

Opioid Management Program

October 2019

What Is the Opioid Management Program?

This program is based on guidelines developed by the U.S. Centers for Disease Control and Prevention (CDC). It consists of daily quantity limits specific to each covered opioid drug and prior authorization requirements for certain prescribing situations.

The program addresses these three categories of opioids:

- Short acting/**immediate release** (IR) products for acute/chronic pain
- Short acting/immediate release **combination** products for acute/chronic pain (products containing acetaminophen, ibuprofen, aspirin, other non-opioid pain medication in combination with the opioid)
- Long acting/**extended release** (ER) products for chronic pain

Immediate release opioids are subject to an initial 7-day supply for most patients to accommodate short-term pain. Extended release opioids have a 30-day initial fill limit (following an initial 7-day prescription) with ongoing monitoring by the patients' physician. In addition, the doses of medication prescribed are limited for all three opioid categories, with greater dosages available only with prior authorization.

Note: The program limits the amount of medications your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you. If your doctor thinks you need more than the amount allowed by the program, he or she can request an authorization. These requests go to CVS Caremark or to your health plan for review. CVS Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

Who Is Affected by the Program?

All members are subject to the requirements of the Opioid Management Program, regardless of whether your plan includes the standard Quantity Management program.

The program does **not** apply to members undergoing treatment for cancer or sickle cell disease, or those under hospice care. For members we identify who are newly diagnosed with one of the exempt conditions or who are new to hospice care, we will pre-authorize their opioid coverage

What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the covered amount, the pharmacist will fill your prescription, as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices:

- Your pharmacist can reduce your prescription to the quantity your health plan covers.
- You can pay full price for all of your prescription or for the portion that exceeds the limit.
- You or your pharmacist can ask your doctor to get a quantity override, if one is available.

If your plan approves the additional quantity, your plan will pay for it. If your plan does not approve it, or the override is not available, you can still choose another option.

Opioid Management Program – Immediate Release (IR) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844-449-8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
Codeine sulfate oral solution	30 mg/5 mL	210 mL	211-840 mL	greater than 840 mL
Codeine sulfate tablets	15 mg, 30 mg, 60 mg	42 tablets	43-84 tablets	greater than 84 tablets
Hydromorphone liquid	1 mg/mL	600 mL	601-900 mL	greater than 900 mL
Hydromorphone suppositories	3 mg	120 suppositories	121-180 supps	greater than 180 supps
Hydromorphone tablets	2 mg	180 tablets	181-270 tablets	greater than 270 tablets
Hydromorphone tablets	4 mg	150 tablets	151-225 tablets	greater than 225 tablets
Hydromorphone tablets	8 mg	60 tablets	61-90 tablets	greater than 90 tablets
Levorphanol tablets	2 mg	120 tablets	121-163 tablets	greater than 163 tablets
Meperidine oral solution	50 mg/5 mL	90 mL	91-120 mL	greater than 120 mL
Meperidine tablet	50 mg, 100 mg	18 tablets	19-24 tablets	greater than 24 tablets
Morphine sulfate (conc) oral solution	20 mg/mL (100 mg/5 mL)	135 mL	136-180 mL	greater than 180 mL
Morphine sulfate oral solution	10 mg/5 mL	900 mL	901-1350 mL	greater than 1350 mL
Morphine sulfate oral solution	20 mg/5 mL	675 mL	676-900 mL	greater than 900 mL
Morphine sulfate suppositories	5 mg, 10 mg	180 suppositories	181-270 supps	greater than 270 supps
Morphine sulfate suppositories	20 mg	120 suppositories	121-180 supps	greater than 180 supps
Morphine sulfate suppositories	30 mg	90 suppositories	91-120 supps	greater than 120 supps
Morphine sulfate tablets	15 mg	180 tablets	181-240 tablets	greater than 240 tablets
Morphine sulfate tablets	30 mg	90 tablets	91-120 tablets	greater than 120 tablets
Oxaydo	5 mg, 7.5 mg	180 tablets	181-270 tablets	greater than 270 tablets
Oxycodone capsules	5 mg	180 capsules	181-270 capsules	greater than 270 capsules
Oxycodone oral concentrate	100 mg/5 mL (20 mg/mL)	90 mL	91-120 mL	greater than 120 mL
Oxycodone solution	5 mg/5 mL	900 mL	901-2400 mL	greater than 2400 mL
Oxycodone tablets	5 mg	180 tablets	181-270 tablets	greater than 270 tablets
Oxycodone tablets	10 mg	180 tablets	181-240 tablets	greater than 240 tablets
Oxycodone tablets	15 mg	120 tablets	121-160 tablets	greater than 160 tablets
Oxycodone tablets	20 mg	90 tablets	91-120 tablets	greater than 120 tablets
Oxycodone tablets	30 mg	60 tablets	61-80 tablets	greater than 80 tablets
Oxymorphone tablets	5 mg	180 tablets	181-240 tablets	greater than 240 tablets
Oxymorphone tablets	10 mg	90 tablets	91-120 tablets	greater than 120 tablets
Pentazocine/naloxone	50/0.5 mg	120 tablets	121-194 tablets	greater than 194 tablets
RoxyBond	5 mg	180 tablets	181-270 tablets	greater than 270 tablets
RoxyBond	15 mg	120 tablets	121-160 tablets	greater than 160 tablets
RoxyBond	30 mg	60 tablets	61-80 tablets	greater than 80 tablets
Tapentadol	50 mg	120 tablets	121-180 tablets	greater than 180 tablets
Tapentadol	75 mg	90 tablets	91-120 tablets	greater than 120 tablets
Tapentadol	100 mg	60 tablets	61-90 tablets	greater than 90 tablets
Tramadol	50 mg	180 tablets	181-240 tablets	greater than 240 tablets

