



## Short Acting & Long Acting Opioids Daily Dose Limits

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Below are the daily dose limits on short acting opioids (SAO). Virginia allows a seven (7) day supply maximum. All quantities exceeding a 7 day supply will require a Prior Authorization form to be completed and faxed to 844-512-7020.

Fax forms can be obtained at: <https://providers.anthem.com/virginia-provider/resources/forms>

Brand Name	Daily Dose limit	Brand Name	Daily Dose limit	Brand Name	Daily Dose limit
<b>APAP/CODEINE</b>		<b>HYDROCODONE/ APAP SOLUTION</b>		Morphine sulfate 20 mg supp	4.5
APAP-Codeine 120-12mg; 300-12mg sol	150 ml	Hydrocodone-APAP 2.5, 5, 7.25-325/15ml	180 ml	Morphine sulfate 20 mg/ml syringe	4.5
APAP-Codeine 300mg/15, 30 , 60 mg	10	Hydrocodone-APAP 10-325mg/15ml solution	135 ml	Morphine sulfate 30 mg supp & tab	3
<b>CODEINE</b>		Zamiset® 10-325/15 solution	135 ml	<b>OXYCODONE</b>	
Codeine Sulfate 15 mg	24	Hydrocodone-APAP mg 2.5-167mg /5ml	120 ml	Oxycodone HCL 5 mg/5 ml solution	60
Codeine Sulfate 30 mg	12	<b>HYDROCODONE/ APAP TABLET</b>		Oxycodone HCL 5 mg cap & tablet	12
Codeine Sulfate 60 mg	6	Hydrocodone-APAP mg 2.5mg / 325mg	12	Oxycodone HCL 10 mg tablet	6
<b>FENTANYL</b>		Hydrocodone-APAP 5 mg/ 325 mg	12	Oxycodone HCL 15 mg tablet	4
Subsys® 100mcg/spray	4	Hydrocodone-APAP 7.5/325 & 7.5/300	12	Oxycodone HCL 10mg/0.5ml syringe	3
Subsys® 200 mcg spray	3.6	Hydrocodone-APAP 10/300 mg, 10/325 mg	9	Oxycodone HCL 20 mg tablet	3
Subsys® 400 mcg spray	1.8	<b>HYDROCODONE/IBUPROFEN</b>		Oxycodone HCL 20 mg/ml oral conc	3
Subsys® 600 mcg spray	1.2	Hydrocodone-Ibuprofen 2.5, 5, 7.5 & 10mg - 200mg	5	Oxycodone HCL 30 mg tablet	2
Subsys® 800 mcg spray	0.9	<b>HYDROMORPHONE</b>		<b>OXYCODONE-APAP OR ASA</b>	
Subsys® 1200 mcg spray	0.6	Dilaudid® 1 mg/ml liquid	22.5	Oxycodone-APAP 5-325 solution	60 ml
Subsys® 1600 mcg spray	0.45	Dilaudid® 2 mg tablet	11.2	Oxycodone-APAP 2.5 & 5-325mg	12
<b>FENTANYL CITRATE</b>		Dilaudid® 4 mg tablet	5.6	Primlev™ 5mg-300 mg	12
Abstral® 100 mcg tab subl	4	Hydromorphone HCL 3 mg supp	4	Oxycodone HCL-Aspirin 4.8/325 mg	12
Abstral® 200 mcg SL tablet	3.6	Dilaudid® 8 mg tablet	2.8	Oxycodone-APAP 7.5-325	8
Abstral® 300 mcg SL tablet	2.4	<b>LEVORPHANOL</b>		Primlev™ 7.5mg-300 mg	8
Abstral® 400 mcg SL tablet	1.8	Levorphanol Tartrate 2 mg	4	Oxycodone-APAP 10-325	6
Abstral® 600 mcg SL tablet	1.2	<b>MEPERIDINE</b>		Primlev™ 10 mg-300 mg	6
Abstral® 800 mcg SL tablet	0.9	Meperidine HCL 50 mg/5 ml	90 ml	<b>OXYMORPHONE</b>	
Fentora 100 mcg tablet eff	7.2	Meperidine HCL 50 mg	18	Oxymorphone HCL 5 mg	6
Fentora® 200 mcg tablet eff	3.6	Meperidine HCL 100 mg	9	Oxymorphone HCL 10 mg	3
Fentora® 400 mcg tablet eff	1.8	<b>MORPHINE</b>		<b>Pentazocine-Naloxone</b> 50mg-0.5mg	4.9
Fentora® 600 mcg tablet eff	1.2	Morphine Sulfate 10 mg/5 ml solution	45	<b>TAPENTADOL</b>	
Fentora® 800 mcg tablet eff	0.9	Morphine Sulfate 20 mg/5 ml solution	22.5	Nucynta® 50 mg	4.5
Lazanda 100mcg/ spray /pump	4	Morphine Sulfate 5 mg supp	18	Nucynta® 75 mg	3
Lazanda® 300mcg/spray/pump	2.4	Morphine Sulfate 10 mg supp	9	Nucynta® 100 mg	2.25
Lazanda® 400mcg/spray/pump	1.8	Morphine Sulfate 15 mg tablet	6	<b>TRAMADOL</b>	
		Morphine sulfate 100 mg/5ml	4.5	Tramadol 50 mg	8
		Morphine sulfate 10mg/0.5ml syringe	4.5	Tramadol-APAP 37.5-325	8

