DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS IMMEDIATE-RELEASE OPIOID ANALGESICS (BRAND AND GENERIC)

Prior authorization applies only to patients ≤ 19 years of age.

generic name, dosage form

(codeine sulfate tablets)

(hydromorphone hydrochloride oral solution, suppositories, tablets)

(levorphanol tartrate tablets)

(meperidine hydrochloride oral solution, tablets)

(morphine sulfate oral soln, oral soln concentrate, suppositories, tablets)

(oxycodone hydrochloride capsules, oral soln, oral soln concentrate, tabs)

(oxymorphone hydrochloride tablets)

(pentazocine/naloxone tablets)

(tapentadol oral solution, tablets)

(tramadol hydrochloride oral solution, tablets)

Status: CVS Caremark Criteria
Type: Duration Limit; Initial Limit; Post Limit PA**

***Opioids ER - Step Therapy with MME Limit and Post Limit will be implemented for patients ≤ 19 years of age to ensure that these patients will not receive an extended-release opioid if opioid naïve. Any existing Utilization Management opioid programs will remain unchanged for patients 20 years of age or older.*

POLICY

FDA-APPROVED INDICATIONS

Codeine Sulfate

Codeine sulfate tablets are indicated for the management of mild to moderate pain, where treatment with an opioid is appropriate and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve codeine sulfate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

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- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Hydromorphone Hydrochloride

Oral Solution, Tablets

Hydromorphone hydrochloride oral solution and hydromorphone hydrochloride tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve hydromorphone hydrochloride oral solution and hydromorphone hydrochloride tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Suppositories

Hydromorphone hydrochloride is indicated for the relief of moderate to severe pain such as that due to: Surgery, Trauma (soft tissue and bone), Burns, Cancer, Biliary Colic, Myocardial Infarction, Renal Colic.

Levorphanol Tartrate

Levorphanol Tartrate tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve levorphanol tartrate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Meperidine Hydrochloride

Oral Solution, Tablets

Meperidine hydrochloride oral solution and tablets are indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve meperidine hydrochloride oral solution and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Meperidine hydrochloride oral solution and tablets should not be used for treatment of chronic pain. Prolonged meperidine use may increase the risk of toxicity (e.g., seizures) from the accumulation of the meperidine metabolite, normeperidine.

Morphine Sulfate

Oral Solution

Morphine Sulfate Oral Solution is indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Morphine Sulfate Oral Solution 100 mg per 5 mL (20 mg/mL) is indicated for the relief of acute and chronic pain in opioid-tolerant patients.

Suppositories, Tablets

Morphine sulfate suppositories and tablets are indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve morphine sulfate products for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

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Nucynta (tapentadol)

Oral Solution and Tablets

Nucynta (tapentadol) oral solution and tablets are indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate in adults.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Nucynta (tapentadol) oral solution and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxaydo (oxycodone hydrochloride)

Oxaydo (oxycodone hydrochloride) is indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Oxaydo (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxycodone Hydrochloride

Capsules, Oral Concentrate, Oral Solution and Tablets

Oxycodone hydrochloride capsules, oral concentrate, oral solution and tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve oxycodone hydrochloride capsules, oral concentrate, oral solution, and tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Oxymorphone Hydrochloride

Oxymorphone hydrochloride tablets are indicated for the management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve oxymorphone hydrochloride tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Pentazocine/Naloxone

Pentazocine and naloxone tablets are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve pentazocine and naloxone tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

RoxyBond (oxycodone hydrochloride)

RoxyBond (oxycodone hydrochloride) is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

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Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve RoxyBond (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

Tramadol

Oral Solution and Tablets

Tramadol oral solution and tablets are indicated in adults for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve tramadol for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated or are not expected to be tolerated,
- Have not provided adequate analgesia or are not expected to provide adequate analgesia.

SCREENOUT LOGIC

If the patient is ≤ 19 years of age and has filled a prescription for at least a 1-day supply of a drug indicating the patient is being treated for cancer or sickle cell disease within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If a claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

If the patient has an ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, then the requested drug will be paid under that prescription benefit.

If the patient has any history of an ICD 10 diagnosis code indicating sickle cell disease in their member health profile, then the requested drug will be paid under that prescription benefit.