Opioid Management Program – Combination Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
APAP/caffeine/dihydrocodeine capsules	320.5/30/16 mg, 356.4/30/16 mg	300 capsules	greater than 300 capsules
APAP/caffeine/dihydrocodeine capsules	712.8/60/32 mg	150 tablets	greater than 150 tablets
APAP/codeine solution	120-12 mg/5 mL	2700 mL	greater than 2700 mL
APAP/codeine suspension	120-12 mg/5 mL	2700 mL	greater than 2700 mL
APAP/codeine tablets	300/15 mg	400 tablets	greater than 400 tablets
APAP/codeine tablets	300/30 mg	360 tablets	greater than 360 tablets
APAP/codeine tablets	300/60 mg	180 tablets	greater than 180 tablets
ASA/caffeine/dihydrocodeine capsules	356.4/30/16 mg	300 capsules	greater than 300 capsules
Benzhydrocodone/APAP	6.12/325 mg	168 tablets	greater than 168 tablets
Hydrocodone/APAP elixir	10/300 mg/15 mL	2025 mL	greater than 2025 mL
Hydrocodone/APAP solution	10/325 mg/15 mL, 10/500 mg/15 mL	2700 mL	greater than 2700 mL
Hydrocodone/APAP solution	7.5/325 mg/15 mL, 7.5/500 mg/15 mL	2700 mL	greater than 2700 mL
Hydrocodone/APAP tablets#	2.5/325 mg	360 tablets	greater than 360 tablets
Hydrocodone/APAP tablets #	2.5/500 mg, 5/300 mg, 5/325 mg, 5/400 mg, 5/500 mg	240 tablets	greater than 240 tablets
Hydrocodone/APAP tablets #	7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg, 7.5 mg/650 mg	180 tablets	greater than 180 tablets
Hydrocodone/APAP tablets #	7.5/750 mg	150 tablets	greater than 150 tablets
Hydrocodone/APAP tablet s#	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets	greater than 180 tablets
Hydrocodone/APAP tablets #	10/660 mg and 750 mg	150 tablets	greater than 150 tablets
Hydrocodone/ibuprofen tablets	2.5/200 mg, 5/200 mg, 7.5/200 mg, 10/200mg	50 tablets	greater than 50 tablets
Oxycodone/APAP solution	5-325 mg/5 mL	1800 mL	greater than 1800 mL
Oxycodone/APAP tablets %	2.5/325 mg, 5/300 mg, 5/325 mg	360 tablets	greater than 360 tablets
Oxycodone/APAP tablets %	5/400 mg	300 tablets	greater than 300 tablets
Oxycodone/APAP tablets %	5/500 mg, 7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg,	240 tablets	greater than 240 tablets
Oxycodone/APAP tablets %	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets	greater than 180 tablets
Oxycodone/ASA tablets	4.8355/325 mg	360 tablets	greater than 360 tablets
Oxycodone/ibuprofen tablets	5/400 mg	28 tablets	greater than 28 tablets
Pentazocine/APAP tablets	25/650 mg	180 tablets	greater than 180 tablets
Tramadol/APAP tablets	37.5/325 mg	40 tablets	greater than 40 tablets

