daily)

	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.	
hydromorphone ER[a] 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.	Once daily
Fentanyl[a] 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	One patch every 72 hours 15 patches per month

	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.	
Hydrocodone ER Abuse Deterrent 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.	Twice daily
Hysingla ER® (hydrocodone ER)[a] 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	Once daily

	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 ER[a] 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.	Once daily
MS Contin® (morphine sulfate ER)[a] 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	Two to three times daily

	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.	
Nucynta ER® (tapentadol ER) 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: • 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.	Twice daily (500 mg daily)
OxyContin®, Oxycodone ER 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:	Twice daily

	• 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.	
Oxymorphone ER 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.	Twice daily
tramadol ER[a] Tablet, 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	Once daily (300 mg daily)

	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 ER) 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.	Twice daily (288 mg daily)

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. [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 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 morphine milligram equivalents (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 (≥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 palliative or 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]

References

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Opioids IR and ER New To Therapy with Daily Quantity Limit

OBJECTIVE
The program will check if a patient is new to opioid therapy as defined as having no prior opioid use in the past 120 days. If the patient is new to therapy, the patient will be restricted to ≤7 days of therapy. The program will allow for exceptions for uses beyond this limit based on program requirements. 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 to 18 years will be restricted from use for post-operative pain management following a tonsillectomy and/or adenoidectomy.

TARGET AGENT(S) FOR NEW TO THERAPY[b]

OPIOID IR SINGLE INGREDIENT AGENT(S)			
Brand (generic)	**GPI**	**Daily Quantity Limit**	**Age Limit**
butorphanol[a]			
10 mg/mL nasal spray	65200020102050	0.25 mL	NA
Codeine			
15 mg tablet	65100020200305	6 tablets	≥18 years
30 mg tablet[a]	65100020200310	6 tablets	≥18 years
60 mg tablet	65100020200315	6 tablets	≥18 years
Dilaudid (hydromorphone)[a]			
2 mg tablet	65100035100310	6 tablets	NA
4 mg tablet	65100035100320	6 tablets	NA
8 mg tablet	65100035100330	6 tablets	NA
1 mg/mL liquid	65100035100920	48 mL	NA
Levorphanol[a]			
2 mg tablet	65100040100305	4 tablets	NA
3 mg tablet	65100040100310	4 tablets	NA
Meperidine			
50 mg tablet	65100045100305	12 tablets	NA
50 mg/5 mL solution	65100045102060	60 mL	NA
Dolophine (methadone)[a]			
5 mg tablet	65100050100305	3 tablets	NA
10 mg tablet	65100050100310	3 tablets	NA
Methadose, Methadone[a]			
40 mg soluble tablet	65100050107320	3 tablets	NA
5 mg/5 mL solution	65100050102010	30 mL	NA
10 mg/5 mL solution	65100050102015	15 mL	NA
10 mg/mL concentrate	65100050101310	3 mL	NA
Morphine sulfate[a]			
15 mg tablet	65100055100310	12 tablets	NA
30 mg tablet	65100055100315	6 tablets	NA
10 mg/5 mL solution	65100055102065	90 mL	NA
20 mg/5 mL solution	65100055102070	45 mL	NA
20 mg/mL concentrate	65100055102090	9 mL	NA
Oxaydo, Roxybond, Roxicodone (oxycodone)			
5 mg capsule[a]	65100075100110	12 capsules	NA
5 mg tablet[a]	65100075100310	12 tablets	NA
5 mg tablet	6510007510A530	12 tablets	NA
7.5 mg tablet	65100075100315	6 tablets	NA

