STEP THERAPY WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS **EXTENDED-RELEASE OPIOID ANALGESICS**

BRAND NAME
(generic name, dosage form)

BELBUCA
(buprenorphine buccal film)

BUTRANS
(buprenorphine transdermal system)

CONZIP
(tramadol hydrochloride extended-release capsules)

(fentanyl transdermal system)

(hydrocodone bitartrate extended-release capsules)
(generic Zohydro ER)

(hydromorphone hydrochloride extended-release tablets)
(generic Exalgo)

HYSINGLA ER
(hydrocodone bitartrate extended-release tablets)

METHADONE 5 MG, 10 MG
(methadone hydrochloride tablets)

METHADONE 200 MG/20 ML INJ
(methadone hydrochloride injection)

METHADONE INTENSOL 10 MG/ML
(methadone oral concentrate)

METHADONE 5 MG/5 ML & 10 MG/5 ML ORAL SOLN
(methadone hydrochloride oral solution)

(methadone hydrochloride tablets 5 mg, 10 mg)
(generic Dolophine)

(morphine extended-release capsules)

(generic Avinza)

(morphine extended-release capsules)
(generic Kadian)

MS CONTIN
(morphine extended-release tablets)

NUCYNTA ER
(tapentadol extended-release tablets)

OXYCONTIN
(oxycodone hydrochloride extended-release tablets)

(oxymorphone hydrochloride extended-release tablets)
(generic Opana ER)

(tramadol hydrochloride extended-release)

(tramadol hydrochloride extended-release tablets)
(generic Ultram ER)

XTAMPZA ER
(oxycodone extended-release capsules)

Status: CVS Caremark® Criteria
Type: Initial Step Therapy; Initial Limit; Post Limit PA

POLICY

FDA-APPROVED INDICATIONS

Belbuca, Butrans (buprenorphine)
Belbuca, Butrans (buprenorphine) are indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use

- Because of the risks of addiction, abuse and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Belbuca, Butrans (buprenorphine) 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.
- Belbuca, Butrans (buprenorphine) are not indicated as an as-needed (prn) analgesic.

ConZip (tramadol hydrochloride extended-release)
ConZip (tramadol hydrochloride extended-release) is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.

Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve ConZip (tramadol hydrochloride extended-release) 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.
- ConZip (tramadol hydrochloride extended-release) is not indicated as an as-needed (prn) analgesic.

Fentanyl Transdermal System

Fentanyl transdermal system is indicated for the management of severe and persistent pain in opioid tolerant patients, that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.

Patients considered opioid-tolerant are those who are taking, for one week or longer, at least 60 mg morphine per day, 25 mcg transdermal fentanyl per hour, 30 mg oral oxycodone per day, 8 mg oral hydromorphone per day, 25 mg oral oxymorphone per day, 60 mg hydrocodone per day, or an equianalgesic dose of another opioid.

Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve fentanyl transdermal system 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.
- Fentanyl transdermal system is not indicated as an as-needed (prn) analgesic.

Hydrocodone Bitartrate Extended-Release

Hydrocodone bitartrate extended-release capsules are indicated for the 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 hydrocodone bitartrate extended-release capsules 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.
- Hydrocodone bitartrate extended-release capsules are not indicated as an as-needed (prn) analgesic.

Hydromorphone Hydrochloride Extended-Release

Hydromorphone hydrochloride extended-release tablets are indicated for the management of severe and persistent pain in opioid-tolerant patients that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.

Patients considered opioid tolerant are those who are receiving, for one week or longer, at least 60 mg oral morphine per day, 25 mcg transdermal fentanyl per hour, 30 mg oral oxycodone per day, 8 mg oral hydromorphone per day, 25 mg oral oxymorphone per day, 60 mg oral hydrocodone per day, or an equianalgesic dose of another opioid.

Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve hydromorphone hydrochloride extended-release tablets 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.
- Hydromorphone hydrochloride extended-release tablets are not indicated as an as-needed (prn) analgesic.

Hysingla ER (hydrocodone bitartrate extended-release)

Hysingla ER (hydrocodone bitartrate extended-release) is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.

Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Hysingla ER (hydrocodone bitartrate extended-release) 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.
- Hysingla ER (hydrocodone bitartrate extended-release) is not indicated as an as-needed (prn) analgesic.

Methadone Hydrochloride Injection
Methadone Hydrochloride Injection is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Methadone Hydrochloride Injection 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.
- Methadone Hydrochloride Injection is not indicated as an as-needed (prn) analgesic.

For use in temporary treatment of opioid dependence in patients unable to take oral medication.
Limitations of Use
- Injectable methadone products are not approved for the outpatient treatment of opioid dependence. In this patient population, parenteral methadone is to be used only for patients unable to take oral medication, such as hospitalized patients.

Methadone Intensol
Methadone Hydrochloride Intensol (oral concentrate) is indicated for the:
- 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 long-acting opioids, reserve Methadone Hydrochloride Intensol for use in patients for whom alternative analgesic treatment options (e.g., non-opioid analgesics or immediate-release opioid analgesics) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
  - Methadone Hydrochloride Intensol is not indicated as an as-needed (prn) analgesic.
- Detoxification treatment of opioid addiction (heroin or other morphine-like drugs).
- Maintenance treatment of opioid addiction (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services.
  Limitations of Use
  - Methadone products used for the treatment of opioid addiction in detoxification or maintenance programs are subject to the conditions for distribution and use required under 42 CFR 8.12.