These products may be marketed under the brands of Lorcet, Lortab, Norco or Vicodin

% These products may be marketed under the brands of Endocet and Percocet

Opioid Management Program – Extended Release (ER) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844-449-8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
Arymo ER*	15 mg, 30 mg			
Avinza	30 mg, 45 mg, 60 mg	30 capsules	31-90 capsules	greater than 90 capsules
Avinza	75 mg	30 capsules	31-48 capsules	greater than 48 capsules
Avinza	90 mg	30 capsules	31-40 capsules	greater than 40 capsules
Avinza	120 mg	N/A	30 capsules or less	greater than 30 capsules
Belbuca* (buprenorphine)	75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg			
Butrans (buprenorphine)	5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	4 patches	5-8 patches	greater than 8 patches
Butrans (buprenorphine)	15 mcg/hr, 20 mcg/hr	N/A	4 patches or less	greater than 4 patches
Conzip*	100 mg, 200 mg, 300 mg			
Dolophine	5 mg	90 tablets	91-120 tablets	greater than 120 tablets
Dolophine	10 mg	60 tablets	61-90 tablets	greater than 90 tablets
Duragesic (fentanyl)	12 mcg, 25 mcg	10 patches	11-20 patches	greater than 20 patches
Duragesic (fentanyl)	37.5 mcg	10 patches	11-13 patches	greater than 13 patches
Duragesic (fentanyl)	50 mcg	N/A	10 patches or less	greater than 10 patches
Duragesic (fentanyl)	62.5 mcg	N/A	8 patches or less	greater than 8 patches
Duragesic (fentanyl)	75 mcg	N/A	6 patches or less	greater than 6 patches
Duragesic (fentanyl)	87.5 mcg, 100 mcg	N/A	5 patches or less	greater than 5 patches
Embeda	20/0.8 mg, 30/1.2 mg	60 capsules	61-90 capsules	greater than 90 capsules
Embeda	50/2 mg, 60/2.4 mg	30 capsules	31-60 capsules	greater than 60 capsules
Embeda	80/3.2 mg	30 capsules	31-45 capsules	greater than 45 capsules
Embeda	100/4 mg	N/A	36 capsules or less	greater than 36 capsules
Exalgo	8 mg, 12 mg	30 tablets	31-60 tablets	greater than 60 tablets
Exalgo	16 mg	30 tablets	31-56 tablets	greater than 56 tablets
Exalgo	32 mg	N/A	28 tablets or less	greater than 28 tablets
Hysingla ER	20 mg, 30 mg, 40 mg, 60 mg	30 tablets	31-60 tablets	greater than 60 tablets
Hysingla ER	80 mg	30 tablets	31-45 tablets	greater than 45 tablets
Hysingla ER	100 mg	N/A	36 tablets or less	greater than 36 tablets
Hysingla ER	120 mg	N/A	30 tablets or less	greater than 30 tablets
Kadian*	All strengths			
Methadone	10 mg/mL Intensol solution	60 mL	61-90 mL	greater than 90 mL
Methadone	5 mg/5 mL oral solution	450 mL	451-600 mL	greater than 600 mL
Methadone	10 mg/5mL oral solution	300 mL	301-450 mL	greater than 450 mL
Methadone	200 mg/20 mL injection	20 mL (1 multi-dose vial)	21-40 mL	greater than 40 mL
Methadose	5 mg	90 tablets	91-120 tablets	greater than 120 tablets
Methadose	10 mg	60 tablets	61-90 tablets	greater than 90 tablets
MorphaBond*	15 mg, 30 mg, 60 mg, 100 mg			
MS Contin	15 mg, 30 mg	90 tablets	91-120 tablets	greater than 120 tablets

* Drug is excluded from coverage. To request a coverage exception for an excluded drug, physicians must call the preauthorization number on the back of the member's ID card. If an excluded drug is approved for coverage, quantity limits will apply.