If a claim is submitted using a hospice patient residence code under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

For patients ≤ 19 years of age with no prescription claims of a cancer drug or a sickle cell disease drug in the past 365 days, no ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, no history of an ICD 10 diagnosis code indicating sickle cell disease in their member health profile, or no hospice patient residence code submitted with their prescription claim:

If the patient is ≤ 19 years of age and has filled a prescription for at least a 7-day supply of an immediate-release (IR) or extended-release (ER) opioid agent indicated for the management of pain within prescription claim history in the past 90 days under a prescription benefit administered by CVS Caremark, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

If the patient is ≤ 19 years of age and does not have at least a 7-day supply of an IR or ER opioid agent indicated for the management of pain within prescription claim history in the past 90 days and the incoming prescription drug is being filled for more than a 3-day supply, then the claim will reject with a message indicating that the patient can receive a 3-day supply or submit a prior authorization (PA) for additional quantities. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit. If the incoming prescription drug is being filled for less than a 3-day supply, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

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LIMIT CRITERIA**

Neither acute pain duration limits nor quantity limits apply if the patient is ≤ 19 years of age and has a drug in claims history in the past year that indicates the patient is being treated for cancer or sickle cell disease. In addition, neither acute pain duration limits nor quantity limits will apply if a prescription claim is submitted with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care, if the patient has an ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, if the patient has a history of an ICD 10 diagnosis code indicating sickle cell disease in their member health profile, or if a prescription claim is submitted using a hospice patient residence code.

ACUTE PAIN DURATION LIMIT*:

The acute pain duration limit portion of this program applies to patients ≤ 19 years of age and are identified with potential first fills of immediate-release opioid prescriptions for the treatment of non-cancer, non-sickle cell, non-hospice, and non-palliative care related pain. A first fill is defined as at least a 7-day supply of an immediate-release (IR) or extended-release (ER) opioid agent indicated for the management of pain within prescription claim history during the past 90 days.

If the patient is ≤ 19 years of age and does not have at least a 7-day supply of an IR or ER opioid agent indicated for the management of pain within prescription claim history in the past 90 days and the incoming prescription drug is being filled for more than a 3-day supply, then the claim will reject with a message indicating that the patient can receive a 3-day supply or submit a prior authorization (PA) for additional quantities. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit. If the incoming prescription drug is being filled for less than a 3-day supply, then the initial quantity limit criteria will apply (see Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below).

INITIAL QUANTITY LIMIT:

Morphine milligram equivalent (MME) quantity limits for IR opioids provide coverage for an initial amount of a monthly quantity that corresponds to 90 MME or less per day. Coverage is provided for up to the initial quantity limit per Column A and Column B in the Opioid Analgesics IR Quantity Limits Chart below. Prior authorization review is required to determine coverage for additional quantities above the initial limit.

**Acute Pain Duration Limit logic will apply first, followed by initial quantity limit logic.*

***Opioids ER - Step Therapy with MME Limit and Post Limit 2219-M will be implemented for patients ≤ 19 years of age to ensure that these patients will not receive an extended-release opioid if opioid naïve. Any existing Utilization Management opioid programs will remain unchanged for patients 20 years of age or older.*

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care

OR

- The patient can safely take the requested dose based on their history of opioid use. [Note: The lowest effective dosage should be prescribed for opioid naïve patients.]
  AND
- The patient has been evaluated and the patient will be monitored regularly for the development of opioid use disorder
  AND
  - The requested drug is being prescribed for moderate to severe CHRONIC pain where use of an opioid analgesic is appropriate. [Note: Chronic pain is generally defined as pain that typically lasts greater than 3 months.]
    AND

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- The patient's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety

OR

- The patient requires extended treatment beyond 3 days for moderate to severe ACUTE pain where use of an opioid analgesic is appropriate

Quantity Limits may apply.

Opioid Analgesics IR Quantity Limits Chart

Coverage is provided without prior authorization (for patients not identified as potential first fills) for a 30-day or 90-day supply of an immediate-release opioid for a quantity that corresponds to ≤ 90 MME/day. Coverage for quantities that correspond to ≤ 200 MME/day for a 30-day or 90-day supply is provided through prior authorization when criteria for approval are met.

These quantity limits should accumulate across all drugs of the same unit limit (i.e., drugs with 30 units accumulate together, drugs with 60 units accumulate together, etc).