Methadone Oral Solution
Methadone hydrochloride oral solution is indicated for the:
- 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 long-acting opioids, reserve methadone hydrochloride oral solution for use in patients for whom alternative analgesic treatment options (e.g., non-opioid analgesics or immediate-release opioid analgesics) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
  - Methadone hydrochloride oral solution is not indicated as an as-needed (prn) analgesic.
- Detoxification treatment of opioid addiction (heroin or other morphine-like drugs).
- Maintenance treatment of opioid addiction (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services.
  Limitations of Use

- Methadone products used for the treatment of opioid addiction in detoxification or maintenance programs are subject to the conditions for distribution and use required under 42 CFR 8.2.

Methadone Tablets
Methadone hydrochloride tablets are indicated for the:
- 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 long-acting opioids, reserve methadone hydrochloride tablets for use in patients for whom alternative analgesic treatment options (e.g., non-opioid analgesics or immediate-release opioid analgesics) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.
- Methadone hydrochloride tablets are not indicated as an as-needed (prn) analgesic.
- Detoxification treatment of opioid addiction (heroin or other morphine-like drugs).
- Maintenance treatment of opioid addiction (heroin or other morphine-like drugs), in conjunction with appropriate social and medical services.
  Limitations of Use
- Methadone products used for the treatment of opioid addiction in detoxification or maintenance programs are subject to the conditions for distribution and use required under 42 CFR 8.2.

Conditions For Distribution And Use Of Methadone Products For The Treatment Of Opioid Addiction
Code of Federal Regulations, Title 42, Sec 8
Methadone products when used for the treatment of opioid addiction in detoxification or maintenance programs, shall be dispensed only by opioid treatment programs (and agencies, practitioners or institutions by formal agreement with the program sponsor) certified by the Substance Abuse and Mental Health Services Administration and approved by the designated state authority. Certified treatment programs shall dispense and use methadone in oral form only and according to the treatment requirements stipulated in the Federal Opioid Treatment Standards (42 CFR 8.12). See below for important regulatory exceptions to the general requirement for certification to provide opioid agonist treatment. Failure to abide by the requirements in these regulations may result in criminal prosecution, seizure of the drug supply, revocation of the program approval, and injunction precluding operation of the program.
Regulatory Exceptions To The General Requirement For Certification To Provide Opioid Agonist Treatment:
During inpatient care, when the patient was admitted for any condition other than concurrent opioid addiction [pursuant to 21CFR 1306.07(c)], to facilitate the treatment of the primary admitting diagnosis.
During an emergency period of no longer than 3 days while definitive care for the addiction is being sought in an appropriately licensed facility [pursuant to 21CFR 1306.07(b)].

Morphine Sulfate Extended-Release
Morphine sulfate extended-release capsules are indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Morphine sulfate extended-release capsules 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.
- Morphine sulfate extended-release capsules are not indicated as an as-needed (prn) analgesic.

MS Contin (morphine extended-release)
MS Contin (morphine extended-release) is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve MS Contin (morphine extended-release) 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.
- MS Contin (morphine extended-release) is not indicated as an as-needed (prn) analgesic.

Nucynta ER (tapentadol extended-release)
Nucynta ER (tapentadol) is indicated for the management of:
- Severe and persistent pain in adults that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
- Severe and persistent neuropathic pain associated with diabetic peripheral neuropathy (DPN) in adults that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.

Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Nucynta ER 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.
- Nucynta ER is not indicated as an as-needed (prn) analgesic.

OxyContin (oxycodone hydrochloride extended-release)
OxyContin is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate in:
- Adults; and
- Opioid-tolerant pediatric patients 11 years of age and older who are already receiving and tolerate a minimum daily opioid dose of at least 20 mg oxycodone orally or its equivalent.

Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Oxycontin 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.
- OxyContin is not indicated as an as-needed (prn) analgesic.

Oxymorphone Hydrochloride Extended-Release
Oxymorphone hydrochloride extended-release tablets are indicated for the 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 oxymorphone hydrochloride extended-release tablets 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.
- Oxymorphone hydrochloride extended-release tablets are not indicated as an as-needed (prn) analgesic.

Tramadol Hydrochloride Extended-Release
Tramadol hydrochloride extended-release tablets are indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use
- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve tramadol hydrochloride extended-release tablets 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.
- Tramadol hydrochloride extended-release tablets are not indicated as an as-needed (prn) analgesic.

Xtampza ER (oxycodone extended-release)
Xtampza ER is indicated for the management of severe and persistent pain that requires an extended treatment period with a daily opioid analgesic and for which alternative treatment options are inadequate.
Limitations of Use

- Because of the risks of addiction, abuse, and misuse with opioids, which can occur at any dosage or duration, and because of the greater risks of overdose and death with extended-release/long-acting opioid formulations, reserve Xtampza ER 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.
- Xtampza ER is not indicated as an as-needed (prn) analgesic.