10 mg tablet[a]	65100075100320	6 tablets	NA
15 mg tablet[a]	65100075100325	6 tablets	NA
15 mg tablet	6510007510A540	6 tablets	NA
20 mg tablet[a]	65100075100330	6 tablets	NA
30 mg tablet[a]	65100075100340	6 tablets	NA
30 mg tablet	6510007510A560	6 tablets	NA
5 mg/5 mL solution[a]	65100075102005	180 mL	NA
20 mg/mL concentrate[a]	65100075101320	9 mL	NA
Opana (oxymorphone)[a]			
5 mg tablet	65100080100305	6 tablets	NA
10 mg tablet	65100080100310	6 tablets	NA
Nucynta (tapentadol)			
50 mg tablet	65100091100320	6 tablets	NA
75 mg tablet	65100091100330	6 tablets	NA
100 mg tablet	65100091100340	6 tablets	NA
Qdolo, Ultram, Tramadol			
25 mg tablet	65100095100310	8 tablets	≥18 years
50 mg tablet[a]	65100095100320	8 tablets	≥18 years
100 mg tablet[a]	65100095100340	4 tablets	≥18 years
5 mg/mL solution	65100095102005	80 mL	≥18 years
OPIOID IR COMBINATION INGREDIENT AGENT(S)			
Apadaz, Benzhydrocodone/acetaminophen			
4.08/325 mg tablet	65990002020310	12 tablets	NA
6.12/325 mg tablet	65990002020320	12 tablets	NA
8.16/325 mg tablet	65990002020330	12 tablets	NA
Tylenol w/Codeine (acetaminophen/codeine)[a]			
120 mg/12 mg/5 mL solution	65991002052020	90 mL	≥18 years
300 mg/15 mg tablet	65991002050310	12 tablets	≥18 years
300 mg/30 mg tablet	65991002050315	12 tablets	≥18 years
300 mg/60 mg tablet	65991002050320	6 tablets	≥18 years
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)[a]			
50 mg/300 mg/40 mg/30 mg capsule	65991004100113	6 capsules	≥18 years
50 mg/325 mg/40 mg/30 mg capsule	65991004100115	6 capsules	≥18 years
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)[a]			
50 mg/325 mg/40 mg/30 mg capsule	65991004300115	6 capsules	≥18 years
Trezix, Acetaminophen/caffeine/dihydrocodeine			
320.5 mg/30 mg/16 mg capsule	65991303050115	10 capsules	≥18 years
325 mg/30 mg/16 mg tablet	65991303050320	10 tablets	≥18 years
Lortab, Norco, Hydrocodone/acetaminophen			
5 mg/300 mg tablet[a]	65991702100309	8 tablets	NA
5 mg/325 mg tablet[a]	65991702100356	8 tablets	NA
7.5 mg/300 mg tablet[a]	65991702100322	6 tablets	NA
7.5 mg/325 mg tablet[a]	65991702100358	6 tablets	NA
10 mg/300 mg tablet[a]	65991702100375	6 tablets	NA
10 mg/325 mg tablet[a]	65991702100305	6 tablets	NA

7.5 mg/325 mg/15 mL solution[a]	65991702102015	90 mL	NA
10 mg/300 mg/15 mL solution	65991702102024	67.5 mL	NA
Hydrocodone/Ibuprofen			
5 mg/200 mg tablet	65991702500315	5 tablets	NA
7.5 mg/200 mg tablet[a]	65991702500320	5 tablets	NA
10 mg/200 mg tablet[a]	65991702500330	5 tablets	NA
Percocet, Prolate, Oxycodone/acetaminophen, Nalocet, Primlev			
2.5 mg/300 mg tablet	65990002200303	12 tablets	NA
2.5 mg/325 mg tablet[a]	65990002200305	12 tablets	NA
5 mg/300 mg tablet	65990002200308	12 tablets	NA
5 mg/325 mg tablet[a]	65990002200310	12 tablets	NA
7.5 mg/300 mg tablet	65990002200325	8 tablets	NA
7.5 mg/325 mg tablet[a]	65990002200327	8 tablets	NA
10 mg/300 mg tablet	65990002200333	6 tablets	NA
10 mg/325 mg tablet[a]	65990002200335	6 tablets	NA
10 mg/300 mg/5 mL solution	65990002202020	30 mL	NA
Oxycodone/Ibuprofen			
5 mg/400 mg tablet	65990002260320	4 tablets	NA
pentazocine/naloxone[a]			
50 mg/0.5 mg tablet	65200040300310	12 tablets	NA
Ultracet (tramadol/acetaminophen)[a]			
37.5 mg/325 mg tablet	65995002200320	8 tablets	≥18 years

