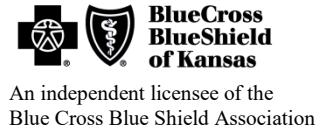


Medical Policy



Title: Opioid Immediate Release

➤ **Prime Therapeutics will review Prior Authorization**

Prior Authorization Form:

<https://www.bcbsks.com/CustomerService/Forms/pdf/PriorAuth-6580KS-OERD.pdf>

Link to Drug List (Formulary):

<https://www.bcbsks.com/drugs/>

Professional

Original Effective Date: July 1, 2018
 Revision Date(s): July 1, 2018;
 September 1, 2018; December 1, 2018
 Current Effective Date: December 1, 2018

Institutional

Original Effective Date: July 1, 2018
 Revision Date(s): July 1, 2018;
 September 1, 2018; December 1, 2018
 Current Effective Date: December 1, 2018

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

The intent of the program is to help direct appropriate use of immediate release opioids based on CDC guideline recommendation on the duration of acute opioid use. For targets of the Duration and Quantity Limit, the program will not stop claims for immediate release opioids which are 7 days of therapy or less. The program will also allow for continuation of therapy, regardless of requested days of therapy, in patients who are on opioid therapy in the past 60 days. Requests for therapy longer than 7 days for patients who do not have opioid use in the past 60 days will result in an alert to patients to seek prior authorization for extended therapy. Tramadol or codeine containing

agents will not be approved for pediatric patients less than 12 years of age, nor for patients less than 18 years of age for post-operative pain management following a tonsillectomy and/or adenoidectomy. For targets of the quantity limit, only a maximum daily dose limit applies.

FDA Approved Indications and Dosage^{1,2,17,20}

Immediate Release Opioid Agents	Indication	Dosage & Administration
codeine ^a	15 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
codeine ^a	30 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
codeine ^a	60 mg tablet	15 mg to 60 mg repeated up to every four hours as needed for pain. The maximum 24 hour dose is 360 mg.
Demerol ^a (meperidine)	50 mg tablet	Every 3-4 hours
Demerol ^a (meperidine)	100 mg tablet	Every 3-4 hours
Demerol (meperidine)	50 mg/5 mL solution	Every 3-4 hours
Dilaudid ^a (hydromorphone)	2 mg tablet	Every 4-6 hours
Dilaudid ^a (hydromorphone)	4 mg tablet	Every 4-6 hours
Dilaudid ^a (hydromorphone)	8 mg tablet	Every 4-6 hours
Dilaudid ^a (hydromorphone)	1 mg/mL liquid	Every 3-6 hours
Dolophine ^a (methadone)	5 mg tablet	Every 8-12 hours
Dolophine ^a (methadone)	10 mg tablet	Every 8-12 hours
Levorphanol	2 mg tablet	Every 6-8 hours
Methadone ^a	5 mg/5mL solution	Every 8-12 hours
Methadone ^a	10 mg/5 mL solution	Every 8-12 hours
Methadose ^a (methadone)	40 mg soluble tablet	80-120 mg daily
Methadose ^a (methadone)	10 mg/mL concentrate	Every 8-12 hours
Morphine	15 mg tablet	Every 4 hours
morphine ^a	30 mg tablet	Every 4 hours
morphine ^a	10 mg/5 mL solution	Every 4 hours
morphine ^a	20 mg/5 mL solution	Every 4 hours
morphine ^a	20 mg/mL concentrate	Every 4 hours