SCREENOUT LOGIC

If the patient has filled a prescription for at least a 1-day supply of a drug indicating the patient is being treated for cancer or sickle cell disease within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If a claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If the patient has an ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, then the requested drug will be paid under that prescription benefit.

If the patient has any history of an ICD 10 diagnosis code indicating sickle cell disease in their member health profile, then the requested drug will be paid under that prescription benefit.

If a claim is submitted using a hospice patient residence code under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

INITIAL STEP THERAPY

For patients with no prescription claims of a cancer drug or a sickle cell disease drug in the past 365 days, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, no history of an ICD 10 diagnosis code indicating sickle cell disease in their member health profile, or no hospice patient residence code submitted with their prescription claim:
If the patient has filled a prescription for at least an 8-day supply of an immediate-release (IR) opioid agent indicated for the management of pain within prescription claim history in the past 90 days under a prescription benefit administered by CVS Caremark, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics ER Quantity Limits Chart below).

If the patient has filled a prescription for at least a 30-day supply of an extended-release (ER) opioid agent indicated for the management of pain within prescription claim history in the past 90 days under a prescription benefit administered by CVS Caremark, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics ER Quantity Limits Chart below).

If the patient does not have at least an 8-day supply of an IR opioid agent indicated for the management of pain OR at least a 30-day supply of an ER opioid agent indicated for the management of pain within prescription claim history in the past 90 days (i.e., the patient has not used an IR opioid prior to the ER opioid OR the patient is not already stable on an ER opioid), then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

[NOTE: These drugs should be prescribed only by healthcare professionals who are knowledgeable about the use of extended-release/long-acting opioids and how to mitigate the associated risks.]

Pain Associated with Cancer, Sickle Cell Disease, a Terminal Condition, or Pain being Managed through Hospice or Palliative Care
Authorization may be granted when the requested drug is being prescribed for pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care

Chronic Pain
Authorization may be granted when the requested drug is being prescribed for CHRONIC pain severe and persistent enough to require an extended treatment period with a daily opioid analgesic in a patient who has been taking an opioid when ALL of the following criteria are met:
[NOTE: Chronic pain is generally defined as pain that typically lasts greater than 3 months.]

- The patient can safely take the requested dose based on their history of opioid use [NOTE: The lowest dosage necessary to achieve adequate analgesia should be prescribed.]
- The patient has been evaluated and the patient will be monitored regularly for the development of opioid use disorder
- The patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety [NOTE: Because the risk of overdose increases as opioid doses increase, reserve titration to higher doses for patients in whom lower doses are insufficiently effective and in whom the expected benefits of using a higher dose opioid clearly outweigh the substantial risks.]
- The patient meets ONE of the following:
    - This request is for continuation of therapy for a patient who has been receiving an extended-release opioid agent for at least 30 days
    - The patient has taken an immediate-release opioid for at least one week
- If the request is for a methadone product, then it is NOT being prescribed for detoxification treatment or as part of a maintenance treatment plan for opioid/substance abuse or addiction

QUANTITY LIMITS MAY APPLY

Opioid Analgesics ER Quantity Limits Chart

Coverage is provided without prior authorization for a 30-day or 90-day supply of an extended-release opioid for a quantity that corresponds to ≤ 90 MME/day (when Step Therapy criteria met). Coverage for quantities that correspond to ≤ 200 MME/day (unless FDA-labeled strength/dose/frequency exceeds 200 MME/day) for a 30-day or 90-day supply is provided through prior authorization when coverage conditions are met.

These quantity limits should accumulate across all drugs of the same unit limit (i.e., drugs with 30 units accumulate together, drugs with 60 units accumulate together, etc).

		COLUMN A	COLUMN B	COLUMN C	COLUMN D
Drug/Strength	**Labeled Dosing**	**Initial 1 Month Limit* ≤ 90 MME/day (per 25 days)**	**Initial 3 Month Limit* ≤ 90 MME/day (per 75 days)**	**Post 1 Month Limit* ≤ 200 MME/day** (per 25 days)**	**Post 3 Month Limit* ≤ 200 MME/day** (per 75 days)**
Belbuca 75 mcg	q12h, MAX 900 mcg/12 hrs	60 films/month 2 films/day (4.5 MME/day)	180 films/3 months 2 films/day (4.5 MME/day)	90 films/month 3 films/day (6.75 MME/day)	270 films/3 months 3 films/day (6.75 MME/day)
Belbuca 150 mcg	q12h, MAX 900 mcg/12 hrs	60 films/month 2 films/day	180 films/3 months 2 films/day	90 films/month 3 films/day	270 films/3 months 3 films/day