OPIOID ER AGENT(S)			
Brand (generic)	**GPI**	**Daily Quantity Limit**	**Age Limit**
Belbuca (buprenorphine)			
75 mcg buccal film	65200010108210	2 films	NA
150 mcg buccal film	65200010108220	2 films	NA
300 mcg buccal film	65200010108230	2 films	NA
450 mcg buccal film	65200010108240	2 films	NA
600 mcg buccal film	65200010108250	2 films	NA
750 mcg buccal film	65200010108260	2 films	NA
900 mcg buccal film	65200010108270	2 films	NA
Butrans (buprenorphine)[a]			
5 mcg/hour transdermal system	65200010008820	1 system/week	NA
7.5 mcg/hour transdermal system	65200010008825	1 system/week	NA
10 mcg/hour transdermal system	65200010008830	1 system/week	NA
15 mcg/hour transdermal system	65200010008835	1 system/week	NA
20 mcg/hour transdermal system	65200010008840	1 system/week	NA
ConZip, Tramadol ER			
100 mg extended-release capsule	65100095107070	1 capsule	≥ 18 years

OPIOID ER AGENT(S)			
Brand (generic)	**GPI**	**Daily Quantity Limit**	**Age Limit**
200 mg extended-release capsule	65100095107080	1 capsule	≥ 18 years
300 mg extended-release capsule	65100095107090	1 capsule	≥ 18 years
fentanyl transdermal patch[a]			
12 mcg/hr transdermal patch	65100025008610	15 patches/ month	NA
25 mcg/hr transdermal patch	65100025008620	15 patches/ month	NA
37.5 mcg/hr transdermal patch	65100025008626	15 patches/ month	NA
50 mcg/hr transdermal patch	65100025008630	15 patches/ month	NA
62.5 mcg/hr transdermal patch	65100025008635	15 patches/ month	NA
75 mcg/hr transdermal patch	65100025008640	15 patches/ month	NA
87.5 mcg/hr transdermal patch	65100025008645	15 patches/ month	NA
100 mcg/hr transdermal patch	65100025008650	15 patches/ month	NA
Hydrocodone ER Abuse Deterrent			
10 mg sustained-release capsule	65100030106910	2 capsules	NA
15 mg sustained-release capsule	65100030106915	2 capsules	NA
20 mg sustained-release capsule	65100030106920	2 capsules	NA
30 mg sustained-release capsule	65100030106930	2 capsules	NA
40 mg sustained-release capsule	65100030106940	2 capsules	NA
50 mg sustained-release capsule	65100030106950	2 capsules	
hydromorphone ER[a]			
8 mg extended-release tablet	65100035107521	1 tablet	NA
12 mg extended-release tablet	65100035107531	1 tablet	NA
16 mg extended-release tablet	65100035107541	1 tablet	NA
32 mg extended-release tablet	65100035107556	1 tablet	NA
Hysingla ER (hydrocodone ER)[a]			
20 mg extended-release tablet	6510003010A810	1 tablet	NA
30 mg extended-release tablet	6510003010A820	1 tablet	NA

