

**IMMEDIATE RELEASE OPIOID QUANTITY LIMITS - Essential  
7 DAY FIRST FILL AND QUANTITY LIMIT EXCEPTION**

PRIOR REVIEW/CERTIFICATION FAXBACK FORM  
INCOMPLETE FORMS MAY DELAY PROCESSING

ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW

PRESCRIBER NAME		PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]	
CONTACT PERSON		PRESCRIBER PHONE	PRESCRIBER FAX	
PRESCRIBER ADDRESS	CITY	STATE	ZIP	
PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER	
			M	F

Please answer the following questions:

Diagnosis Code: \_\_\_\_\_

Drug Name: \_\_\_\_\_

Dosage Requested: \_\_\_\_\_ Quantity Requested: \_\_\_\_\_ per day

\*\*\*Please enter quantity as a numeric value with one decimal place (ex. 1.0, 1.5)\*\*\*

- Has the patient filled a prescription for an opioid in the past 180 days?.....  Yes  No
- Please provide indication for the requested medication: \_\_\_\_\_
- Is the requested medication and/or dose considered medically necessary and appropriate for treating the condition?..... Yes  No
- Is the requested medication treating a chronic, disabling, or life-threatening disease?..... Yes  No
- Is the request for a BRAND medication with an FDA approved AB rated generic equivalent?  Yes  No
  - If YES, has the patient tried the generic product of the requested medication?..... Yes  No
 

**If YES, please answer the following questions:**

    - Did the patient have a life-threatening side effect to the generic that required medical intervention that is not anticipated with the brand product?..... Yes  No
    - Did the prescriber complete and submit an FDA MedWatch Adverse Event Reporting form?..... Yes  No

**If YES, please provide a copy of the completed MedWatch form.**
- Please provide previously tried and failed medications for this diagnosis (*omission of information indicates N/A or none*):  
\_\_\_\_\_  
\_\_\_\_\_
- Please list any medications the member has a contraindication or is intolerant to for this diagnosis (*omission of information indicates N/A or none*):  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*continued on page 2; please complete and sign page 2 for prior authorization request\*\*\*

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8. Is the requested medication a non-standard formulation (e.g. chew, concentrate, elixir, film, granule, liquid, orally disintegrating tablet (ODT), powder, sprinkle suspension, syrup)?..... Yes  No  
**If YES, please answer the following questions:**
- a. Is the patient 11 years of age or younger?..... Yes  No
  - b. Is the patient unable to take solid dosage forms?..... Yes  No
  - c. Is the patient taking any other medications in a solid dosage form?..... Yes  No
  - d. Is the patient using an enteral feeding tube?..... Yes  No
    - i. **If YES**, can the tablet/capsule formulation be crushed or opened for administration?..... Yes  No
9. If the quantity is over the daily limit listed on pages 3-4, please document support for the requested Quantity Limit Exception (this may include documented clinical rationale and/or medical records).  
**Rationale must be provided.**
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**Please certify the following by signing and dating below:**

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.