		(9 MME/day)	(9 MME/day)	(13.5 MME/day)	(13.5 MME/day)
Belbuca 300 mcg	q12h, MAX 900 mcg/12 hrs	60 films/month 2 films/day (18 MME/day)	180 films/3 months 2 films/day (18 MME/day)	90 films/month 3 films/day (27 MME/day)	270 films/3 months 3 films/day (27 MME/day)
Belbuca 450 mcg	q12h, MAX 900 mcg/12 hrs	60 films/month 2 films/day (27 MME/day)	180 films/3 months 2 films/day (27 MME/day)	90 films/month 3 films/day (40.5 MME/day)	270 films/3 months 3 films/day (40.5 MME/day)
Belbuca 600 mcg	q12h, MAX 900 mcg/12 hrs	0***	0***	60 films/month 2 films/day (36 MME/day)	180 films/3 months 2 films/day (36 MME/day)
Belbuca 750 mcg	q12h, MAX 900 mcg/12 hrs	0***	0***	60 films/month 2 films/day (45 MME/day)	180 films/3 months 2 films/day (45 MME/day)
Belbuca 900 mcg	q12h, MAX 900 mcg/12 hrs	0***	0***	60 films/month 2 films/day (54 MME/day)	180 films/3 months 2 films/day (54 MME/day)
Butrans 5 mcg/hr	q7d, MAX 20 mcg/hr	4 patches/month 0.144 patch/day (9 MME/day)	12 patches/3 months 0.144 patch/day (9 MME/day)	8 patches/month 0.287 patch/day (18 MME/day)	24 patches/3 months 0.287 patch/day (18 MME/day)
Butrans 7.5 mcg/hr	q7d, MAX 20 mcg/hr	4 patches/month 0.144 patch/day (13.5 MME/day)	12 patches/3 months 0.144 patch/day (13.5 MME/day)	8 patches/month 0.287 patch/day (27 MME/day)	24 patches/3 months 0.287 patch/day (27 MME/day)
Butrans 10 mcg/hr	q7d, MAX 20 mcg/hr	4 patches/month 0.144 patch/day (18 MME/day)	12 patches/3 months 0.144 patch/day (18 MME/day)	8 patches/month 0.287 patch/day (36 MME/day)	24 patches/3 months 0.287 patch/day (36 MME/day)
Butrans 15 mcg/hr	q7d, MAX 20 mcg/hr	0***	0***	4 patches/month 0.144 patch/day (27 MME/day)	12 patches/3 months 0.144 patch/day (27 MME/day)
Butrans 20 mcg/hr	q7d, MAX 20 mcg/hr	0***	0***	4 patches/month 0.144 patch/day (36 MME/day)	12 patches/3 months 0.144 patch/day (36 MME/day)
ConZip 100 mg	qd, MAX 300 mg/day	30 caps/month 1 cap/day (20 MME/day)	90 caps/3 months 1 cap/day (20 MME/day)	60 caps/month 2 caps/day (40 MME/day)	180 caps/3 months 2 caps/day (40 MME/day)
ConZip 200 mg	qd, MAX 300 mg/day	0***	0***	30 caps/month 1 cap/day (40 MME/day)	90 caps/3 months 1 cap/day (40 MME/day)
ConZip 300 mg	qd, MAX 300 mg/day	0***	0***	30 caps/month 1 cap/day (60 MME/day)	90 caps/3 months 1 cap/day (60 MME/day)
Fentanyl transdermal 12 mcg/hr	q72h	10 patches/month 0.334 patch/day (28.8 MME/day)	30 patches/3 months 0.334 patch/day (28.8 MME/day)	20 patches/month 0.667 patch/day (57.6 MME/day)	60 patches/3 months 0.667 patch/day (57.6 MME/day)
Fentanyl transdermal 25 mcg/hr	q72h	10 patches/month 0.334 patch/day (60 MME/day)	30 patches/3 months 0.334 patch/day (60 MME/day)	20 patches/month 0.667 patch/day (120 MME/day)	60 patches/3 months 0.667 patch/day (120 MME/day)
Fentanyl transdermal 37.5 mcg/hr	q72h	10 patches/month 0.334 patch/day (90 MME/day)	30 patches/3 months 0.334 patch/day (90 MME/day)	20 patches/month 0.667 patch/day (180 MME/day)	60 patches/3 months 0.667 patch/day (180 MME/day)
Fentanyl transdermal 50 mcg/hr	q72h	0***	0***	10 patches/month 0.334 patch/day (120 MME/day)	30 patches/3 months 0.334 patch/day (120 MME/day)
Fentanyl transdermal 62.5 mcg/hr	q72h	0***	0***	10 patches/month 0.334 patch/day (150 MME/day)	30 patches/3 months 0.334 patch/day (150 MME/day)
Fentanyl transdermal 75 mcg/hr	q72h	0***	0***	10 patches/month 0.334 patch/day (180 MME/day)	30 patches/3 months 0.334 patch/day (180 MME/day)
Fentanyl transdermal	q72h	0***	0***	10 patches/month	30 patches/3 months

