

# Value - Opioid drug list update

Effective January 1, 2025

## 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 – 5 Days	Child Quantity – 3 Days
APAP/CODEINE SOL 120-12/5	450 MLS/30 DAYS	270 MLS/30 DAYS
APAP/CODEINE SOL 300-30MG	450 MLS/30 DAYS	270 MLS/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
buprenorphine dis 5mcg/hr	4 SYSTEMS/28 DAYS	NA
buprenorphine dis 7.5/hr	4 SYSTEMS/28 DAYS	NA
buprenorphine dis 10mcg/hr	4 SYSTEMS/28 DAYS	NA
buprenorphine dis 15mcg/hr	4 SYSTEMS/28 DAYS	NA
buprenorphine dis 20mcg/hr	4 SYSTEMS/28 DAYS	NA
butorphanol sol 10mg/ml	2.5 MLS/30 DAYS	0 MLS/30 DAYS
codeine sulfate tab 30mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
CODEINE SULFATE TAB 15MG	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
CODEINE SULFATE TAB 60MG	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
codeine/apap tab 60-300mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
endocet tab 2.5-325MG	60 TABLETS/30 DAYS	36 TABLETS/30 DAYS
endocet tab 5-325mg	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
endocet tab 7.5-325MG	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/30 DAYS	NA
fentanyl dis 25mcg/hr	0 PATCHES/30 DAYS	NA
fentanyl dis 50mcg/hr	0 PATCHES/30 DAYS	NA
fentanyl dis 75mcg/hr	0 PATCHES/30 DAYS	NA
fentanyl dis 100mcg/hr	0 PATCHES/30 DAYS	NA

**ANALGESICS - OPIOID**

<b>Drug Name</b>	<b>Adult Quantity – 5 Days</b>	<b>Child Quantity – 3 Days</b>
FENTANYL OT LOZ 200MCG	120 LOZNGS/30 DAYS	NA
FENTANYL OT LOZ 400MCG	120 LOZNGS/30 DAYS	NA
FENTANYL OT LOZ 600MCG	120 LOZNGS/30 DAYS	NA
FENTANYL OT LOZ 800MCG	120 LOZNGS/30 DAYS	NA
FENTANYL OT LOZ 1200MCG	120 LOZNGS/30 DAYS	NA
FENTANYL OT LOZ 1600MCG	120 LOZNGS/30 DAYS	NA
<b>hydrocodone/apap sol 5-217mg</b>	450 MLS/30 DAYS	270 MLS/30 DAYS
<b>hydrocodone/apap sol 7.5-325</b>	450 MLS/30 DAYS	270 MLS/30 DAYS
<b>hydrocodone/apap tab 5-325mg</b>	40 TABLETS/30 DAYS	24 TABLETS/30 DAYS
<b>hydrocodone/apap tab 7.5-325</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>hydrocodone/apap tab 10-325mg</b>	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
<b>hydrocodone/ibuprofen tab 7.5-200</b>	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
HYDROCODONE/IBUPROFEN TAB 5-200MG	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
HYDROCODONE/IBUPROFEN TAB 10-200MG	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
<b>hydromorphone liq 1mg/ml</b>	60 MLS/30 DAYS	36 MLS/30 DAYS
<b>hydromorphone tab 2mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>hydromorphone tab 4mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
<b>hydromorphone tab 8mg</b>	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
<b>hydromorphone tab 8mg er</b>	30 TABLETS/30 DAYS	NA
<b>hydromorphone tab 12mg er</b>	30 TABLETS/30 DAYS	NA
<b>hydromorphone tab 16mg er</b>	0 TABLETS/30 DAYS	NA
<b>hydromorphone tab 32mg er</b>	0 TABLETS/30 DAYS	NA
<b>levorphanol tab 2mg</b>	10 TABLETS/30 DAYS	6 TABLETS/30 DAYS
<b>meperidine tab 50mg</b>	30 TABLETS/30 DAYS	30 TABLETS/30 DAYS
<b>methadone sol 5mg/5ml</b>	300 MLS/30 DAYS	NA
<b>methadone sol 10mg/5ml</b>	150 MLS/30 DAYS	NA
<b>methadone tab 5mg</b>	60 TABLETS/30 DAYS	NA
<b>methadone tab 10mg</b>	30 TABLETS/30 DAYS	NA
MORPHINE SULFATE SOL 10/0.5ML	15 MLS/30 DAYS	15 MLS/30 DAYS
MORPHINE SULFATE SOL 10MG/5ML	125 MLS/30 DAYS	75 MLS/30 DAYS
MORPHINE SULFATE SOL 20MG/ML	15 MLS/30 DAYS	15 MLS/30 DAYS
MORPHINE SULFATE SOL 20MG/5ML	60 MLS/30 DAYS	36 MLS/30 DAYS
MORPHINE SULFATE SOL 100/5ML	15 MLS/30 DAYS	15 MLS/30 DAYS
<b>morphine sulfate tab 15mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
<b>morphine sulfate tab 30mg</b>	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
<b>morphine sulfate tab 100mg cr</b>	0 TABLETS/30 DAYS	NA
<b>morphine sulfate tab 15mg er</b>	60 TABLETS/30 DAYS	NA
<b>morphine sulfate tab 30mg er</b>	30 TABLETS/30 DAYS	NA
<b>morphine sulfate tab 60mg er</b>	0 TABLETS/30 DAYS	NA
<b>morphine sulfate tab 100mg er</b>	0 TABLETS/30 DAYS	NA
<b>morphine sulfate tab 200mg er</b>	0 TABLETS/30 DAYS	NA
NUCYNTA TAB 50MG	10 TABLETS/30 DAYS	6 TABLETS/30 DAYS
NUCYNTA TAB 75MG	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
NUCYNTA TAB 100MG	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
NUCYNTA ER TAB 50MG	60 TABLETS/30 DAYS	NA
NUCYNTA ER TAB 100MG	30 TABLETS/30 DAYS	NA
NUCYNTA ER TAB 150MG	0 TABLETS/30 DAYS	NA
NUCYNTA ER TAB 200MG	0 TABLETS/30 DAYS	NA
NUCYNTA ER TAB 250MG	0 TABLETS/30 DAYS	NA
<b>oxycodone/apap tab 2.5-325</b>	60 TABLETS/30 DAYS	36 TABLETS/30 DAYS
<b>oxycodone/apap tab 5-325mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>oxycodone/apap tab 7.5-325</b>	20 TABLETS/30 DAYS	12 TABLETS/30 DAYS
<b>oxycodone/apap tab 10-325mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS

