



To: Kentucky Health Care Providers
 From: Humana – CareSource® Pharmacy Department
 Subject: Short-acting Opioid 60 Daily Morphine Equivalent (MED) Limits

Attention physicians:

As of 09/01/2018, Humana – CareSource will implement a change to criteria and quantity limits for opioids for Humana – CareSource-covered patients with acute pain. The limits are a maximum seven-day supply on prescriptions for a new patient³ and a maximum, cumulative 14-day supply in a 45-day period. The third requirement for both opiate naïve and chronic utilizers is limited to 60 MED. Humana – CareSource has received numerous requests prescribing more than the 60 MED limit. In an attempt to prevent prior authorizations and patients being denied coverage for opioids, below is a list of short-acting opioids and the number of allowable units to be within the 60 MED limit:

Agent	Branded name	Maximum units/day for coverage without prior authorization
Acetaminophen-Caffeine-Dihydrocodeine 320.5-30 - 16 mg capsule	Trezix®	10 caps**
Acetaminophen-Codeine 120 mg - 12mg/5 mL solution/suspension	Capital® with Codeine	165 mL
Acetaminophen-Codeine 300 - 15mg tablet	Tylenol® with Codeine No. 2	13 tabs*
Acetaminophen-Codeine 300 - 30mg tablet	Tylenol with Codeine No. 3	13 tabs*
Acetaminophen-Codeine 300 - 60mg tablet	Tylenol with Codeine No. 4	13 tabs*
Aspirin-Caffeine-Dihydrocodeine 356.4 – 30 - 16 mg	Synalgos-DC	12 caps**
Butalbital-Acetaminophen-Caffeine – Codeine 50-300-40-30 mg capsule	Fioricet® with Codeine	6 caps**
Butalbital-Acetaminophen-Caffeine – Codeine 50-325-40-30 mg capsule	Fioricet with Codeine	6 caps**
Butalbital-Aspirin – Caffeine – Codeine 50-325-40-30 mg capsule	Fioricet with Codeine; Ascomp® with Codeine	6 caps**
Codeine 30mg/5mL solution		60 mL
Codeine 15 mg tablet		24 tabs**
Codeine 30 mg tablet		12 tabs**
Codeine 60 mg tablet		6 tabs
Hydrocodone-APAP 10 – 300 mg/15 mL elixir	Lortab®	90 mL
Hydrocodone-APAP 7.5 – 325 mg/15 mL solution	Hycet®	120 mL
Hydrocodone-APAP 10 – 325 mg/15 mL solution	Zamicet®	90 mL
Hydrocodone-APAP 5 – 300 mg tablet	Vicodin®; Xodoi®	12 tabs
Hydrocodone-APAP 7.5 – 300 mg tablet	Vicodin ES; Xodol	8 tabs
Hydrocodone-APAP 10 – 300 mg tablet	Vicodin HP; Xodol	6 tabs
Hydrocodone-APAP 2.5 – 325 mg tablet	Verdrocet®	12 tabs*
Hydrocodone-APAP 5 – 325 mg tablet	Lorcet®; Norco®	12 tabs
Hydrocodone-APAP 7.5 – 325 mg tablet	Lorcet Plus; Norco	8 tabs
Hydrocodone-APAP 10 – 325 mg tablet	Lorcet HD; Norco	6 tabs
Hydrocodone-ibuprofen 2.5 – 200mg	Reprexain®	24 tabs
Hydrocodone-Ibuprofen 5 – 200 mg tablet	Ibudone®; Reprexain	5 tabs**
Hydrocodone-Ibuprofen 7.5 – 200 mg tablet	Vicoprofen®	5 tabs**
Hydrocodone-Ibuprofen 10 – 200 mg tablet	Ibudone; Reprexain; Xylon®	5 tabs**
Hydromorphone 1 mg/mL liquid	Dilaudid®	15 mL
Hydromorphone 2 mg tablet	Dilaudid	7 tabs
Hydromorphone 4 mg tablet	Dilaudid	3 tabs
Hydromorphone 8 mg tablet	Dilaudid	1 tab
Levorphanol 2 mg tablet		2 tabs
Meperidine-Promethazine 50 – 25 mg tablet	Demerol®	6 tabs**