Immediate Release Opioid Agents	Indication	Dosage & Administration
Nucynta (tapentadol)	50 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Nucynta (tapentadol)	75 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Nucynta (tapentadol)	100 mg tablet	Every 4-6 hours. Daily doses greater than 700 mg on the first day of therapy and 600 mg on subsequent days have not been studied and are not recommended.
Opana (oxymorphone)	5 mg tablet	Every 4-6 hours
Opana (oxymorphone)	10 mg tablet	Every 4-6 hours
Oxaydo (oxycodone)	5 mg tablet	Every 4-6 hours
Oxaydo (oxycodone)	7.5 mg tablet	Every 4-6 hours
oxycodone ^a	5 mg capsule	Every 4-6 hours
oxycodone ^a	10 mg tablet	Every 4-6 hours
oxycodone ^a	20 mg tablet	Every 4-6 hours
oxycodone ^a	5 mg/5mL solution	Every 4-6 hours
oxycodone ^a	20 mg/mL concentrate	Every 4-6 hours
Roxybond (oxycodone)	5 mg tablet	Every 4-6 hours
Roxybond (oxycodone)	15 mg tablet	Every 4-6 hours
Roxybond (oxycodone)	30 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	5 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	15 mg tablet	Every 4-6 hours
Roxyicodone ^a (oxycodone)	30 mg tablet	Every 4-6 hours
Ultram ^a (tramadol)	50 mg tablet	Every 4 to 6 hours not to exceed 400 mg/day

a – generic available

b – discontinued

Combination Opioid Agents	Indication	Dosage & Administration
butalbital/ acetaminophen/ caffeine/codeine ^a	50 mg/325 mg/40 mg/30 mg capsule	One or two tablets every 4 hours as needed. Total daily dosage should not exceed 6 tablets (300mg/1,950mg/240mg/180mg).
Capital and Codeine (acetaminophen/ codeine)	120 mg/12 mg/5 mL suspension	Pediatric: 5-10 mLs 3-4 times daily. Maximum 80 mLs (1,920 mg/192 mg) per day Adults: 15 mLs every 4 hours as needed. Maximum 90 mLs (2,160/216 mg) per day
Fioricet w/Codeine (butalbital/ acetaminophen/ caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	One or two capsules every 4 hours. Total daily dosage should not exceed 6 capsules (300 mg/1800 mg/240 mg).
Fiorinal w/Codeine (butalbital/ aspirin/ caffeine/ codeine) ^a	50 mg/325 mg/40 mg/30 mg capsule	One or two tablets every 4 hours as needed. Total daily dosage should not exceed 6 tablets (300mg/1,950mg/240mg/180mg).
Hycet (hydrocodone/ acetaminophen) ^a	7.5 mg/325 mg/15 mL solution	Maximum 90 mLs (45 mg/1,950 mg) per day
Hydrocodone/ Acetaminophen ^a	2.5 mg/325 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 12 tablets (30 mg/3,900 mg).
Hydrocodone/ Acetaminophen ^b	2.5 mg/500 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (20 mg/4000 mg).
Lorcet, Lorcet Plus (hydrocodone/ acetaminophen) ^b	7.5 mg/650 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/3,900 mg).
Lorcet, Lorcet Plus (hydrocodone/ acetaminophen) ^b	10 mg/650 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/3,250 mg).
Lortab (hydrocodone/ acetaminophen) ^b	5 mg/500 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/4000 mg).
Lortab (hydrocodone/ acetaminophen) ^b	7.5 mg/500 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/3000mg).
Lortab (hydrocodone/ acetaminophen) ^b	10 mg/500 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/2500 mg).
Lortab (hydrocodone/ acetaminophen) ^b	7.5 mg/500 mg/15 mL solution	Maximum 90 mLs (45 mg/3000 mg) per day.
Maxidone (hydrocodone/ acetaminophen) ^b	10 mg/750 mg tablet	One table every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/3,750 mg).
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	Maximum 12 tablets (30 mg/3,600 mg) per day

