

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 (outlined below)*

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, Levodromoran (see Levorphanol Policy)	2 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

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

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, Roxybond (oxycodone) (see Oxaydo – Roxybond Policy)	5 mg tablet	6
Oxaydo (oxycodone) (see Oxaydo – Roxybond Policy)	7.5 mg tablet	6
Roxybond(oxycodone) (see Oxaydo – Roxybond Policy)	15 mg tablet	6
Roxybond(oxycodone) (see Oxaydo – Roxybond Policy)	30 mg tablet	6
Oxymorphone, Opana	5 mg tablet	6
Oxymorphone, Opana	10 mg tablet	6
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 (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	5
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
Synalgos-DC, Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	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

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

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
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	8
Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mL solution	60
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/325 mg tablet	12
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

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

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
Oxycodone/Ibuprofen	5 mg/400 mg tablet	4
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	5
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	5
pentazocine/naloxone	50 mg/0.5 mg tablet	12
Talacen (pentazocine/acetaminophen)	25 mg/650 mg tablet	6

*Non-formulary Exception Criteria

Non-Formulary Exception criteria applies on formularies which exclude requested product(s). Satisfactory completion of criteria points (above) may satisfy some, or all, portions of the Non-Formulary Exception Criteria. This criteria is summarized as:

- a) Request must be for an FDA approved indication; **AND**
- b) Patient must have a trial and failure of up to **TWO** formulary medications or a clinical contraindication/intolerance to those medications not tried.

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:

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.

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“Blue Cross NC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross NC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
 - Blue Cross NC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscoordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019, 800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY : 1-800-442-7028) 。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-206-4697 (TTY: 1- 800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau
1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો
1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。