(Continued)

Agent	Branded name	Maximum units/day for coverage without prior authorization
Meperidine 50 mg/5 mL solution	Demerol	60 mL [#]
Meperidine 50 mg tablet	Demerol	12 tabs [#]
Meperidine 100 mg tablet	Demerol	6 tabs [#]
Morphine 10 mg/5 mL solution		30 mL
Morphine 20 mg/5 mL solution		15 mL
Morphine 100 mg/5 mL solution		3 mL
Morphine 15 mg tablet		4 tabs
Morphine 30 mg tablet		2 tabs
Morphine sulfate rectal 5 mg suppository		12 suppositories
Morphine sulfate rectal 10 mg suppository		6 suppositories
Morphine sulfate rectal 20 mg suppository		3 suppositories
Morphine sulfate rectal 30 mg suppository		2 suppositories
Oxycodone 5 mg/5 mL solution		40 mL
Oxycodone 100 mg/5 mL concentrate		2 mL
Oxycodone 5 mg capsule abuse-deterrent	Oxaydo [®]	8 caps
Oxycodone 7.5 mg tablet abuse-deterrent	Oxaydo	5 tabs
Oxycodone 5 mg capsule		8 caps
Oxycodone 5 mg tablet	Roxicodone [®]	8 tabs
Oxycodone 10 mg tablet		4 tabs
Oxycodone 15 mg tablet	Roxicodone	2 tabs
Oxycodone 20 mg tablet		2 tabs
Oxycodone 30 mg tablet	Roxicodone	1 tab
Oxycodone-APAP 5 – 325 mg/5 mL solution		40 mL
Oxycodone-APAP 5 – 300 mg tablet	Primlev [™]	8 tabs
Oxycodone-APAP 7.5 – 300 mg tablet	Primlev	5 tabs
Oxycodone-APAP 10 – 300 mg tablet	Primlev	4 tabs
Oxycodone-APAP 2.5 – 325 mg tablet	Percocet [®]	12 tabs [*]
Oxycodone-APAP 5 – 325 mg tablet	Percocet	8 tabs
Oxycodone-APAP 7.5 – 325 mg tablet	Percocet	5 tabs
Oxycodone-APAP 10 – 325 mg tablet	Percocet	4 tabs
Oxycodone-Aspirin 4.8355 – 325 mg tablet	Endodan; Percodan	8 tabs
Oxycodone-Ibuprofen 5 – 400 mg tablet		4 tabs, no longer than seven days ^{**}
Oxymorphone 5 mg tablet	Opana [®]	4 tabs
Oxymorphone 10 mg tablet	Opana	2 tabs
Pentazocine-Naloxone 50 – 0.5 mg		3 tabs
Tapentadol 50 mg tablet	Nucynta [®]	3 tabs
Tapentadol 75 mg tablet	Nucynta	2 tabs
Tapentadol 100 mg tablet	Nucynta	1 tab
Tramadol 10mg/mL suspension		40 mL ^{**}
Tramadol 50 mg tablet	Ultram	8 tabs ^{**}
Tramadol-APAP 37.5 – 325 mg tablet	Ultracet	10 tabs ^{**}

^a A new patient is defined as a member who has been prescribed less than a 60-day supply of opioids within the last 365 days.

* Limits may be less than 60 MED based on acetaminophen limit of 4000mg/day

** Limits may be less than 60 MED based on FDA-recommended max dose/day

[#] The American Pain Society and Institute For Safe Medication Practices (ISMP) do not recommend the use of meperidine as an analgesic.

Please note: Pre-existing quantity limits exist for some products that are less than 60 MED and are found on the preferred drug list (PDL). If your patient requires more than 60 MED, please submit a prior-authorization request for review.

There are conditions that are exempt from the limits above, including cancer-related pain, palliative care, end-of-life or hospice care, sickle cell disease, severe burns, traumatic crushing of tissue, amputation and major orthopedic surgery. Please submit a prior-authorization request to indicate your Humana – CareSource-covered patient has one of the exempt conditions.

We recognize each patient is unique, and we appreciate your role in making this a successful transition. If you have questions regarding the change, please call the Humana – CareSource pharmacy services department at 1-855-852-7005 and follow the prompts. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern Time.