

Policy Name: Short-Acting Opioid Post Limit Policy

Effective Date: 4/1/19

Review Date: 7/2020, 6/2021, 5/2022, 9/2022, 6/2023

Required Medical Information

- Members who have opioids prescribed for pain associated with a cancer diagnosis, terminal condition, or pain being managed through hospice or palliative care shall have access to the medication.
- Members who are opioid naïve shall not exceed thirty (30) morphine milligram equivalents (MMEs) total daily dose per day for a maximum total of twenty (20) tablets per the State of Rhode Island Opioid prescribing laws.
- The patient has tried and failed non pharmacologic therapy and non-opioid therapy to treat their pain AND has tried non pharmacologic therapy and/or non-opioid therapy in combination with a LOW DOSE opioid.
- The prescriber attests to understanding the findings of the CDC's Guideline for Prescribing Opioids for Chronic Pain (2016, 2017) and the CDC's Clinical Practice Guideline for Prescribing Opioids for Pain (2022) which concluded that long term opioid therapy is associated with increased risk for serious harm (opioid use disorder, overdose, & death) in a dose-dependent manner: ≥ 50 MME significantly increases risk for harm & indicates need to reassess; ≥ 90 MME sharply increases risk for harm & requires justification of risk; ≥ 200 MME is associated with Overdose (OD) death
- The prescriber attests and acknowledges that the risk of serious harm is markedly increased with concurrent use of benzodiazepines (BZD) and other Central Nervous System (CNS) depressants.
- The prescriber attests that the patient has a prescription for or is in possession of naloxone.
- The prescriber attests that they have counseled the patient (and patient cohabitants, if available) on how to obtain and administer naloxone.

Renewal Criteria

• The original opioid dosing has been titrated down from the initial authorization or in the prescriber's clinical opinion it is inappropriate to decrease the dose for this member.

Non-formulary

• The patient has tried and failed 2 formulary alternatives, or formulary alternatives would not be appropriate (contraindication, adverse effect, etc.).

Coverage Duration: All approvals x 1 year.



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Providers seeking dosages over the Post Quantity Limits below need to provide Neighborhood with documentation as to why

such dosages are necessary.

Opioid Analgesics Quantity Limits Chart

The duration of 26 days is used for a 30-day fill period to allow time for refill processing. Limits are set up as daily dose edits.

If the quantities also exceed the initial quantity limit of the product recommended dose, 90 MME/day, 4 g/day of acetaminophen or aspirin, or 3200 mg/day of ibuprofen, then a rejection will occur. If the patient is requesting more that the initial quantity limit, then the claim will reject with a message indicating that quantity limits are exceeded.

exceded.	Authorization Limit (Post Limit QL)
Drug/Strength	Daily Dose (number of tablets, capsules or milliliters per day) that should be entered on the authorization: 200 MME/day, 4 g acetaminophen or aspirin, 3200 mg ibuprofen, or FDA Max Dose (whichever is less)
	Example: Oxycodone 30 mg 4 tablets per day has a limit of 180 MME per day (Approvals above 200 MME/day are based on clinical judgment)
APAP/codeine soln 120-12 mg/5 mL	165 mL (60 MME/day)
APAP/codeine susp 120-12 mg/5 mL	165 mL (60 MME/day)
APAP/codeine tab 300/15 mg	13 tabs (30 MME/day)
APAP/codeine tab 300/30 mg	13 tabs (58.5 MME/day)
APAP/codeine tab 300/60 mg	13 tabs (117 MME/day)
APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg	12 caps (48 MME/day)
APAP/caffeine/dihydrocodeine tab 325/30/16 mg	12 tabs (48 MME/day)
ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg	11 caps (44 MME/day)
Benzhydrocodone/APAP 4.08 mg/325 mg	12 tabs (60 MME/day)
Benzhydrocodone/APAP 6.12 mg/325 mg	12 tabs (90 MME/day)
Benzhydrocodone/APAP 8.16 mg/325 mg	12 tabs (119 MME/day)
Codeine sulfate oral soln 30 mg/5 mL	60 mL (54 MME/day)
Codeine sulfate tab 15 mg	6 tabs (13.5 MME/day)
Codeine sulfate tab 30 mg	6 tabs (27 MME/day)



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Review Bate: 1/2020, 0/2021, 3/2022, 3/2022, 0/2025	
Codeine sulfate tab 60 mg	6 tabs (54 MME/day)
Hydrocodone/APAP tab 2.5/325 mg	12 tabs
Hydrocodone/APAP tab 5/300 mg	(30 MME/day) 13 tabs
II. 1 /ADAD : 1 5 /205	(65 MME/day) 12 tabs
Hydrocodone/APAP tab 5/325 mg	(60 MME/day)
Hydrocodone/APAP tab 7.5/300 mg	13 tabs (97.5 MME/day)
Hydrocodone/APAP tab 7.5/325 mg	12 tabs (90 MME/day)
Hydrocodone/APAP tab 10/300 mg	13 tabs (130 MME/day)
Hydrocodone/APAP tab 10/325 mg	12 tabs (120 MME/day)
Hydrocodone/APAP soln 7.5/325 mg/15 mL	(120 MME/day) 180 mL (90 MME/day)
Hydrocodone/APAP elixir 10/300 mg/15 mL	195 mL
Hydrocodone/APAP soln 10/325 mg/15 mL	(130 MME/day) 180 mL
Hydrocodone/ibuprofen tab 2.5/200 mg	(120 MME/day) 16 tablets (40 MME/day)
Hydrocodone/ibuprofen tab 5/200 mg	(40 MME/day) 16 tablets (80 MME/day)
Hydrocodone/ibuprofen tab 7.5/200 mg	16 tablets (120 MME/day)
Hydrocodone/ibuprofen tab 10/200 mg	16 tablets (160 MME/day)
Hydromorphone oral solution 5 mg/5 mL (1 mg/mL)	40 mL (200 MME/day)
Hydromorphone supp 3 mg	6 supps (90 MME/day)
Hydromorphone tab 2 mg	9 tabs (90 MME/day)
Hydromorphone tab 4 mg	9 tabs (180 MME/day)
Hydromorphone tab 8 mg	4 tabs (160 MME/day)
Levorphanol tab 1 mg	6 tabs (66 MME/day)
Levorphanol tab 2 mg	6 tabs (132 MME/day)
Levorphanol tab 3 mg	6 tabs (198 MME/day)