87.5 mcg/hr				0.334 patch/day (210 MME/day)	0.334 patch/day (210 MME/day)
Fentanyl transdermal 100 mcg/hr	q72h	0***	0***	10 patches/month 0.334 patch/day (240 MME/day)	30 patches/3 months 0.334 patch/day (240 MME/day)
Hydrocodone ER (generic Zohydro ER) 10 mg	q12h	60 caps/month 2 caps/day (20 MME/day)	180 caps/3 months 2 caps/day (20 MME/day)	90 caps/month 3 caps/day (30 MME/day)	270 caps/3 months 3 caps/day (30 MME/day)
Hydrocodone ER (generic Zohydro ER) 15 mg	q12h	60 caps/month 2 caps/day (30 MME/day)	180 caps/3 months 2 caps/day (30 MME/day)	90 caps/month 3 caps/day (45 MME/day)	270 caps/3 months 3 caps/day (45 MME/day)
Hydrocodone ER (generic Zohydro ER) 20 mg	q12h	60 caps/month 2 caps/day (40 MME/day)	180 caps/3 months 2 caps/day (40 MME/day)	90 caps/month 3 caps/day (60 MME/day)	270 caps/3 months 3 caps/day (60 MME/day)
Hydrocodone ER (generic Zohydro ER) 30 mg	q12h	60 caps/month 2 caps/day (60 MME/day)	180 caps/3 months 2 caps/day (60 MME/day)	90 caps/month 3 caps/day (90 MME/day)	270 caps/3 months 3 caps/day (90 MME/day)
Hydrocodone ER (generic Zohydro ER) 40 mg	q12h	60 caps/month 2 caps/day (80 MME/day)	180 caps/3 months 2 caps/day (80 MME/day)	90 caps/month 3 caps/day (120 MME/day)	270 caps/3 months 3 caps/day (120 MME/day)
Hydrocodone ER (generic Zohydro ER) 50 mg	q12h	0***	0***	60 caps/month 2 caps/day (100 MME/day)	180 caps/3 months 2 caps/day (100 MME/day)
Hydromorphone ER (generic Exalgo) 8 mg	qd	30 tabs/month 1 tab/day (40 MME/day)	90 tabs/3 months 1 tab/day (40 MME/day)	60 tabs/month 2 tabs/day (80 MME/day)	180 tabs/3 months 2 tabs/day (80 MME/day)
Hydromorphone ER (generic Exalgo) 12 mg	qd	30 tabs/month 1 tab/day (60 MME/day)	90 tabs/3 months 1 tab/day (60 MME/day)	60 tabs/month 2 tabs/day (120 MME/day)	180 tabs/3 months 2 tabs/day (120 MME/day)
Hydromorphone ER (generic Exalgo) 16 mg	qd	30 tabs/month 1 tab/day (80 MME/day)	90 tabs/3 months 1 tab/day (80 MME/day)	60 tabs/month 2 tabs/day (160 MME/day)	180 tabs/3 months 2 tabs/day (160 MME/day)
Hydromorphone ER (generic Exalgo) 32 mg	qd	0***	0***	30 tabs/month 1 tab/day (160 MME/day)	90 tabs/3 months 1 tab/day (160 MME/day)
Hysingla ER 20 mg	q24h	30 tabs/month 1 tab/day (20 MME/day)	90 tabs/3 months 1 tab/day (20 MME/day)	60 tabs/month 2 tabs/day (40 MME/day)	180 tabs/3 months 2 tabs/day (40 MME/day)
Hysingla ER 30 mg	q24h	30 tabs/month 1 tab/day (30 MME/day)	90 tabs/3 months 1 tab/day (30 MME/day)	60 tabs/month 2 tabs/day (60 MME/day)	180 tabs/3 months 2 tabs/day (60 MME/day)
Hysingla ER 40 mg	q24h	30 tabs/month 1 tab/day (40 MME/day)	90 tabs/3 months 1 tab/day (40 MME/day)	60 tabs/month 2 tabs/day (80 MME/day)	180 tabs/3 months 2 tabs/day (80 MME/day)
Hysingla ER 60 mg	q24h	30 tabs/month 1 tab/day (60 MME/day)	90 tabs/3 months 1 tab/day (60 MME/day)	60 tabs/month 2 tabs/day (120 MME/day)	180 tabs/3 months 2 tabs/day (120 MME/day)
Hysingla ER 80 mg	q24h	30 tabs/month 1 tab/day (80 MME/day)	90 tabs/3 months 1 tab/day (80 MME/day)	60 tabs/month 2 tabs/day (160 MME/day)	180 tabs/3 months 2 tabs/day (160 MME/day)
Hysingla ER 100 mg	q24h	0***	0***	60 tabs/month 2 tabs/day (200 MME/day)	180 tabs/3 months 2 tabs/day (200 MME/day)
Hysingla ER 120 mg	q24h	0***	0***	30 tabs/month 1 tab/day (120 MME/day)	90 tabs/3 months 1 tab/day (120 MME/day)
Methadone 5 mg	q8-12h	90 tabs/month 3 tabs/day (70.5 MME/day)	270 tabs/3 months 3 tabs/day (70.5 MME/day)	120 tabs/month 4 tabs/day (94 MME/day)	360 tabs/3 months 4 tabs/day (94 MME/day)