		COLUMN A	COLUMN B	COLUMN C	COLUMN D
Drug/Strength**	**Labeled Dosing**	**Initial 1 Month Limit* ≤ 90 MME/day (per 25 days)**	**Initial 3 Month Limit* ≤ 90 MME/day (per 75 days)**	**Post 1 Month Limit* ≤ 200 MME/day (per 25 days)**	**Post 3 Month Limit* ≤ 200 MME/day (per 75 days)**
Codeine sulfate tab 15 mg	q4h, Max Daily Dose 360 mg	42 tabs‡ (13.5 MME/day)	Does Not Apply‡	84 tabs‡ (13.5 MME/day)	Use Column C
Codeine sulfate tab 30 mg	q4h, Max Daily Dose 360 mg	42 tabs‡ (27 MME/day)	Does Not Apply‡	84 tabs‡ (27 MME/day)	Use Column C
Codeine sulfate tab 60 mg	q4h, Max Daily Dose 360 mg	42 tabs‡ (54 MME/day)	Does Not Apply‡	84 tabs‡ (54 MME/day)	Use Column C
Hydromorphone oral soln 5 mg/5 mL (1 mg/mL)	q3-6h	600 mL (80 MME/day)	1800 mL (80 MME/day)	1500 mL (200 MME/day)	4500 mL (200 MME/day)
Hydromorphone supp 3 mg	q6-8h	120 supps (48 MME/day)	360 supps (48 MME/day)	180 supps (72 MME/day)	540 supps (72 MME/day)
Hydromorphone tab 2 mg	q4-6h	180 tabs (48 MME/day)	540 tabs (48 MME/day)	270 tabs (72 MME/day)	810 tabs (72 MME/day)
Hydromorphone tab 4 mg	q4-6h	150 tabs (80 MME/day)	450 tabs (80 MME/day)	225 tabs (120 MME/day)	675 tabs (120 MME/day)
Hydromorphone tab 8 mg	q4-6h	60 tabs (64 MME/day)	180 tabs (64 MME/day)	90 tabs (96 MME/day)	270 tabs (96 MME/day)
Levorphanol tab 1 mg	q6-8h	120 tabs (44 MME/day)	360 tabs (44 MME/day)	180 tabs (66 MME/day)	540 tabs (66 MME/day)
Levorphanol tab 2 mg	q6-8h	120 tabs (88 MME/day)	360 tabs (88 MME/day)	180 tabs (132 MME/day)	540 tabs (132 MME/day)
Levorphanol tab 3 mg	q6-8h	60 tabs (66 MME/day)	180 tabs (66 MME/day)	180 tabs (198 MME/day)	540 tabs (198 MME/day)
Meperidine oral soln 50 mg/5 mL	q3-4h	90 mL**** (30 MME/day)	Does Not Apply****	120 mL**** (30 MME/day)	Use Column C
Meperidine tab 50 mg	q3-4h	18 tabs**** (30 MME/day)	Does Not Apply****	24 tabs**** (30 MME/day)	Use Column C
Meperidine tab 100 mg	q3-4h	18 tabs**** (60 MME/day)	Does Not Apply****	24 tabs**** (60 MME/day)	Use Column C

