Utilization Management Policy Name: Immediate Release Opioid Quantity Limits – NC Standard

Rationale:

National guidelines on the use of opioids in acute pain indicate that 3 days of medication or less is often sufficient for pain management. Furthermore, a supply greater than 7 days is rarely needed. * Several states, including North Carolina (Strengthen Opioid Misuse Prevention Act), have implemented legal restrictions on the prescribing of opioids for more than 7 day on initial evaluation. Therefore, the following limitation encourages members to seek follow up evaluation for the use of opioids beyond the initial 7 days of treatment.

Prescriptions for more than a 7-day supply for members who have no prescription history of opioids in the past 180 days will reject at the pharmacy for payment. These prescriptions can be resubmitted for 7 days or less to receive a paid claim. Subsequent prescriptions will not have this same limitation. **Should a member have a prescription reject for an opioid prescription that is NOT their initial fill of the medication, the prescriber can attest to a member's medication history.**

Quantity limits have been added to ensure safe and effective use following the first time use of the pain medication.

Benefit limitation:

1. Members that are filling an immediate release opioid for the first time within 180 days are limited to a maximum of a 7-day supply.

Quantity Limit Exception Criteria:

1. The quantity (dose) requested is for documented titration purposes at the initiation of therapy (authorization for a 90-day titration period); **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert; **OR**
4. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed); **AND**
5. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval:

- Benefit limit: 30 days
- Quantity limit: 6 months

Quantity Limitations: quantity limitations apply to brand and associated generic products.

Immediate Release Agents	
Medication	**Quantity per Day**
Butorphanol 10 mg/mL nasal spray	2.9167
Codeine 15 mg, 30 mg, 60 mg tablets	6 tablets
Dilaudid (hydromorphone) 2 mg, 4 mg, 8 mg tablets	6 tablets
Dilaudid (hydromorphone) 1 mg/mL liquid	48 mL
Diskets (Methadone, Methadose) 40 mg soluble tablet	3 tablets
Meperidine 50 mg tablet **(see Safe and Effective Medication Use Policy)**	8 tablets
Meperidine 50 mg/5 mL solution **(see Safe and Effective Medication Use Policy)**	48 mL
Methadone 5 mg, 10 mg tablets	3 tablets
Methadone 5 mg/5 mL solution	30 mL
Methadone 10 mg/5 mL solution	15 mL
Methadone, Methadose 10 mg/mL concentrate	3 mL
Morphine 15 mg tablet	8 tablets
Morphine 30 mg tablet	6 tablets
Morphine 10 mg/5 mL solution	90 mL
Morphine 20 mg/5 mL solution	45 mL
Morphine 20 mg/mL concentrate	9 mL
Oxycodone, Roxicodone 5 mg tablet/capsule	12 tablets/capsules
Oxycodone, Roxicodone 10, 15, 20, 30 mg tablet	6 tablets
Oxycodone 5 mg/5 mL solution	180 mL
Oxycodone 20 mg/mL concentrate	9 mL
Oxymorphone 5 mg, 10 mg tablet	6 tablets
Nucynta (tapentadol) 50 mg, 75 mg, 100 mg tablet	6 tablets
Tramadol 25 mg tablet	8 tablets
Tramadol 75 mg tablet	5 tablets

Tramadol 100 mg tablet	4 tablets
Tramadol 50 mg tablet	8 tablets
Combination Agents	
Hydrocodone/ibuprofen 5 mg/200 mg, 10 mg/200 mg, 7.5 mg/200 mg tablet	5 tablets
Tramadol/acetaminophen 37.5 mg/325 mg tablet	8 tablets
Percocet, Endocet (oxycodone/acetaminophen) 2.5 mg/325 mg, 5 mg/325 mg tablet	12 tablets
Percocet, Endocet (oxycodone/acetaminophen) 7.5 mg/325 mg tablet	8 tablets
Percocet, Endocet (oxycodone/acetaminophen) 10 mg/325 mg tablet	6 tablets
Nalocet (oxycodone/acetaminophen) 2.5 mg/300 mg tablet	12 tablets
Oxycodone/acetaminophen 5 mg/325 mg per 5 mL solution	60 mL
Seglentis (celecoxib/tramadol) 56/44 mg tablet	4 tablets
Acetaminophen/codeine 300 mg/15 mg, 300 mg/30 mg tablet	12 tablets
Acetaminophen/codeine 300 mg/60 mg tablet	6 tablets
Acetaminophen/codeine 120 mg/12 mg per 5 mL solution	90 mL
Hydrocodone/acetaminophen 5 mg/325 mg, 5 mg/300 mg tablet	12 tablets
Hydrocodone/acetaminophen 7.5 mg/325 mg, 7.5 mg/300 mg tablet	6 tablets
Hydrocodone/acetaminophen 10 mg/325 mg, 10 mg/300 mg tablet	6 tablets
Hydrocodone/acetaminophen 2.5 mg/325 mg tablet	12 tablets
Hydrocodone/acetaminophen 10 mg/325 mg per 15 mL solution	90 mL
Hydrocodone/acetaminophen 10 mg/300 mg per 15 mL solution	67.5 mL
Hydrocodone/acetaminophen 7.5 mg/300 mg per 15 mL solution	120 mL
Trezix, Acetaminophen/Caffeine/Dihydrocodeine 320.5 mg/30 mg/16 mg capsule	10 capsules
Butalbital/acetaminophen/caffeine/codeine capsules	6 capsules
Butalbital/aspirin/caffeine/codeine 50 mg/325 mg/40 mg/30 mg capsule	6 capsules
Pentazocine/naloxone 50 mg/0.5 mg tablet **(see Safe and Effective Medication Use Policy)**	12 tablets

References: all information referenced is from FDA package insert unless otherwise noted below.

*Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016; 65 (No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Strengthen Opioid Misuse Prevention (STOP) Act, NC, House Bill 243 / S.L. 2017-74.

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q4 annually.

February 2026: Criteria update: Added brand Diskets to policy.
June 2025: Criteria update: Removed obsolete Brand name products. Formatting updates.
December 2024: Criteria update: Added new to market Tramadol 75mg to policy.
November 2024: Criteria update: Added Hydrocodone/APAP 2.5mg/325mg to policy.
May 2024: Criteria update: Annual criteria review. Removed obsolete products. Added Roxicet solution to policy.
January 2024: Criteria update: Added new to market Tramadol 25mg to policy
February 2021: Criteria update: Added Seglentis to policy
March 2021: Criteria update: Annual Criteria review. Removal of discontinued products: Synlagos-DC, hydrocodone/ibuprofen 2.5/200mg tablet, Roxicet 5/325mg per 5mL solution, Hydrocodone/APAP 2.5/325mg.
Jan 2021: Criteria change: Added Prolate 10mg/300mg solution to the policy.
Nov 2020: Criteria update: Added Qdolo to the policy.
Oct 2020: Criteria change: Removed Roxybond from policy (discontinued product). Corrected levorphanol dosing and QL.
Sept 2020: Criteria change: Changed Oxaydo 5mg quantity limit to 12 tabs per day.
June 2020: Criteria update: Added Prolate to the policy.
Feb 2020: Criteria update: Added Dvorah brand name to the policy, generic already listed.
Feb 2020: Criteria update: Added new to market Tramadol 100mg tablet to the policy.
January 2019: Added benefit limitation language to criteria.
January 2019: Original utilization management criteria issued.