

## Long Acting & Short Acting Opioids Daily Dose Limits

Below are the daily dose limits on short acting opioids (SAO). Any SAO prescribed for > 7 days or two (2) 7-day supplies in a 60-day period, requires the submission of a Prior Authorization form. The Virginia BOM Regulations limit the treatment of acute pain with opioids to 7 days. Fax forms can be obtained at: <https://mediproviders.anthem.com/va/pages/pharmacy.aspx>. **Preferred agents are bolded, nonpreferred are italicized**

Brand Name	Daily Dose limit	Brand Name	Daily Dose limit	Brand Name	Daily Dose limit
<b>APAP /CODEINE</b>		<b>HYDROCODONE/ APAP SOLUTION</b>		<i>Morphine sulfate 20 mg supp. rec</i>	4.5
<b>APAP-Codeine 120-12mg; 300-12mg sol</b>	150 ml	<b>Hydrocodone-APAP 2.5, 5, 7.25-325/15ml</b>	180 ml	<i>Morphine sulfate 20 mg/ml syringe</i>	4.5
<b>APAP-Codeine 300mg/15, 30 , 60 mg</b>	10	<b>Hydrocodone-APAP 10-325mg/15ml sol</b>	135 ml	<i>Morphine sulfate 30 mg supp. rec</i>	3
		<i>Zamiset 10-325/15 solution</i>	135 ml	<b>Morphine sulfate 30 mg tab</b>	3
<b>CODEINE</b>		<b>Hydrocodone-APAP mg 2.5-167mg /5ml</b>	120 ml	<b>OXYCODONE</b>	
<b>Codeine Sulfate 15 mg</b>	24			<b>Oxycodone hcl 5 mg/5 ml solution</b>	60
<b>Codeine Sulfate 30 mg</b>	12	<b>HYDROCODONE/ APAP TABLET</b>		<b>Oxycodone hcl 5 mg cap &amp; tablet</b>	12
<b>Codeine Sulfate 60 mg</b>	6	<b>Hydrocodone-APAP mg 2.5mg / 325mg</b>	12	<b>Oxycodone hcl 10 mg tablet</b>	6
<b>FENTANYL</b>		<b>Hydrocodone-APAP 5 mg/ 325 mg</b>	12	<b>Oxycodone hcl 15 mg tablet</b>	4
<i>Subsys 100mcg/spray</i>	4	<b>Hydrocodone-APAP 7.5/325 &amp; 7.5/300</b>	12	<b>Oxycodone hcl 10mg/0.5ml syringe</b>	3
<i>Subsys 200 mcg spray</i>	3.6	<b>Hydrocodone-APAP 10/300 mg, 10/325 mg</b>	9	<b>Oxycodone hcl 20 mg tablet</b>	3
<i>Subsys 400 mcg spray</i>	1.8	<b>HYDROCODONE/IBUPROFEN</b>		<b>Oxycodone hcl 20 mg/ml oral co</b>	3