Combination Opioid Agents	Indication	Dosage & Administration
Norco (hydrocodone/acetaminophen) ^a	5 mg/325 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/2,600 mg).
Norco (hydrocodone/acetaminophen) ^a	7.5 mg/325 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/1,950 mg).
Norco (hydrocodone/acetaminophen) ^a	10 mg/325 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 5 tablets (50 mg/1,625 mg).
oxycodone/ibuprofen	5 mg/400 mg tablet	Should not exceed 4 tablets (20 mg/1600 mg) in a 24-hour period and should not exceed 7 days.
oxycodone/aspirin ^a	4.8355 mg/325 mg tablet	One tablet every 6 hours as needed for pain. The maximum daily dose of aspirin should not exceed 4 grams or 12 tablets.
Panlor (acetaminophen/caffeine/dihydrocodeine) ^a	325 mg/30 mg/16 mg tablet	Two tablets every four hours, as needed. No more than two tablets should be taken in a 4-hour period. No more than 5 doses, or ten tablets, should be taken in a 24-hour period.
Pentazocine/naloxone ^a	50 mg/0.5 mg tablet	One or two tablets every 3-4 hours. Total daily dosage should not exceed 12 tablets
Percocet, Endocet (oxycodone/acetaminophen) ^a	2.5 mg/325 mg tablet	Maximum 12 tablets (30 mg/3,900) per day
Percocet, Endocet, Roxicet (oxycodone/acetaminophen) ^a	5 mg/325 mg tablet	Maximum 12 tablets (60 mg/3,900 mg) per day
Percocet, Endocet (oxycodone/acetaminophen) ^a	7.5 mg/325 mg tablet	Maximum 8 tablets (60 mg/2,600) per day
Percocet, Endocet (oxycodone/acetaminophen) ^a	10 mg/325 mg tablet	Maximum 6 tablets (60 mg/1950 mg) per day
Percocet, Endocet (oxycodone/acetaminophen) ^b	7.5 mg/500 mg tablet	Maximum 8 tablets (60 mg/4,000 mg) per day
Percocet, Endocet (oxycodone/acetaminophen) ^b	10 mg/650 mg tablet	Maximum 6 tablets (60 mg/3,900 mg) per day
PrimLev (oxycodone/acetaminophen)	5 mg/300 mg tablet	Maximum 12 tablets (60 mg/3,600 mg) per day
PrimLev (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	Maximum 8 tablets (60 mg/2,400mg) per day
PrimLev (oxycodone/acetaminophen)	10 mg/300 mg tablet	Maximum 6 tablets (60 mg/1800 mg) per day

Combination Opioid Agents	Indication	Dosage & Administration
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet 10 mg/200 mg tablet	One tablet every 4 to 6 hours, as necessary. Dosage should not exceed 5 tablets (40 mg/1000 mg) in a 24-hour period.
Roxicet (oxycodone/acetaminophen) ^b	5 mg/500 mg tablet	Maximum 8 tablets (40 mg/4000 mg) per day
Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mL solution	Maximum 60 mLs (60 mg/3,900mg) per day
Synalgos-DC, Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	Two capsules every 4 hours as need-ed for pain. Maximum 12 capsules (4,276.8 mg/360 mg/192 mg) per day
Trezix, Acetaminophen/Caffeine/Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	Two capsules orally every four hours, as needed. No more than two capsules should be taken in a 4-hour period. No more than five doses, or ten capsules (3,205 mg/300mg/160 mg) should be taken in a 24-hour period.
Tylenol w/Codeine (acetaminophen/codeine) ^a	300 mg/15 mg tablet	Maximum 12 tablets (3600 mg/180 mg) per day
Tylenol w/Codeine (acetaminophen/codeine) ^a	300 mg/30 mg tablet	Maximum 12 tablets (3600 mg/360 mg) per day
Tylenol w/Codeine (acetaminophen/codeine) ^a	300 mg/60 mg tablet	Maximum 6 tablets (1800 mg/360 mg) per day
Tylox (oxycodone/acetaminophen) ^b	5 mg/500 mg capsule	Maximum 8 tablets (40 mg/4000 mg) per day
Ultracet (tramadol/acetaminophen) ^a	37.5 mg/325 mg tablet	2 tablets every 4 to 6 hours as needed for pain relief, up to a maximum of 8 tablets (300 mg/2600 mg) per day for up to 5 days.
Vicoprofen (hydrocodone/ibuprofen) ^a	7.5 mg/200 mg tablet	One tablet every 4 to 6 hours, as necessary. Dosage should not exceed 5 tablets (37.5 mg/1000 mg) in a 24-hour period.
Xodol (hydrocodone/acetaminophen) ^a	5 mg/300 mg tablet	One or two tablets every four to six hours as needed for pain. The total daily dosage should not exceed 8 tablets (40 mg/2400 mg).
Xodol (hydrocodone/acetaminophen) ^a	7.5 mg/300 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (45 mg/1,800 mg).
Xodol (hydrocodone/acetaminophen) ^a	10 mg/300 mg tablet	One tablet every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablets (60 mg/1,800 mg).
Xolox (oxycodone/acetaminophen) ^b	10 mg/500 mg tablet	Maximum 8 tablets (80 mg/4000 mg) per day

