



**IMMEDIATE RELEASE OPIOID-NC Standard
7 DAY FIRST FILL AND QUANTITY LIMIT EXCEPTION
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

INCOMPLETE FORMS MAY DELAY PROCESSING

ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW

PRESCRIBER NAME		PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]		
CONTACT PERSON		PRESCRIBER PHONE	PRESCRIBER FAX		
PRESCRIBER ADDRESS	CITY	STATE	ZIP	Formulary Drug? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER M F		

Please answer the following questions: **Diagnosis Code:** _____

Medication Requested: _____

Dosage Requested: _____ **Quantity Requested:** _____ **per day**
****Please enter quantity as a numeric value with one decimal place (ex. 1.0, 1.5)****

- Has the patient filled a prescription for an opioid in the past 180 days?..... Yes No
- Please list any medications the patient has tried and failed, or has a contraindication/intolerance to related to this condition:

- If the quantity is over the daily limit listed on pages 2 – 6, please document support for the requested Quantity Limit Exception (this may include documented clinical rationale and/or medical records). **Rationale must be provided.**

Please certify the following by signing and dating below:

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient’s medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient’s medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.

Prescriber’s Signature (Required): _____ **Date:** _____

For Blue Cross NC members, fax form to 1-800-795-9403

QUANTITY LIMITS

NOTE: quantity limits apply to both brand and generic formulations

Immediate Release Agents		
Medication	Strength	Quantity per Day
butorphanol	10 mg/mL nasal spray	2.917
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
Nucynta (tapentadol)	50 mg tablet	6
Nucynta (tapentadol)	75 mg tablet	6
Nucynta (tapentadol)	100 mg tablet	6
Oxaydo (oxycodone) (see Oxaydo – Roxybond Policy)	7.5 mg tablet	6
Oxaydo, Roxybond (oxycodone) (see Oxaydo – Roxybond Policy)	5 mg tablet	6
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
Oxymorphone, Opana	5 mg tablet	6
Oxymorphone, Opana	10 mg tablet	6
Roxybond(oxycodone) (see Oxaydo – Roxybond Policy)	15 mg tablet	6
Roxybond(oxycodone) (see Oxaydo – Roxybond Policy)	30 mg tablet	6
Rybix ODT (tramadol)	50 mg orally disintegrating tablet	8

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Tramadol	100 mg tablet	4
Ultram (tramadol)	50 mg tablet	8
Combination Agents		
Acetaminophen/codeine	5 mg/400 mg tablet	4
Acetaminophen/codeine	120 mg/12 mg/5 mL solution	90
Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	90
Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	6
Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	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
hydrocodone/acetaminophen solution	10 mg/325 mg/15 mL solution	90
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

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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
Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet	5
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	12
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
Oxycodone/Ibuprofen	5 mg/400 mg tablet	4
Oxycodone/Ibuprofen	5 mg/400 mg tablet	4
Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	712.8 mg/60 mg/32 mg tablet	5
Panlor, Dvorah (acetaminophen/caffeine/dihydrocodeine)	325 mg/30 mg/16 mg tablet	10
pentazocine/naloxone	50 mg/0.5 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	2.5 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
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	12
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 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
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	5
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	5
Reprexain, Ibudone (hydrocodone/ibuprofen)	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
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	8
Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mL solution	60
Stagesic, Hydrogesic, Polygesic (hydrocodone/acetaminophen)	5 mg/500 mg capsule	8
Synalgos-DC, Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	12
Talacen (pentazocine/acetaminophen)	25 mg/650 mg tablet	6
Trezix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	10
Trezix, Acetaminophen/Caffeine/Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	10
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
Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule	8
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	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
Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet	5
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
Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8
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

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
- 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).

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 ભિ:સુલુ 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。