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Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	q4h	135 mL (90 MME/day)	405 mL (90 MME/day)	270 mL (180 MME/day)	810 mL (180 MME/day)
Morphine sulfate oral soln 10 mg/5 mL	q4h	900 mL (60 MME/day)	2700 mL (60 MME/day)	1350 mL (90 MME/day)	4050 mL (90 MME/day)
Morphine sulfate oral soln 20 mg/5 mL	q4h	675 mL (90 MME/day)	2025 mL (90 MME/day)	1350 mL (180 MME/day)	4050 mL (180 MME/day)
Morphine sulfate supp 5 mg	q4h	180 supps (30 MME/day)	540 supps (30 MME/day)	270 supps (45 MME/day)	810 supps (45 MME/day)
Morphine sulfate supp 10 mg	q4h	180 supps (60 MME/day)	540 supps (60 MME/day)	270 supps (90 MME/day)	810 supps (90 MME/day)
Morphine sulfate supp 20 mg	q4h	120 supps (80 MME/day)	360 supps (80 MME/day)	270 supps (180 MME/day)	810 supps (180 MME/day)
Morphine sulfate supp 30 mg	q4h	90 supps (90 MME/day)	270 supps (90 MME/day)	180 supps (180 MME/day)	540 supps (180 MME/day)
Morphine sulfate tab 15 mg	q4h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	270 tabs (135 MME/day)	810 tabs (135 MME/day)
Morphine sulfate tab 30 mg	q4h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Oxaydo 5 mg	q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
Oxaydo 7.5 mg	q4-6h	180 tabs (67.5 MME/day)	540 tabs (67.5 MME/day)	270 tabs (101.25 MME/day)	810 tabs (101.25 MME/day)
Oxycodone cap 5 mg	q4-6h	180 caps (45 MME/day)	540 caps (45 MME/day)	270 caps (67.5 MME/day)	810 caps (67.5 MME/day)
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	q4-6h	90 mL (90 MME/day)	270 mL (90 MME/day)	180 mL (180 MME/day)	540 mL (180 MME/day)
Oxycodone soln 5 mg/5 mL	q4-6h	900 mL (45 MME/day)	2700 mL (45 MME/day)	2700 mL (135 MME/day)	8100 mL (135 MME/day)
Oxycodone tab 5 mg	q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
Oxycodone tab 10 mg	q4-6h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	270 tabs (135 MME/day)	810 tabs (135 MME/day)
Oxycodone tab 15 mg	q4-6h	120 tabs (90 MME/day)	360 tabs (90 MME/day)	180 tabs (135 MME/day)	540 tabs (135 MME/day)
Oxycodone tab 20 mg	q4-6h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Oxycodone tab 30 mg	q4-6h	60 tabs (90 MME/day)	180 tabs (90 MME/day)	120 tabs (180 MME/day)	360 tabs (180 MME/day)
Oxymorphone tab 5 mg	q4-6h	180 tabs (90 MME/day)	540 tabs (90 MME/day)	360 tabs (180 MME/day)	1080 tabs (180 MME/day)
Oxymorphone tab 10 mg	q4-6h	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Pentazocine/naloxone 50/0.5 mg	q3-4h, Total daily dose should not exceed 12 tablets.	120 tabs*** (74 MME/day)	Does Not Apply ***	300 tabs*** (185 MME/day)	Use Column C
RoxyBond 5 mg	q4-6h	180 tabs (45 MME/day)	540 tabs (45 MME/day)	270 tabs (67.5 MME/day)	810 tabs (67.5 MME/day)
RoxyBond 15 mg	q4-6h	120 tabs (90 MME/day)	360 tabs (90 MME/day)	180 tabs (135 MME/day)	540 tabs (135 MME/day)
RoxyBond 30 mg	q4-6h	60 tabs (90 MME/day)	180 tabs (90 MME/day)	120 tabs (180 MME/day)	360 tabs (180 MME/day)
Tapentadol oral soln 20 mg/mL†	q4-6h, Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	300 mL (80 MME/day)	900 mL (80 MME/day)	700 mL (186.7 MME/day)	2100 mL (186.7 MME/day)

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Tapentadol tab 50 mg	q4-6h, Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	120 tabs (80 MME/day)	360 tabs (80 MME/day)	240 tabs (160 MME/day)	720 tabs (160 MME/day)
Tapentadol tab 75 mg	q4-6h, Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	90 tabs (90 MME/day)	270 tabs (90 MME/day)	180 tabs (180 MME/day)	540 tabs (180 MME/day)
Tapentadol tab 100 mg	q4-6h, Max daily dose is 700 mg on the first day and 600 mg on subsequent days.	60 tabs (80 MME/day)	180 tabs (80 MME/day)	120 tabs (160 MME/day)	360 tabs (160 MME/day)
Tramadol oral soln 5 mg/mL	q4-6h, Max Daily Dose 400 mg	1800 mL (30 MME/day)	5400 mL (30 MME/day)	2400 mL (40 MME/day)	7200 mL (40 MME/day)
Tramadol 50 mg	q4-6h, Max Daily Dose 400 mg	180 tabs (30 MME/day)	540 tabs (30 MME/day)	240 tabs (40 MME/day)	720 tabs (40 MME/day)
Tramadol 100 mg	q4-6h, Max Daily Dose 400 mg	90 tabs (30 MME/day)	270 tabs (30 MME/day)	120 tabs (40 MME/day)	360 tabs (40 MME/day)

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing. Limits are set up as quantity versus time edits.*

***The limit criteria apply to both brand and generic, if available.*

**** This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.*

*****Due to risk of accumulation, the initial quantity limit will be set at a quantity that corresponds to a 3-day supply. The post limit quantity will be set at a quantity that corresponds to a 4-day supply. This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.*

†*Available in 100 mL and 200 mL bottles. It is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.*

‡ *The initial quantity limit for codeine will be set at a quantity that corresponds to a one-week supply. The post limit quantity will be set at a quantity that corresponds to a two-week supply. This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.*

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