Combination Opioid Agents	Indication	Dosage & Administration
Zamiset (hydrocodone/ acetaminophen)	10 mg/325 mg/15 mL solution	One tablespoonful (15 mLs) every four to six hours as needed for pain. The total daily dosage should not exceed 6 tablespoonfuls (90 mLs) (60 mg/1,950 mg).
Zolvit/Lortab (hydrocodone/ acetaminophen)	10 mg/300 mg/15 mL solution	Maximum 67.5 mLs (45 mg/1,350 mg) per day

a – generic available

b – discontinued

POLICY

Prior Authorization and Quantity Limit Criteria for Approval

Target Duration and Quantity Limit Agent(s) will be approved for above the 7 day supply limit when BOTH of the following are met:

1. ONE of the following:
 - a. There is documentation that the patient is currently using opioid(s)
OR
 - b. The prescriber states the patient is currently using opioids AND is at risk if therapy is changed
OR
 - c. The patient's medication history includes use of an oncology agent in the past 90 days
OR
 - d. BOTH of the following:
 - i. ONE of the following:
 1. The patient has a diagnosis of chronic cancer pain due to an active malignancy
OR
 2. The patient is eligible for hospice care
OR
 3. ALL of the following:
 - a. The prescriber has provided documentation in support of use of immediate release single or combination opioids for an extended duration
AND
 - b. The prescriber provides documentation of a formal, consultative evaluation including:
 - i. Diagnosis
AND

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

AND

c. The prescriber has confirmed that a patient-specific pain management plan is on file for the patient

AND

d. The prescriber has confirmed that the patient is not diverting the requested medication, according to the patient's records in the state's prescription drug monitoring program (PDMP), if applicable

AND

ii. ONE of the following:

1. The patient is not concurrently using a buprenorphine or buprenorphine/naloxone for opioid dependence treatment

OR

2. The prescriber has provided documentation in support of use of opioids with buprenorphine or buprenorphine/naloxone for opioid dependence treatment

AND

2. ONE of the following:

a. The requested agent contains tramadol or codeine AND ONE of the following:

i. The patient is between 12 and 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 older

OR

b. The requested agent does not contain tramadol or codeine

Length of approval: 6 months

Agent	Strength	Maximum Duration of 1 st Fill ^a
Immediate Release Agents		
Codeine	15 mg tablet	7 days
Codeine	30 mg tablet	7 days
Codeine	60 mg tablet	7 days
Hydromorphone, Dilaudid	2 mg tablet	7 days
Hydromorphone, Dilaudid	4 mg tablet	7 days
Hydromorphone, Dilaudid	8 mg tablet	7 days
Hydromorphone, Dilaudid	1 mg/mLs liquid	7 days
Levorphanol, Levodromoran	2 mg tablet	7 days
Meperidine, Demerol	50 mg tablet	7 days
Meperidine, Demerol	100 mg tablet	7 days
Meperidine, Demerol	50 mg/5 mLs solution	7 days