**Prescriber's Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Blue Cross NC members, fax form to 1-800-795-9403***

## QUANTITY LIMITS

**NOTE: quantity limits apply to both brand and generic formulations**

<b>Immediate Release Agents</b>		
<b>Medication</b>	<b>Strength</b>	<b>Quantity per Day</b>
butorphanol	10 mg/mL nasal spray	2.917
Codeine	15 mg tablet	6
Codeine	30 mg tablet	6
Codeine	60 mg tablet	6
Hydromorphone, Dilaudid	2 mg tablet	6
Hydromorphone, Dilaudid	4 mg tablet	6
Hydromorphone, Dilaudid	8 mg tablet	6
Hydromorphone, Dilaudid	1 mg/mL liquid	48 mL
Levorphanol, Levodromoran <b>*see Levorphanol on IR Opioid Prior Authorization Policy</b>	2 mg tablet	6
Levorphanol, Levodromoran <b>*see Levorphanol on IR Opioid Prior Authorization Policy</b>	3 mg tablet	4
Meperidine, Demerol	50 mg tablet	8
Meperidine, Demerol	50 mg/5 mL solution	80 mL
Methadone, Dolophine, Methadose	5 mg tablet	3
Methadone, Dolophine, Methadose	10 mg tablet	3
Methadone, Dolophine, Methadose	40 mg soluble tablet	3
Methadone, Dolophine, Methadose	5 mg/5mL solution	30 mL
Methadone, Dolophine, Methadose	10 mg/5 mL solution	15 mL
Methadone, Dolophine, Methadose	10 mg/mL concentrate	3 mL
Morphine	15 mg tablet	8
Morphine	30 mg tablet	6
Morphine	10 mg/5 mL solution	90 mL
Morphine	20 mg/5 mL solution	45 mL
Morphine	20 mg/mL concentrate	9 mL
Nucynta (tapentadol)	50 mg tablet	6
Nucynta (tapentadol)	75 mg tablet	6
Nucynta (tapentadol)	100 mg tablet	6
Oxaydo (oxycodone abuse deterrent) <b>*see Oxaydo on IR Opioid Prior Authorization Policy</b>	5 mg tablet	12
Oxaydo (oxycodone abuse deterrent) <b>*see Oxaydo on IR Opioid Prior Authorization Policy</b>	7.5 mg tablet	6
Oxycodone, OxyIR, Roxicodone	5 mg capsule	12
Oxycodone, OxyIR, Roxicodone	5 mg tablet	12
Oxycodone, OxyIR, Roxicodone	10 mg tablet	6
Oxycodone, OxyIR, Roxicodone	15 mg tablet	6
Oxycodone, OxyIR, Roxicodone	20 mg tablet	6
Oxycodone, OxyIR, Roxicodone	30 mg tablet	6
Oxycodone, OxyIR, Roxicodone	5 mg/5mL solution	180 mL
Oxycodone, OxyIR, Roxicodone Intensol	20 mg/mL concentrate	9 mL
Oxymorphone, Opana	5 mg tablet	6
Oxymorphone, Opana	10 mg tablet	6
Qdolo (tramadol) <b>*see Qdolo on IR Opioid Prior Authorization Policy</b>	5mg/mL solution	80 mL
Tramadol	100 mg tablet	4
Ultram (tramadol)	50 mg tablet	8
Tramadol	25 mg tablet	8
<b>Combination Agents</b>		

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Acetaminophen/codeine	5 mg/400 mg tablet	4
Acetaminophen/codeine	120 mg/12 mg/5 mL solution	90 mL
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mL solution	120 mL
hydrocodone/acetaminophen	10 mg/325 mg/15 mL solution	90 mL
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	12
Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet	12
Norco (hydrocodone/acetaminophen)	7.5 mg/325 mg tablet	6
Norco (hydrocodone/acetaminophen)	10 mg/325 mg tablet	6
pentazocine/naloxone	50 mg/0.5 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet	8
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet	6
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen) <b>*see Prolate on IR Opioid Prior Authorization Policy</b>	5 mg/300 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen) <b>*see Prolate on IR Opioid Prior Authorization Policy</b>	7.5 mg/300 mg tablet	8
Primlev, Prolate (oxycodone/acetaminophen) <b>*see Prolate on IR Opioid Prior Authorization Policy</b>	10 mg/300 mg tablet	6
Prolate (oxycodone/acetaminophen) <b>*see Prolate on IR Opioid Prior Authorization Policy</b>	10mg/300mg / 5mL solution	30 mL
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	5
Reprexain, Ibudone, Xylon (hydrocodone/ibuprofen)	10 mg/200 mg tablet	5
Roxicet (oxycodone/acetaminophen)	5mg/325mg / 5mL solution	60 mL
Seglantis (celecoxib/tramadol)	56/44 mg tablet	4
Trezix (acetaminophen/caffeine/dihydrocodeine)	320.5 mg/30 mg/16 mg capsule	10
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/30 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/60 mg tablet	6
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	8
Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet	5
Xodol (hydrocodone/acetaminophen)	5 mg/300 mg tablet	12
Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg tablet	6
Xodol (hydrocodone/acetaminophen)	10 mg/300 mg tablet	6
Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mL solution	67.5 mL

**NOTE: quantity limits apply to both brand and generic formulations**