<i>Subsys 600 mcg spray</i>	1.2	<b>Hydrocodone-Ibuprofen 2.5, 5, 7.5 &amp; 10mg -200mg</b>	5	<b>Oxycodone hcl 30 mg tablet</b>	2
<i>Subsys 800 mcg spray</i>	0.9	<b>HYDROMORPHONE</b>		<b>OXYCODONE-APAP OR ASA</b>	
<i>Subsys 1200 mcg spray</i>	0.6	<i>Dilaudid 1 mg/ml liquid (Hydromorphone)</i>	22.5	<b>Oxycodone-APAP 5-325 solution</b>	60 ml
<i>Subsys 1600 mcg spray</i>	0.45	<i>Dilaudid 2 mg tablet (Hydromorphone)</i>	11.2	<b>Oxycodone-APAP 2.5 &amp; 5-325mg</b>	12
<b>FENTANYL CITRATE</b>		<i>Dilaudid 4 mg tablet (Hydromorphone)</i>	5.6	<i>Primlev™ 5mg-300 mg</i>	12
<b>Abstral 100 mcg tab subl</b>	4	<i>Hydromorphone hcl 3 mg supp.re</i>	4	<i>Oxycodone HCL-Aspirin 4.8/325 mg</i>	12
<i>Abstral 200 mcg tab subl</i>	3.6	<i>Dilaudid 8 mg tablet (Hydromorphone)</i>	2.8	<b>Oxycodone-APAP 7.5-325</b>	8
<i>Abstral 300 mcg tab subl</i>	2.4	<b>LEVORPHANOL</b>		<i>Primlev™ 7.5mg-300 mg</i>	8
<i>Abstral 400 mcg tab subl</i>	1.8	<i>Levorphanol Tartrate 2 mg</i>	4	<b>Oxycodone-APAP 10-325</b>	6
<i>Abstral 600 mcg tab subl</i>	1.2	<b>MEPERIDINE</b>		<i>Primlev™ 10 mg-300 mg</i>	6
<i>Abstral 800 mcg tab subl</i>	0.9	<i>Meperidine HCL 50 mg/5 ml</i>	90 ml	<b>OXYMORPHONE</b>	
<b>Fentora 100 mcg tablet eff</b>	7.2	<i>Meperidine HCL 50 mg</i>	18	<i>Oxymorphone HCL 5 mg</i>	6
<i>Fentora 200 mcg tablet eff</i>	3.6	<i>Meperidine HCL 100 mg</i>	9	<i>Oxymorphone HCL 10 mg</i>	3
<i>Fentora 400 mcg tablet eff</i>	1.8	<b>MORPHINE</b>		<b>Pentazocine-Naloxone 50mg-0.5mg</b>	4.9
<i>Fentora 600 mcg tablet eff</i>	1.2	<b>Morphine sulfate 10 mg/5 ml solution</b>	45	<b>NUCYNTA</b>	
<i>Fentora 800 mcg tablet eff</i>	0.9	<b>Morphine sulfate 20 mg/5 ml solution</b>	22.5	<i>Nucynta 50 mg</i>	4.5
<b>Lazanda 100mcg/ spray /pump</b>	4	<i>Morphine sulfate 5 mg supp. rec</i>	18	<i>Nucynta 75 mg</i>	3