OPIOID ER AGENT(S)			
Brand (generic)	**GPI**	**Daily Quantity Limit**	**Age Limit**
40 mg extended-release tablet	6510003010A830	1 tablet	NA
60 mg extended-release tablet	6510003010A840	1 tablet	NA
80 mg extended-release tablet	6510003010A850	1 tablet	NA
100 mg extended-release tablet	6510003010A860	1 tablet	NA
120 mg extended-release tablet	6510003010A870	1 tablet	NA
Morphine Sulfate ER			
30 mg extended-release capsule	65100055207020	1 capsule	NA
45 mg extended-release capsule	65100055207025	1 capsule	NA
60 mg extended-release capsule	65100055207030	1 capsule	NA
75 mg extended-release capsule	65100055207035	1 capsule	NA
90 mg extended-release capsule	65100055207040	1 capsule	NA
120 mg extended-release capsule	65100055207050	1 capsule	NA
MS Contin (morphine sulfate ER)[a]			
15 mg extended-release tablet	65100055100415	3 tablets	NA
30 mg extended-release tablet	65100055100432	3 tablets	NA
60 mg extended-release tablet	65100055100445	3 tablets	NA
100 mg extended-release tablet	65100055100460	3 tablets	NA
200 mg extended-release tablet	65100055100480	3 tablets	NA
Nucynta ER (tapentadol ER)			
50 mg extended-release tablet	65100091107420	2 tablets	NA
100 mg extended-release tablet	65100091107430	2 tablets	NA
150 mg extended-release tablet	65100091107440	2 tablets	NA
200 mg extended-release tablet	65100091107450	2 tablets	NA
250 mg extended-release tablet	65100091107460	2 tablets	NA
OxyContin, Oxycodone ER			
10 mg extended-release tablet	6510007510A710	2 tablets	NA

OPIOID ER AGENT(S)			
Brand (generic)	**GPI**	**Daily Quantity Limit**	**Age Limit**
15 mg extended-release tablet	6510007510A715	2 tablets	NA
20 mg extended-release tablet	6510007510A720	2 tablets	NA
30 mg extended-release tablet	6510007510A730	2 tablets	NA
40 mg extended-release tablet	6510007510A740	2 tablets	NA
60 mg extended-release tablet	6510007510A760	4 tablets	NA
80 mg extended-release tablet	6510007510A780	4 tablets	NA
Oxymorphone SR			
5 mg extended-release tablet	65100080107405	2 tablets	NA
7.5 mg extended-release tablet	65100080107407	2 tablets	NA
10 mg extended-release tablet	65100080107410	2 tablets	NA
15 mg extended-release tablet	65100080107415	2 tablets	NA
20 mg extended-release tablet	65100080107420	2 tablets	NA
30 mg extended-release tablet	65100080107430	2 tablets	NA
40 mg extended-release tablet	65100080107440	2 tablets	NA
tramadol ER[a]			
100 mg extended-release tablet	65100095107520	1 tablet	≥ 18 years
100 mg sustained-release tablet	65100095107560	1 tablet	≥ 18 years
200 mg extended-release tablet	65100095107530	1 tablet	≥ 18 years
200 mg sustained-release tablet	65100095107570	1 tablet	≥ 18 years
300 mg extended-release tablet	65100095107540	1 tablet	≥ 18 years
300 mg sustained-release tablet	65100095107580	1 tablet	≥ 18 years
Xtampza ER (oxycodone ER)			
9 mg capsule	6510007500A310	2 capsules	NA
13.5 mg capsule	6510007500A315	2 capsules	NA
18 mg capsule	6510007500A320	2 capsules	NA
27 mg capsule	6510007500A330	2 capsules	NA
36 mg capsule	6510007500A340	8 capsules	NA

a - generic available
b - all target agents are subject to a ≤ 7 days of therapy if no prior opioid or oncology claims are found in the past 120 days

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Target 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. If the requested agent contains acetaminophen, then the requested dose of acetaminophen does NOT exceed 4 g/day
    AND
    B. 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
    AND
    C. ONE of the following:
        i. The patient is not concurrently using buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment
        OR
        ii. The prescriber has provided information in support of use of opioids with buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment
    AND
    D. ONE of the following:
        i. There is information that the patient is NOT new to opioid therapy in the past 120 days
        OR
        ii. The prescriber states the patient is NOT new to opioid therapy AND is at risk if therapy is changed
        OR
        iii. There is information that the patient has taken an oncology agent in the past 120 days
        OR
        iv. ONE of the following:
            a. The patient has a diagnosis of chronic 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 non-cancer pain and ALL of the following:
                1. The prescriber has provided information in support of use of opioids for an extended duration (>7 days)
                AND
                2. A formal, consultative evaluation which includes BOTH of the following was conducted:
                    A. Diagnosis
                    AND

B. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy

AND

3. A patient-specific pain management plan is on file for the patient

AND

4. 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

E. If the requested quantity (dose) exceeds the program quantity daily limit or the program maximum daily dose, then BOTH of the following:
   i. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit
   AND
   ii. The prescriber has provided information in support of therapy with a higher dose for the requested indication

OR

2. The request does NOT exceed the 7 day supply limit AND ALL of the following:
   A. The requested dose exceeds the program quantity daily limit
   AND
   B. The requested dose is less than or equal to the program maximum daily dose (maximum mg allowed with highest dosage strength)
   AND
   C. If the requested agent contains acetaminophen, then the requested dose of acetaminophen does NOT exceed 4 g/day
   AND
   D. 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
   AND
   E. ONE of the following:
      i. The patient is not concurrently using buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment
      OR
      ii. The prescriber has provided information in support of use of opioids with buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment
   AND
   F. BOTH of the following:
      i. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit
      AND

ii. The prescriber has provided information in support of therapy with a higher dose for the requested indication

OR

3. The request does NOT exceed the 7 day supply limit AND ALL of the following:
   A. The requested dose exceeds the program maximum daily dose (maximum mg allowed with highest dosage strength)
   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

   AND
   D. ONE of the following:
      i. The patient is not concurrently using buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment
      OR
      ii. The prescriber has provided information in support of use of opioids with buprenorphine or buprenorphine/naloxone agent for opioid dependence treatment

   AND
   E. ONE of the following:
      i. The patient has a diagnosis of active cancer pain due to an active malignancy
      OR
      ii. The patient is eligible for hospice OR palliative care
      OR
      iii. The patient has a diagnosis of sickle cell disease
      OR
      iv. The patient is undergoing treatment of chronic non-cancer pain and ALL of the following:
         a. A formal, consultative evaluation which includes BOTH of the following has been conducted:
            1. Diagnosis
            AND
            2. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy

         AND
         b. A patient-specific pain management plan is on file for the patient
         AND
         c. 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

F. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit
AND
G. The prescriber has provided information in support of therapy with a higher dose for the requested indication

OR

4. The request does NOT exceed the 7 day supply limit, the program quantity daily limit or the program maximum daily dose 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

OR

5. If the request is for an oral liquid form of a medication, then BOTH of the following:
   a. The patient has an FDA approved indication **AND**
   b. The patient uses an enteral tube for feeding or medication administration

Length of Approval: 1 month for new to therapy overrides and dose titration requests
Up to 6 months for all other requests

NOTE: If other programs (e.g., MED, Concurrent Opioids) also applies, please refer to program specific documents.

Opioid IR Program Maximum Daily Dose

Agent(s)	Program Maximum Daily Dose
butorphanol	0.25 mL
Codeine	360 mg
Dilaudid (hydromorphone)	48 mg
Levorphanol	12 mg
Meperidine	600 mg
Dolophine, Methadose (methadone) Tablet, solution, concentrate	30 mg
Methadose (methadone) Soluble tablet	120 mg
Morphine	180 mg
Oxaydo, Roxicodone (oxycodone)	180 mg
Opana (oxymorphone)	60 mg
Nucynta (tapentadol)	600 mg
Qdolo, Ultram, Tramadol	400 mg

Opioid ER Program Maximum Daily Dose

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
fentanyl transdermal patch	100 mcg/hr patch/2 days

hydrocodone ER abuse deterrent	100 mg
Hysingla (hydrocodone ER)	120 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
Ultram ER (tramadol ER)	300 mg
Xtampza ER (oxycodone ER)	288 mg