Methadone (generic Dolophine) 5 mg	q8-12h	90 tabs/month 3 tabs/day (70.5 MME/day)	270 tabs/3 months 3 tabs/day (70.5 MME/day)	120 tabs/month 4 tabs/day (94 MME/day)	360 tabs/3 months 4 tabs/day (94 MME/day)
Methadone 10 mg	q8-12h	30 tabs/month 1 tab/day (47 MME/day)	90 tabs/3 months 1 tab/day (47 MME/day)	90 tabs/month 3 tabs/day (141 MME/day)	270 tabs/3 months 3 tabs/day (141 MME/day)
Methadone (generic Dolophine) 10 mg	q8-12h	30 tabs/month 1 tab/day (47 MME/day)	90 tabs/3 months 1 tab/day (47 MME/day)	90 tabs/month 3 tabs/day (141 MME/day)	270 tabs/3 months 3 tabs/day (141 MME/day)
Methadone 200 mg/20 mL injection	q8-12h	20 mL/month (1 multidose vial) 0.667 mL/day (31.3 MME/day)	60 mL/3 months (3 multidose vials) 0.667 mL/day (31.3 MME/day)	40 mL/month (2 multidose vials) 1.334 mL/day (62.7 MME/day)	120 mL/3 months (6 multidose vials) 1.334 mL/day (62.7 MME/day)
Methadone 10 mg/mL Intensol soln	q8-12h	45 mL/month‡ 1.5 mL/day (70.5 MME/day)	135 mL/3 months 1.5 mL/day (70.5 MME/day)	90 mL/month 3 mL/day (141 MME/day)	270 mL/3 months 3 mL/day (141 MME/day)
Methadone 5 mg/5 mL Oral soln	q8-12h	450 mL/month 15 mL/day (70.5 MME/day)	1350 mL/3 months 15 mL/day (70.5 MME/day)	600 mL/month 20 mL/day (94 MME/day)	1800 mL/month 20 mL/day (94 MME/day)
Methadone 10 mg/5 mL Oral soln	q8-12h	225 mL/month 7.5 mL/day (70.5 MME/day)	675 mL/3 months 7.5 mL/day (70.5 MME/day)	450 mL/ month 15 mL/day (141 MME/day)	1350 mL/3 months 15 mL/day (141 MME/day)
Morphine ER (generic Avinza) 30 mg	q24h, MAX 1600 mg/day	30 caps/month 1 cap/day (30 MME/day)	90 caps/3 months 1 cap/day (30 MME/day)	60 caps/month 2 caps/day (60 MME/day)	180 caps/3 months 2 caps/day (60 MME/day)
Morphine ER (generic Avinza) 45 mg	q24h, MAX 1600 mg/day	30 caps/month 1 cap/day (45 MME/day)	90 caps/3 months 1 cap/day (45 MME/day)	60 caps/month 2 caps/day (90 MME/day)	180 caps/3 months 2 caps/day (90 MME/day)
Morphine ER (generic Avinza) 60 mg	q24h, MAX 1600 mg/day	30 caps/month 1 cap/day (60 MME/day)	90 caps/3 months 1 cap/day (60 MME/day)	60 caps/month 2 caps/day (120 MME/day)	180 caps/3 months 2 caps/day (120 MME/day)
Morphine ER (generic Avinza) 75 mg	q24h, MAX 1600 mg/day	30 caps/month 1 cap/day (75 MME/day)	90 caps/3 months 1 cap/day (75 MME/day)	60 caps/month 2 caps/day (150 MME/day)	180 caps/3 months 2 caps/day (150 MME/day)
Morphine ER (generic Avinza) 90 mg	q24h, MAX 1600 mg/day	30 caps/month 1 cap/day (90 MME/day)	90 caps/3 months 1 cap/day (90 MME/day)	60 caps/month 2 caps/day (180 MME/day)	180 caps/3 months 2 caps/day (180 MME/day)
Morphine ER (generic Avinza) 120 mg	q24h, MAX 1600 mg/day	0***	0***	30 caps/month 1 cap/day (120 MME/day)	90 caps/3 months 1 cap/day (120 MME/day)
Morphine ER (generic Kadian) 10 mg	q12-24h	60 caps/month 2 caps/day (20 MME/day)	180 caps/3 months 2 caps/day (20 MME/day)	90 caps/month 3 caps/day (30 MME/day)	270 caps/3 months 3 caps/day (30 MME/day)
Morphine ER (generic Kadian) 20 mg	q12-24h	60 caps/month 2 caps/day (40 MME/day)	180 caps/3 months 2 caps/day (40 MME/day)	90 caps/month 3 caps/day (60 MME/day)	270 caps/3 months 3 caps/day (60 MME/day)
Morphine ER (generic Kadian) 30 mg	q12-24h	60 caps/month 2 caps/day (60 MME/day)	180 caps/3 months 2 caps/day (60 MME/day)	90 caps/month 3 caps/day (90 MME/day)	270 caps/3 months 3 caps/day (90 MME/day)
Morphine ER (generic Kadian) 40 mg	q12-24h	60 caps/month 2 caps/day (80 MME/day)	180 caps/3 months 2 caps/day (80 MME/day)	90 caps/month 3 caps/day (120 MME/day)	270 caps/3 months 3 caps/day (120 MME/day)
Morphine ER (generic Kadian) 50 mg	q12-24h	30 caps/month 1 cap/day (50 MME/day)	90 caps/3 months 1 cap/day (50 MME/day)	60 caps/month 2 caps/day (100 MME/day)	180 caps/3 months 2 caps/day (100 MME/day)
Morphine ER (generic Kadian) 60 mg	q12-24h	30 caps/month 1 cap/day (60 MME/day)	90 caps/3 months 1 cap/day (60 MME/day)	60 caps/month 2 caps/day (120 MME/day)	180 caps/3 months 2 caps/day (120 MME/day)
Morphine ER	q12-24h	30 caps/month	90 caps/3 months	60 caps/month	180 caps/3 months

