



## Opiate Formulary Changes - Managing Pain Safely Program Effective October 1, 2018

**Attention: PHC Healthcare Providers:**

Through our Managing Pain Safely (MPS) initiative, PHC continues to engage in targeted efforts to promote the safe use of opiate medications.

Below are **opiate formulary restrictions, effective October 1, 2018:**

- **Restricted Quantity Limit (QL):** All PHC formulary opiates have an established QL for each single-dose strength, not to exceed a maximum daily dose of **90mg Morphine Equivalent per Day (MED)**
- **Formulary Status Change:**
  - Morphine 60 mg ER tablets are designated as non-formulary in lieu of a QL restriction. A TAR is required
  - Levorphanol 2 mg tablets are designated as non-formulary in lieu of a QL restriction. A TAR is required

**These charts summarize the areas of focus for reducing daily opiate dose not to exceed 90 mg MED**

Drug	Strength	Dosage Form	Current Quantity Limit (QL)	Morphine Equivalent per Day (MED)	Comment	New QL (Effective 10/1/18)	New MED (Effective 10/1/18)
HYDROMORPHONE	2MG	TABLET	15	120		10	80
HYDROMORPHONE	4MG	TABLET	7	112		5	80
HYDROMORPHONE	8MG	TABLET	3	96		2	64
OXYCODONE	15MG	TABLET	5	112.5		4	90
OXYCODONE	20MG	TABLET	4	120		3	90
OXYCODONE/APAP	10/325MG	TABLET	8	120		6	90
MORPHINE	15MG	TABLET	8	120		6	90
MORPHINE	30MG	TABLET	4	120		3	90
MORPHINE ER	15MG	TABLET	8	120		6	90
MORPHINE ER	30MG	TABLET	4	120		3	90
APAP/CODEINE	300/60MG	TABLET	8	72	6 (FDA max is 360mg per day)	6	54
MORPHINE	10MG/5ML	SOLUTION	60ml	120		45ml	90
MORPHINE	20MG/ML	SOLUTION	30ml	120		22.5ml	90
MORPHINE (concentrated)	100MG/ML (20MG/ML)	SOLUTION	6ml	120		4.5ml	90

Daily dose of single formulary opiate is less than 90 mg MED and does not exceed quantity 30 per 90 days	No TAR required
Daily dose of single formulary IR opiate is less than 90 mg MED but exceeds 30 tablets per 90 days	TAR required. Medical justification required for exceeding quantity 30 IR opiates per 90 days.
Prescription of single formulary opiate greater than 90 mg daily MED.	TAR required. Medical justification required for exceeding 90 mg daily MED.
Daily dose of single formulary IR opiate is less than 90 mg MED but cumulative daily dose >90 mg MED due to concurrent use of ER opiate	TAR required if IR opiate exceeds quantity 30 per 90 days. TAR will be reviewed for medical necessity and appropriate use.

## Frequently Asked Questions – High dose Opiate Formulary Restriction:

**Question 1:** Member has been filling their current formulary opiate without any problems, why is the dispensing pharmacy getting a claim rejection?

**Answer:** Effective October 1, 2018, PHC's P&T committee approved formulary opiate changes to include restricted quantity limits and formulary status changes. Those restrictions are as follows:

- **Restricted Quantity Limit (QL):** All PHC formulary opiates have an established QL for each single-dose strength, not to exceed a maximum daily dose of 90 mg Morphine Equivalent Dose (MED). Formulary immediate-acting (IR) opiates will still be limited to #30 tablets in a 90 day period unless previously approved.
- **Formulary Status Change:**
  - Morphine 60 mg extended-release (ER) tablets are designated as non-formulary in lieu of a QL restriction. A TAR is required.
  - Levorphanol 2 mg tablets are designated as non-formulary in lieu of a QL restriction. A TAR is required.

**Question 2:** When the claim is blocked/denied at the dispensing pharmacy for categories as noted in Question 1, will a TAR be needed?

**Answer:** Yes. The TAR must include medical justification for the requested opiate exceeding daily dose of 90 mg MED and/or exceeding quantity 30 within 90 days. TAR should also include current clinical notes, treatment and/or tapering plan as appropriate.

**Question 3:** If a patient is already on an ER opiate, will an IR opiate prescription with daily MED <90 mg be blocked at the pharmacy?

**Answer:** If the prescription for the IR opiate is less than quantity 30 tablets within 90 days, the prescription will not be blocked. If the quantity exceeds 30 tablets within 90 days, then a TAR will be required with medical justification for exceeding quantity 30 within 90 days. Prescribers should be aware of the cumulative daily MED and provide justification for the high daily MED when patient is on more than 1 opiate, especially with concurrent use of a benzodiazepine. Effective October 2, 2018, pursuant to SB 482, prescribers must consult the CURES database to review a patient's controlled substance history prior to prescribing Schedule II, III, or IV controlled substance.

**Question 4:** Can I prescribe both Percocet 10 and Norco 10 if the daily dose for each is below 90 mg MED?

**Answer:** The second opiate claim will reject at the pharmacy because the system will block 2 IR opiates from being filled at the same time. Also, the quantity limit of 30 tablets within 90 days for IR opiates still applies. Prescribers should be aware of the cumulative daily MED and provide justification for the high daily MED and use of 2 IR opiates, especially with concurrent use of a benzodiazepine. Effective October 2, 2018, pursuant to SB 482, prescribers must consult the CURES database to review a patient's controlled substance history prior to prescribing Schedule II, III, or IV controlled substance.

**Question 5:** If I have a patient stable on an IR opiate >90 mg daily MED, can I add an ER opiate?

**Answer:** The prescription for an IR opiate >90 mg daily MED would be subject to review, and a TAR would be required. A TAR would also be required if the ER opiate exceeds the daily quantity limit. Prescribers should be aware of the cumulative daily MED and provide justification for the high daily MED when patient is on more than 1 opiate, especially with concurrent use of a benzodiazepine. Effective October 2, 2018, pursuant to SB 482, prescribers must consult the CURES database to review a patient's controlled substance history prior to prescribing Schedule II, III, or IV controlled substance.

**Question 6:** What if I have patients who are on a stable dose of a single formulary opiate that is greater than 90 mg MED?

**Answer:** PHC Pharmacy will be reviewing opiate claim utilization data to identify prescriptions appropriate for grandfathering (coverage without a new TAR being required) and exemption from the 90 mg MED formulary change. Dose tapering may be required in the future for patient safety and to abide by current opiate recommendations.