Updated 10/20/19

Page 1

<https://mediproviders.anthem.com/va>

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Lazanda 300mcg/ spray /pump	2.4	Morphine sulfate 10 mg supp. rec	9	Nucynta 100 mg	2.25
Lazanda 400mcg/ spray /pump	1.8	<b>Morphine sulfate 15 mg tablet</b>	6	<b>TRAMADOL</b>	
		<b>Morphine sulfate 100 mg/5ml</b>	4.5	<b>Tramadol 50 mg</b>	8
		<i>Morphine sulfate 10mg/0.5ml syringe</i>	4.5	<b>Tramadol -APAP 37.5-325</b>	8

Below are the daily dose limits for long acting opioids (LAO). Doses above these limits will require for a LAO fax form be completed and faxed to 1-844-512-7020. Fax forms can be obtained at: <https://mediproviders.anthem.com/va/pages/pharmacy.aspx> **Preferred agents are bolded, nonpreferred are italicized**

Brand Name	Daily Dose Limit	Brand Name	Daily Dose Limit
<b>BUPRENORPHINE</b>		Morphine Sulfate ER all dosage forms 30-45 mg	3
<i>Belbuca™ 75 mcg</i>	6	<b>Morphine Sulfate ER all dosage forms 50-75 mg</b>	2
<i>Belbuca™ 150 mcg</i>	4	<b>Morphine Sulfate ER all dosage forms over 80 mg</b>	1
<i>Belbuca™ 300 &amp; 600 mcg</i>	3	<b>MORPHINE SULFATE/NALTREXONE</b>	
<i>Belbuca™ 450, 750 &amp; 900 mcg</i>	2	Embeda® (all strengths)	2
<i>Buprenorphine 5, 7.5 &amp; 10 mcg/hr. TDWK</i>	2/week	<b>OXYCODONE HCL</b>	
<i>Buprenorphine 15 &amp; 20 mcg/hr. TDWK</i>	1/week	<i>Oxycodone HCL ER 10 mg</i>	6
<b>Butrans 5, 7.5 &amp; 10 mcg/hr. TDWK</b>	2/week	<i>Oxycodone HCL ER 15 mg</i>	5
<b>Butrans 15 &amp; 20 mcg/hr. TDWK</b>	1/week	<i>Oxycodone HCL ER 20 mg</i>	4
<b>FENTANYL</b>		<i>Oxycodone HCL ER 30 mg</i>	3
<i>Fentanyl 12, 25, &amp; 37 mcg/hr TD72</i>	0.333 patches	<i>Oxycodone HCL ER 40 mg</i>	2
<b>Fentanyl 50, 62.5, 75, 87.5 &amp; 100 mcg/hr TD72</b>	0.333 patches	<i>Oxycodone HCL ER 60 &amp; 80 mg</i>	2
<b>HYDROCODONE BITARTRATE</b>		<i>Xtampza ER 9 mg</i>	6
<i>Hysingla® ER 20 mg</i>	3	<i>Xtampza ER 13.5 mg</i>	5
<i>Hysingla® ER 30 mg</i>	2	<i>Xtampza ER 18 mg</i>	4
<i>Hysingla® ER 40, 60, 80, 100, 120 mg</i>	1	<i>Xtampza ER 27 mg</i>	3
<i>Zohydro® ER 10 mg</i>	6	<i>Xtampza ER 36 mg</i>	2
<i>Zohydro® ER 15 mg</i>	4	<b>OXYCODONE &amp; APAP</b>	
<i>Zohydro® ER 20 mg</i>	3	Xartemis® XR 7.5-325 mg	12
<i>Zohydro® ER 30, 40 &amp; 50 mg</i>	2	<b>OXYMORPHONE HCL</b>	
<b>HYDROMORPHONE HCL</b>		<i>Oxymorphone HCL ER 5 mg &amp; Opana® ER 5 mg</i>	6
<i>Hydromorphone ER 8 mg (Exalgo) 24 H</i>	3	<i>Oxymorphone HCL ER &amp; Opana® ER 10, 7.5 mg</i>	4
<i>Hydromorphone ER 12 mg (Exalgo) 24 H</i>	2	<i>Oxymorphone HCL ER 15 mg &amp; Opana® ER 15 mg</i>	3
<i>Hydromorphone ER 16 &amp; 32 mg (Exalgo) 24 H</i>	1	<i>Oxymorphone HCL ER &amp; Opana® ER 20, 30, 40 mg</i>	2
<b>METHADONE HCL</b>			

Updated 10/20/19

Page 2

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<i>Methadose 10 mg/ml Oral Conc</i>	4 ml	<b>TAPENTADOL HCL</b>	
<i>Methadone HCL 10 mg/5 ml</i>	15 ml	<i>Nucynta<sup>®</sup> ER 50 mg</i>	4
<i>Methadone HCL 5 mg/5 ml</i>	40 ml	<i>Nucynta<sup>®</sup> ER 100 mg</i>	3
<i>Methadone HCL 5 mg &amp; 10 mg Tab</i>	6	<i>Nucynta<sup>®</sup> ER 150 200 &amp; 250 mg</i>	2
<i>Methadose 40 mg Dispersible Tablet</i>	3	<b>TRAMADOL HCL</b>	
<b>MORPHINE SULFATE</b> dosage forms (Cpmp 24hr, Cap Mphase, Cap ER Pel, Tab SA)		<i>Tramadol HCL ER 200 &amp; 300 mg</i>	3
<b>Morphine Sulfate ER 10 mg</b>	6	<i>Tramadol HCL ER 100 mg</i>	1
<b>Morphine Sulfate ER 15 mg</b>	4		