(generic Kadian) 80 mg		1 cap/day (80 MME/day)	1 cap/day (80 MME/day)	2 caps/day (160 MME/day)	2 caps/day (160 MME/day)
Morphine ER (generic Kadian) 100 mg	q12-24h	0***	0***	60 caps/month 2 caps/day (200 MME/day)	180 caps/3 months 2 caps/day (200 MME/day)
MS Contin 15 mg	q8-12h	90 tabs/month 3 tabs/day (45 MME/day)	270 tabs/3 months 3 tabs/day (45 MME/day)	120 tabs/month 4 tabs/day (60 MME/day)	360 tabs/3 months 4 tabs/day (60 MME/day)
MS Contin 30 mg	q8-12h	90 tabs/month 3 tabs/day (90 MME/day)	270 tabs/3 months 3 tabs/day (90 MME/day)	120 tabs/month 4 tabs/day (120 MME/day)	360 tabs/3 months 4 tabs/day (120 MME/day)
MS Contin 60 mg	q8-12h	0***	0***	90 tabs/month 3 tabs/day (180 MME/day)	270 tabs/3 months 3 tabs/day (180 MME/day)
MS Contin 100 mg	q8-12h	0***	0***	60 tabs/month 2 tabs/day (200 MME/day)	180 tabs/3 months 2 tabs/day (200 MME/day)
MS Contin 200 mg	q8-12h	0***	0***	60 tabs/month 2 tabs/day (400 MME/day)	180 tabs/3 months 2 tabs/day (400 MME/day)
Nucynta ER 50 mg	q12h, MAX 500 mg/day	60 tabs/month 2 tabs/day (40 MME/day)	180 tabs/3 months 2 tabs/day (40 MME/day)	90 tabs/month 3 tabs/day (60 MME/day)	270 tabs/3 months 3 tabs/day (60 MME/day)
Nucynta ER 100 mg	q12h, MAX 500 mg/day	60 tabs/month 2 tabs/day (80 MME/day)	180 tabs/3 months 2 tabs/day (80 MME/day)	90 tabs/month 3 tabs/day (120 MME/day)	270 tabs/3 months 3 tabs/day (120 MME/day)
Nucynta ER 150 mg	q12h, MAX 500 mg/day	0***	0***	90 tabs/month 3 tabs/day (180 MME/day)	270 tabs/3 months 3 tabs/day (180 MME/day)
Nucynta ER 200 mg	q12h, MAX 500 mg/day	0***	0***	60 tabs/month 2 tabs/day (160 MME/day)	180 tabs/3 months 2 tabs/day (160 MME/day)
Nucynta ER 250 mg	q12h, MAX 500 mg/day	0***	0***	60 tabs/month 2 tabs/day (200 MME/day)	180 tabs/3 months 2 tabs/day (200 MME/day)
OxyContin 10 mg	q12h	60 tabs/month 2 tabs/day (30 MME/day)	180 tabs/3 months 2 tabs/day (30 MME/day)	90 tabs/month 3 tabs/day (45 MME/day)	270 tabs/3 months 3 tabs/day (45 MME/day)
OxyContin 15 mg	q12h	60 tabs/month 2 tabs/day (45 MME/day)	180 tabs/3 months 2 tabs/day (45 MME/day)	90 tabs/month 3 tabs/day (67.5 MME/day)	270 tabs/3 months 3 tabs/day (67.5 MME/day)
OxyContin 20 mg	q12h	60 tabs/month 2 tabs/day (60 MME/day)	180 tabs/3 months 2 tabs/day (60 MME/day)	90 tabs/month 3 tabs/day (90 MME/day)	270 tabs/3 months 3 tabs/day (90 MME/day)
OxyContin 30 mg	q12h	60 tabs/month 2 tabs/day (90 MME/day)	180 tabs/3 months 2 tabs/day (90 MME/day)	90 tabs/month 3 tabs/day (135 MME/day)	270 tabs/3 months 3 tabs/day (135 MME/day)
OxyContin 40 mg	q12h	0***	0***	90 tabs/month 3 tabs/day (180 MME/day)	270 tabs/3 months 3 tabs/day (180 MME/day)
OxyContin 60 mg	q12h	0***	0***	60 tabs/month 2 tabs/day (180 MME/day)	180 tabs/3 months 2 tabs/day (180 MME/day)
OxyContin 80 mg	q12h	0***	0***	60 tabs/month 2 tabs/day (240 MME/day)	180 tabs/3 months 2 tabs/day (240 MME/day)
Oxymorphone ER (generic Opana ER) 5 mg	q12h	60 tabs/month 2 tabs/day (30 MME/day)	180 tabs/3 months 2 tabs/day (30 MME/day)	90 tabs/month 3 tabs/day (45 MME/day)	270 tabs/3 months 3 tabs/day (45 MME/day)