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Meperidine oral soln 50 mg/5 mL	30 mL
	(30 MME/day)
Meperidine tab 50 mg	6 tabs
	(30 MME/day)
Meperidine tab 100 mg	6 tabs
	(60 MME/day)
Morphine sulfate (conc) oral soln 20 mg/mL	9 mL
(100 mg/5 mL)	(180 MME/day)
Morphine sulfate oral soln 10 mg/5 mL	45 mL
1 0'	(90 MME/day)
Morphine sulfate oral soln 20 mg/5 mL	45 mL
1	(180 MME/day)
Morphine sulfate supp 5 mg	9 supps
1 11 0	(45 MME/day)
Morphine sulfate supp 10 mg	9 supps
	(90 MME/day)
Morphine sulfate supp 20 mg	9 supps
morphine surface supp 20 mg	(180 MME/day)
Morphine sulfate supp 30 mg	6 supps
morphine surface supp 50 mg	(180 MME/day)
Morphine sulfate tab 15 mg	9 tabs
Worphine surface tab 15 mg	(135 MME/day)
Morphine sulfate tab 30 mg	6 tabs
Worphine surface tab 50 mg	(180 MME/day)
Oxaydo 5 mg (oxycodone)	9 tabs
Oxaydo 5 mg (oxycodone)	(67.5 MME/day)
Oxaydo 7.5 mg (oxycodone)	9 tabs
Oxaydo 7.5 mg (oxycodone)	(101.25 MME/day)
Oxycodone cap 5 mg	9 caps
Oxycodone cap 5 mg	(67.5 MME/day)
Overse de se e sel se sectuate 100 may/5 mI (20 may/mI)	6 mL
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	
Oversedene sele F mes/F mI	(180 MME/day) 90 mL
Oxycodone soln 5 mg/5 mL	
0 1 .1	(135 MME/day)
Oxycodone tab 5 mg	9 tabs
0 1 140	(67.5 MME/day)
Oxycodone tab 10 mg	9 tabs
0 1 145	(135 MME/day)
Oxycodone tab 15 mg	8 tabs
	(180 MME/day)
Oxycodone tab 20 mg	6 tabs
	(180 MME/day)
Oxycodone tab 30 mg	4 tabs
	(180 MME/day)
Oxycodone/APAP soln 5/325 mg/5 mL	60 mL
	(90 MME/day)



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Oxycodone/APAP tab 2.5/300 mg	13 tabs
Oxycodolic/111111 tab 2.5/ 500 mg	(48.75 MME/day)
Oxycodone/APAP tab 2.5/325 mg	12 tabs
	(45 MME/day)
Oxycodone/APAP tab 5/300 mg	13 tabs
	(97.5 MME/day)
Oxycodone/APAP tab 5/325 mg	12 tabs
	(90 MME/day)
Oxycodone/APAP tab 7.5/300 mg	13 tabs
	(146.25 MME/day)
Oxycodone/APAP tab 7.5/325 mg	12 tabs
	(135 MME/day)
Oxycodone/APAP tab 10/300 mg	13 tabs
	(195 MME/day)
Oxycodone/APAP tab 10/325 mg	12 tabs
	(180 MME/day)
Oxycodone/ASA tab 4.8355/325 mg	12 tabs
	(87 MME/day)
Oxycodone/ibuprofen tab 5/400 mg	8 tabs
	(60 MME/day)
Oxymorphone tab 5 mg	12 tabs
	(180 MME/day)
Oxymorphone tab 10 mg	6 tabs
	(180 MME/day)
Pentazocine/naloxone 50/0.5 mg	10 tabs
D D 15 / 1)	(185 MME/day)
RoxyBond 5 mg (oxycodone)	9 tabs
DD115 (1)	(67.5 MME/day) 8 tabs
RoxyBond 15 mg (oxycodone)	(180 MME/day)
RoxyBond 30 mg (oxycodone)	4 tabs
Roxybolid 30 ling (oxycodolie)	(180 MME/day)
Tapentadol oral soln 20mg/mL	25 mL
1 apentador orar soni 20mg/ mi2	(200 MME/day)
Tapentadol tab 50 mg	7 tabs
Tapentador tab 50 mg	(140 MME/day)
Tapentadol tab 75 mg	6 tabs
	(180 MME/day)
Tapentadol tab 100 mg	5 tabs
	(200 MME/day)
Tramadol 50 mg	8 tabs
<u> </u>	(80 MME/day)
Tramadol 100 mg	4 tabs
	(80 MME/day)
Tramadol/APAP 37.5/325 mg	8 tabs
	(60 MME/day)