Agent	Strength	Maximum Duration of 1st Fill^a
Methadone, Dolophine, Methadose	5 mg tablet	7 days
Methadone, Dolophine, Methadose	10 mg tablet	7 days
Methadone, Dolophine, Methadose	40 mg soluble tablet	7 days
Methadone, Dolophine, Methadose	5 mg/5mLs solution	7 days
Methadone, Dolophine, Methadose	10 mg/5 mLs solution	7 days
Methadone, Dolophine, Methadose	10 mg/mLs concentrate	7 days
Morphine	15 mg tablet	7 days
Morphine	30 mg tablet	7 days
Morphine	10 mg/5 mLs solution	7 days
Morphine	20 mg/5 mLs solution	7 days
Morphine	20 mg/mLs concentrate	7 days
Nucynta (tapentadol)	50 mg tablet	7 days
Nucynta (tapentadol)	75 mg tablet	7 days
Nucynta (tapentadol)	100 mg tablet	7 days
Oxecta, Oxaydo Roxybond (oxycodone)	5 mg tablet	7 days
Oxecta, Oxaydo (oxycodone)	7.5 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	5 mg capsule	7 days
Oxycodone, OxyIR, Roxyicodone intensol	5 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	10 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	15 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	20 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	30 mg tablet	7 days
Oxycodone, OxyIR, Roxyicodone intensol	5 mg/5mLs solution	7 days
Oxycodone, OxyIR, Roxyicodone intensol	20 mg/mLs concentrate	7 days
Oxymorphone, Opana	5 mg tablet	7 days
Oxymorphone, Opana	10 mg tablet	7 days
Roxybond (oxycodone)	15 mg tablet	7 days
Roxybond (oxycodone)	30 mg tablet	7 days
Rybix ODT (tramadol)	50 mg orally disintegrating tablet	7 days
Ultram (tramadol)	50 mg tablet	7 days
Combination Agents		
Acetaminophen/codeine	120 mg/12 mg/5 mLs solution	7 days
Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mLs suspension	7 days
Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	7 days
Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	7 days
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	7 days
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	7 days
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	7 days
Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mLs solution	7 days
Hydrocodone/acetaminophen	2.5 mg/325 mg tablet	7 days
Hydrocodone/acetaminophen	2.5 mg/500 mg tablet	7 days
hydrocodone/acetaminophen solution	10 mg/325 mg/15 mLs solution	7 days

Agent	Strength	Maximum Duration of 1st Fill^a
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	7.5 mg/650 mg tablet	7 days
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	10 mg/650 mg tablet	7 days
Lortab (hydrocodone/acetaminophen)	5 mg/500 mg tablet	7 days
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg tablet	7 days
Lortab (hydrocodone/acetaminophen)	10 mg/500 mg tablet	7 days
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg/15 mLs solution	7 days
Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	7 days
Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	7 days
Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	7 days
Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet	7 days
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	7 days
Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet	7 days
Norco (hydrocodone/acetaminophen)	7.5 mg/325 mg tablet	7 days
Norco (hydrocodone/acetaminophen)	10 mg/325 mg tablet	7 days
Oxycodone/Ibuprofen	5 mg/400 mg tablet	7 days
Oxycodone/Ibuprofen	5 mg/400 mg tablet	7 days
Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	712.8 mg/60 mg/32 mg tablet	7 days
Panlor, (acetaminophen/caffeine/dihydrocodeine)	325 mg/30 mg/16 mg tablet	7 days
pentazocine/naloxone	50 mg/0.5 mg tablet	7 days
Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet	7 days
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet	7 days
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/500 mg tablet	7 days
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet	7 days
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/650 mg tablet	7 days
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	7 days
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 mg tablet	7 days
PrimLev (oxycodone/acetaminophen)	5 mg/300 mg tablet	7 days
PrimLev (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	7 days
PrimLev (oxycodone/acetaminophen)	10 mg/300 mg tablet	7 days
Reprexain (hydrocodone/ ibuprofen)	2.5 mg/200 mg tablet	7 days
Reprexain (hydrocodone/ibuprofen)	2.5 mg/200 mg tablet	7 days
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	7 days
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	7 days
Reprexain, Ibudone, Xylon (hydrocodone/ibuprofen)	10 mg/200 mg tablet	7 days
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	7 days