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

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## Short Acting & Long Acting Opioids Daily Dose Limits

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Below are the daily dose limits for long acting opioids (LAO).

Doses above these limits will require a Prior Authorization form to be completed and faxed to 844-512-7020.

Fax forms can be obtained at: <https://providers.anthem.com/virginia-provider/resources/forms>

Brand Name	Daily Dose Limit	Brand Name	Daily Dose Limit
<b>BUPRENORPHINE</b>		Morphine Sulfate ER 50-75 mg (all dosage forms)	2
Belbuca™ 75 mcg	6	Morphine Sulfate ER over 80 mg (all dosage forms)	1
Belbuca™ 150 mcg	4	<b>MORPHINE SULFATE/NALTREXONE</b>	
Belbuca™ 300 & 600 mcg	3	Embeda® (all strengths)	2
Belbuca™ 450, 750 & 900 mcg	2	<b>OXYCODONE HCL</b>	
Butrans® 5, 7.5 & 10 mcg/hr TDWK	2/week	Oxycodone HCL ER 10 mg	6
Butrans® 15 & 20 mcg/hr TDWK	1/week	Oxycodone HCL ER 15 mg	5
<b>FENTANYL</b>		Oxycodone HCL ER 20 mg	4
Fentanyl 12, 25, & 37 mcg/hr TD72	0.333 patches	Oxycodone HCL ER 30 mg	3
Fentanyl 50, 62.5, 75, 87.5 & 100 mcg/hr TD72	0.333 patches	Oxycodone HCL ER 40 mg	2
<b>HYDROCODONE BITARTRATE</b>		Oxycodone HCL ER 60 & 80 mg	2
Hysingla® ER 20 mg	3	Xtampza ER 9 mg	6
Hysingla® ER 30 mg	2	Xtampza ER 13.5 mg	5
Hysingla® ER 40, 60, 80, 100, 120 mg	1	Xtampza ER 18 mg	4
Zohydro® ER 10 mg	6	Xtampza ER 27 mg	3
Zohydro® ER 15 mg	4	Xtampza ER 36 mg	2
Zohydro® ER 20 mg	3	<b>OXYCODONE &amp; APAP</b>	
Zohydro® ER 30, 40 & 50 mg	2	Xartemis® XR 7.5-325 mg	12
<b>HYDROMORPHONE HCL</b>		<b>OXYMORPHONE HCL</b>	
Hydromorphone ER 8 mg (Exalgo) 24 H	3	Oxymorphone HCL ER & Opana® ER 5 mg	6
Hydromorphone ER 12 mg (Exalgo) 24 H	2	Oxymorphone HCL ER & Opana® ER 10, 7.5 mg	4
Hydromorphone ER 16 & 32 mg (Exalgo) 24 H	1	Oxymorphone HCL ER & Opana® ER 15 mg	3
<b>METHADONE HCL</b>		Oxymorphone HCL ER & Opana® ER 20, 30, 40 mg	2
Methadose 10 mg/ml Oral Conc	4 ml	<b>TAPENTADOL HCL</b>	
Methadone HCL 10 mg/5 ml	15 ml	Nucynta® ER 50 mg	4
Methadone HCL 5 mg/5 ml	40 ml	Nucynta® ER 100 mg	3
Methadone HCL 5 mg & 10 mg Tab	6	Nucynta® ER 150, 200 & 250 mg	2
Methadose 40 mg Dispersible Tablet	3	<b>TRAMADOL HCL</b>	
<b>MORPHINE SULFATE</b> dosage forms (Cmp 24hr, Cap Mphase, Cap ER Pel, Tab SA)		Tramadol HCL ER 200 & 300 mg	3
Morphine Sulfate ER 10 mg	6	Tramadol HCL ER 100 mg	1
Morphine Sulfate ER 15 mg	4		
Morphine Sulfate ER 30-45 mg (all dosage forms)	3		

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