

Value Plus - Opioid drug list update

Effective January 1, 2024

Benefit determination

The existence of this pharmacy policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Pharmacy policies do not constitute a description of benefits. A member's individual or group customer benefits govern which pharmaceuticals are covered, which are excluded, and which are subject to benefit limits and which require authorization. Members and providers should consult the member's benefit information or [contact us](#) for benefit information.

Key:

UPPERCASE names = Brand

lowercase names = Generic

ANALGESICS - OPIOID		
Drug Name	Adult Quantity Limit 5 Days	Child Quantity Limit 3 Days
apap/codeine sol 120-12/5	450 ML/30 DAYS	270 ML/30 DAYS
apap/codeine tab 300-15mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
apap/codeine tab 300-30mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
apap/codeine tab 300-60mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
butorphanol sol 10mg/ml	2.5 ML (1 BOTTLE)/30 DAYS	0 ML/30 DAYS
codeine sulfate tab 30mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
codeine/apap tab 30-300mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
codeine/apap tab 60-300mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
endocet tab 2.5-325	60 TABLETS/30 DAYS	36 TABLETS/30 DAYS
endocet tab 5-325mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
endocet tab 7.5-325	20 TABLETS/30 DAYS	12 TABLETS/30 DAYS
endocet tab 10-325mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
fentanyl dis 12mcg/hr	10 PATCHES/MONTH	N/A
fentanyl dis 25mcg/hr	0 PATCHES/MONTH	N/A
fentanyl dis 50mcg/hr	0 PATCHES/MONTH	N/A
fentanyl dis 75mcg/hr	0 PATCHES/MONTH	N/A
fentanyl dis 100mcg/hr	0 PATCHES/MONTH	N/A
fentanyl ot loz 200mcg	120 LOZNGS / 30 DAYS	N/A
fentanyl ot loz 400mcg	120 LOZNGS / 30 DAYS	N/A
fentanyl ot loz 600mcg	120 LOZNGS / 30 DAYS	N/A

ANALGESICS - OPIOID

Drug Name	Adult Quantity Limit 5 Days	Child Quantity Limit 3 Days
fentanyl ot loz 800mcg	120 LOZNGS / 30 DAYS	N/A
fentanyl ot loz 1200mcg	120 LOZNGS / 30 DAYS	N/A
fentanyl ot loz 1600mcg	120 LOZNGS / 30 DAYS	N/A
hydrocodone/apap sol 5-217mg	450 ML/30 DAYS	270 ML/30 DAYS
hydrocodone/apap sol 7.5-325	450 ML/30 DAYS	270 ML/30 DAYS
hydrocodone/apap tab 5-325mg	40 TABLETS/30 DAYS	24 TABLETS/30 DAYS
hydrocodone/apap tab 7.5-325	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
hydrocodone/apap tab 10-325mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
hydrocodone/ibuprofen tab 10-200mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
hydrocodone/ibuprofen tab 7.5-200	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
hydromorphone liq 1mg/ml	60 ML/30 DAYS	36 ML/30 DAYS
hydromorphone tab 2mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
hydromorphone tab 4mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
hydromorphone tab 8mg	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
methadone sol 10mg/5ml	150 ML/30 DAYS	N/A
methadone sol 5mg/5ml	300 ML/30 DAYS	N/A
methadone tab 5mg	60 TABLETS/30 DAYS	N/A
methadone tab 10mg	30 TABLETS/30 DAYS	N/A
morphine sulfate cap 10mg er	30 CAPSULES/30 DAYS	N/A
morphine sulfate cap 20mg er	30 CAPSULES/30 DAYS	N/A
morphine sulfate cap 30mg er	30 CAPSULES/30 DAYS	N/A
morphine sulfate cap 50mg er	30 CAPSULES/30 DAYS	N/A
morphine sulfate cap 60mg er	0 CAPSULES/30 DAYS	N/A
morphine sulfate cap 80mg er	0 CAPSULES/30 DAYS	N/A
morphine sulfate cap 100mg er	0 CAPSULES/30 DAYS	N/A
morphine sulfate sol 20mg/ml	15 ML/30 DAYS	15 ML/30 DAYS
morphine sulfate sol 10/0.5ml	15 ML/30 DAYS	15 ML/30 DAYS
morphine sulfate sol 10mg/5ml	125 ML/30 DAYS	75 ML/30 DAYS
morphine sulfate sol 20mg/5ml	60 ML/30 DAYS	36 ML/30 DAYS
morphine sulfate sol 100/5ml	15 ML/30 DAYS	15 ML/30 DAYS
morphine sulfate tab 15mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
morphine sulfate tab 30mg	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
morphine sulfate tab 100mg cr	0 TABLETS/30 DAYS	N/A
morphine sulfate tab 15mg er	60 TABLETS/30 DAYS	N/A
morphine sulfate tab 30mg er	30 TABLETS/30 DAYS	N/A
morphine sulfate tab 60mg er	0 TABLETS/30 DAYS	N/A
morphine sulfate tab 100mg er	0 TABLETS/30 DAYS	N/A
morphine sulfate tab 200mg er	0 TABLETS/30 DAYS	N/A
oxycodone/apap tab 2.5-325	60 TABLETS/30 DAYS	36 TABLETS/30 DAYS
oxycodone/apap tab 5-325mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
oxycodone/apap tab 7.5-325	20 TABLETS/30 DAYS	12 TABLETS/30 DAYS
oxycodone/apap tab 10-325mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
oxycodone con 10/0.5ml	5 ML/30 DAYS	3 ML/30 DAYS
oxycodone con 100/5ml	5 ML/30 DAYS	3 ML/30 DAYS

ANALGESICS - OPIOID		
Drug Name	Adult Quantity Limit 5 Days	Child Quantity Limit 3 Days
oxycodone sol 5mg/5ml	165 ML/30 DAYS	100 ML/30 DAYS
oxycodone tab 5mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
oxycodone tab 10mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
oxycodone tab 15mg	10 TABLETS/30 DAYS	6 TABLETS/30 DAYS
oxycodone tab 20mg	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
oxycodone tab 30mg	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
oxymorphone tab hcl 5mg	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
oxymorphone tab hcl 10mg	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
tramadol/apap tab 37.5-325	40 TABLETS/30 DAYS	24 TABLETS/30 DAYS
tramadol hcl tab 50mg	50 TABLETS/30 DAYS	30 TABLETS/30 DAYS
tramadol hcl tab 100mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
tramadol hcl tab 100mg er	30 TABLETS/30 DAYS	N/A
tramadol hcl tab 200mg er	30 TABLETS/30 DAYS	N/A
tramadol hcl tab 300mg er	30 TABLETS/30 DAYS	N/A

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).