Agent	Strength	Maximum Duration of 1st Fill^a
Roxicet (oxycodone/acetaminophen)	5 mg/325 mg/5 mLs solution	7 days
Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen)	5 mg/500 mg capsule	7 days
Synalgos-DC, Aspirin/Caffeine/Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	7 days
Treizix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	7 days
Treizix, Acetaminophen/Caffeine/Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	7 days
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet	7 days
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/30 mg tablet	7 days
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/60 mg tablet	7 days
Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule	7 days
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	7 days
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	7.5 mg/750 mg tablet	7 days
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	10 mg/660 mg tablet	7 days
Vicoprofen (hydrocodone/ ibuprofen)	7.5 mg/200 mg tablet	7 days
Xodol (hydrocodone/acetaminophen)	5 mg/300 mg tablet	7 days
Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg tablet	7 days
Xodol (hydrocodone/acetaminophen)	10 mg/300 mg tablet	7 days
Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	7 days
Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mLs solution	7 days
Zydone (hydrocodone/acetaminophen)	5 mg/400 mg tablet	7 days
Zydone (hydrocodone/acetaminophen)	7.5 mg/400 mg tablet	7 days
Zydone (hydrocodone/acetaminophen)	10 mg/400 mg tablet	7 days

a – generic available

b – discontinued

RATIONALE

The Center for Disease Control and Prevention recommends that 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. Three days or less will often be sufficient; more than seven days will rarely be needed.¹⁶

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.²¹

REVISIONS	
07-01-2018	<p>Policy published 06-01-2018. Policy effective 07-01-2018.</p> <p>Policy added to the bcbsks.com web site.</p>
07-01-2018	<p>Policy published 07-01-2018. Policy effective 07-01-2018.</p> <p>In Description section:</p> <ul style="list-style-type: none"> ▪ Removed butorphanol nasal spray from the FDA Approved Indication and Dosage chart. <p>In Policy section:</p> <ul style="list-style-type: none"> ▪ Removed butorphanol nasal spray from the Quantity Limit chart. <p>References updated</p>
09-01-2018	<p>In Description section:</p> <ul style="list-style-type: none"> ▪ Description updated ▪ The following were added to the FDA Approved Indications and Dosage charts: <ul style="list-style-type: none"> ✓ Roxybond (oxycodone) 5 mg, 15 mg, and 30 mg tablets ✓ Nalocet (oxycodone/acetaminophen) 2.5 mg/300mg tablet <p>In Policy section:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Summary of revisions:</p> <ul style="list-style-type: none"> • Addition of age requirements to products containing tramadol and codeine • Added Nalocet and Roxybond </div> <ul style="list-style-type: none"> ▪ Added "2. ONE of the following: <ul style="list-style-type: none"> a. The requested agent contains tramadol or codeine AND ONE of the following: <ul style="list-style-type: none"> i. The patient is between 12 and 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 older OR b. The requested agent does not contain tramadol or codeine" ▪ The following were added to the Maximum Duration of 1st Fill charts: <ul style="list-style-type: none"> ✓ "Roxybond" added to "Oxecta, Oxaydo (oxycodone)" to read "Oxecta, Oxaydo Roxybond (oxycodone)" ✓ Roxybond (oxycodone) 15 mg and 30 mg tablets ✓ Nalocet (oxycodone/acetaminophen) 2.4 mg/300 mg tablet <p>Rationale section updated</p> <p>References updated</p>
12-01-2018	<p>Summary of Revisions:</p> <ul style="list-style-type: none"> • Addition of oncology agents as "prerequisites" to not stop members who have used an oncology agent in the past 90 days <p>Description section updated</p> <p>In Policy section:</p> <ul style="list-style-type: none"> ▪ In Item 1 added c. The patient's medication history includes use of an oncology agent in the past 90 days" <p>References updated</p>

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