Oxymorphone ER (generic Opana ER) 7.5 mg	q12h	60 tabs/month 2 tabs/day (45 MME/day)	180 tabs/3 months 2 tabs/day (45 MME/day)	90 tabs/month 3 tabs/day (67.5 MME/day)	270 tabs/3 months 3 tabs/day (67.5 MME/day)
Oxymorphone ER (generic Opana ER) 10 mg	q12h	60 tabs/month 2 tabs/day (60 MME/day)	180 tabs/3 months 2 tabs/day (60 MME/day)	90 tabs/month 3 tabs/day (90 MME/day)	270 tabs/3 months 3 tabs/day (90 MME/day)
Oxymorphone ER (generic Opana ER) 15 mg	q12h	60 tabs/month 2 tabs/day (90 MME/day)	180 tabs/3 months 2 tabs/day (90 MME/day)	90 tabs/month 3 tabs/day (135 MME/day)	270 tabs/3 months 3 tabs/day (135 MME/day)
Oxymorphone ER (generic Opana ER) 20 mg	q12h	0***	0***	90 tabs/month 3 tabs/day (180 MME/day)	270 tabs/3 months 3 tabs/day (180 MME/day)
Oxymorphone ER (generic Opana ER) 30 mg	q12h	0***	0***	60 tabs/month 2 tabs/day (180 MME/day)	180 tabs/3 months 2 tabs/day (180 MME/day)
Oxymorphone ER (generic Opana ER) 40 mg	q12h	0***	0***	60 tabs/month 2 tabs/day (240 MME/day)	180 tabs/3 months 2 tabs/day (240 MME/day)
Tramadol ER 100 mg	qd, MAX 300 mg/day	30 tabs/month 1 tab/day (20 MME/day)	90 tabs/3 months 1 tab/day (20 MME/day)	60 tabs/month 2 tabs/day (40 MME/day)	180 tabs/3 months 2 tabs/day (40 MME/day)
Tramadol ER (generic Ultram ER) 100 mg	qd, MAX 300 mg/day	30 tabs/month 1 tab/day (20 MME/day)	90 tabs/3 months 1 tab/day (20 MME/day)	60 tabs/month 2 tabs/day (40 MME/day	180 tabs/3 months 2 tabs/day (40 MME/day
Tramadol ER 200 mg	qd, MAX 300 mg/day	0***	0***	30 tabs/month 1 tab/day (40 MME/day)	90 tabs/3 months 1 tab/day (40 MME/day)
Tramadol ER (generic Ultram ER) 200 mg	qd, MAX 300 mg/day	0***	0***	30 tabs/month 1 tab/day (40 MME/day)	90 tabs/3 months 1 tab/day (40 MME/day)
Tramadol ER 300 mg	qd, MAX 300 mg/day	0***	0***	30 tabs/month 1 tab/day (60 MME/day)	90 tabs/3 months 1 tab/day (60 MME/day)
Tramadol ER (generic Ultram ER) 300 mg	qd, MAX 300 mg/day	0***	0***	30 tabs/month 1 tab/day (60 MME/day)	90 tabs/3 months 1 tab/day (60 MME/day)
Xtampza ER 9 mg	q12h, MAX 288 mg/day	60 caps/month 2 caps/day (30 MME/day)	180 caps/3 months 2 caps/day (30 MME/day)	90 caps/month 3 caps/day (45 MME/day)	270 caps/3 months 3 caps/day (45 MME/day)
Xtampza ER 13.5 mg	q12h, MAX 288 mg/day	60 caps/month 2 caps/day (45 MME/day)	180 caps/3 months 2 caps/day (45 MME/day)	90 caps/month 3 caps/day (67.5 MME/day)	270 caps/3 months 3 caps/day (67.5 MME/day)
Xtampza ER 18 mg	q12h, MAX 288 mg/day	60 caps/month 2 caps/day (60 MME/day)	180 caps/3 months 2 caps/day (60 MME/day)	90 caps/month 3 caps/day (90 MME/day)	270 caps/3 months 3 caps/day (90 MME/day)
Xtampza ER 27 mg	q12h, MAX 288 mg/day	60 caps/month 2 caps/day (90 MME/day)	180 caps/3 months 2 caps/day (90 MME/day)	90 caps/month 3 caps/day (135 MME/day)	270 caps/3 months 3 caps/day (135 MME/day)
Xtampza ER 36 mg	q12h, MAX 288 mg/day	0***	0***	90 caps/month 3 caps/day (180 MME/day)	270 caps/3 months 3 caps/day (180 MME/day)

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing. Limits are set up both as quantity versus time and daily dose edits.*

***Unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME/day.*

****The initial limit is zero. All requests for this drug and strength will be considered through post limit prior authorization.*

‡In order to accommodate unbreakable packaging and refill processing, the fill limit is set up as a maximum quantity of 45 mL with a daily dose edit of 1.5 mL per day.

DURATION OF APPROVAL (DOA)

Opioids ER - Step Therapy with MME Limit and Post Limit Policy 2219-M UDR 02-2024 (2)

- 2219-M:
  - Pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care: DOA: 12 months
  - Chronic pain: DOA: 6 months

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