Opioid Management Program – Extended Release (ER) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844-449-8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
MS Contin	60 mg	N/A	60 tablets or less	greater than 60 tablets
MS Contin	100 mg	N/A	36 tablets or less	greater than 36 tablets
MS Contin	200 mg	N/A	18 tablets or less	greater than 18 tablets
Nucynta ER	50 mg, 100 mg	60 tablets	61-90 tablets	greater than 90 tablets
Nucynta ER	150 mg	N/A	60 tablets or less	greater than 60 tablets
Nucynta ER	200 mg	N/A	45 tablets or less	greater than 45 tablets
Nucynta ER	250 mg	N/A	36 tablets or less	greater than 36 tablets
Opana ER*	5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg			
OxyContin	10 mg, 15 mg, 20 mg	60 tablets	61-90 tablets	greater than 90 tablets
OxyContin	30 mg	60 tablets	61-80 tablets	greater than 80 tablets
OxyContin	40 mg	N/A	60 tablets or less	greater than 60 tablets
OxyContin	60 mg	N/A	40 tablets or less	greater than 40 tablets
OxyContin	80 mg	N/A	30 tablets or less	greater than 30 tablets
Oxymorphone ER	5 mg, 7.5 mg, 10 mg	60 tablets	61-90 tablets	greater than 90 tablets
Oxymorphone ER	15 mg	60 tablets	61-80 tablets	greater than 80 tablets
Oxymorphone ER	20 mg	N/A	60 tablets or less	greater than 60 tablets
Oxymorphone ER	30 mg	N/A	40 tablets or less	greater than 40 tablets
Oxymorphone ER	40 mg	N/A	30 tablets or less	greater than 30 tablets
Targiniq ER	10 mg/5 mg, 20 mg/10 mg	60 tablets	61-90 tablets	greater than 90 tablets
Targiniq ER	40 mg/20 mg	N/A	60 tablets or less	greater than 60 tablets
Tramadol ER	100 mg	30 tablets	31-60 tablets	greater than 60 tablets
Tramadol ER	150 mg	30 capsules	31-60 capsules	greater than 60 capsules
Tramadol ER	200 mg, 300 mg	N/A	30 tablets or less	greater than 30 tablets
Troxyca ER	10 mg/1.2 mg, 20 mg/2.4 mg	60 capsules	61-90 capsules	greater than 90 capsules
Troxyca ER	30 mg/3.6 mg	60 capsules	61-80 capsules	greater than 80 capsules
Troxyca ER	40 mg/4.8 mg	N/A	60 capsules or less	greater than 60 capsules
Troxyca ER	60 mg/7.2 mg	N/A	40 capsules or less	greater than 40 capsules
Troxyca ER	80 mg/9.6 mg	N/A	30 capsules or less	greater than 30 capsules
Ultram ER	100 mg	30 tablets	31-60 tablets	greater than 60 tablets
Ultram ER	200 mg, 300 mg	N/A	30 tablets or less	greater than 30 tablets
Vantrela ER	15 mg, 30 mg	60 tablets	61-90 tablets	greater than 90 tablets
Vantrela ER	45 mg	60 tablets	61-80 tablets	greater than 80 tablets
Vantrela ER	60 mg	N/A	60 tablets or less	greater than 60 tablets
Vantrela ER	90 mg	N/A	40 tablets or less	greater than 40 tablets
Xtampza ER*	9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg			
Zohydro ER	10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 capsules	61-90 capsules	greater than 90 capsules
Zohydro ER	50 mg	N/A	60 capsules or less	greater than 60 capsules

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