<b>ANALGESICS - OPIOID</b>		
<b>Drug Name</b>	<b>Adult Quantity – 5 Days</b>	<b>Child Quantity – 3 Days</b>
<b>oxycodone con 10/0.5ml</b>	5 MLS/30 DAYS	3 MLS/30 DAYS
<b>oxycodone con 100/5ml</b>	5 MLS/30 DAYS	3 MLS/30 DAYS
<b>oxycodone sol 5mg/5ml</b>	165 MLS/30 DAYS	100 MLS/30 DAYS
<b>oxycodone tab 5mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>oxycodone tab 10mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
<b>oxycodone tab 15mg</b>	10 TABLETS/30 DAYS	6 TABLETS/30 DAYS
<b>oxycodone tab 20mg</b>	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
<b>oxycodone tab 30mg</b>	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
OXYCODONE TAB 10MG ER	60 TABLETS/30 DAYS	NA
OXYCODONE TAB 20MG ER	30 TABLETS/30 DAYS	NA
OXYCODONE TAB 40MG ER	0 TABLETS/30 DAYS	NA
OXYCODONE TAB 80MG ER	0 TABLETS/30 DAYS	NA
OXYCONTIN TAB 10MG ER	60 TABLETS/30 DAYS	NA
OXYCONTIN TAB 15MG ER	60 TABLETS/30 DAYS	NA
OXYCONTIN TAB 20MG ER	30 TABLETS/30 DAYS	NA
OXYCONTIN TAB 30MG ER	30 TABLETS/30 DAYS	NA
OXYCONTIN TAB 40MG ER	0 TABLETS/30 DAYS	NA
OXYCONTIN TAB 60MG ER	0 TABLETS/30 DAYS	NA
OXYCONTIN TAB 80MG ER	0 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 5MG ER	60 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 7.5MG ER	60 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 10MG ER	30 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 15MG ER	30 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 20MG ER	0 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 30MG ER	0 TABLETS/30 DAYS	NA
OXYMORPHONE TAB 40MG ER	0 TABLETS/30 DAYS	NA
<b>tramadol/apap tab 37.5-325</b>	40 TABLETS/30 DAYS	24 TABLETS/30 DAYS
TRAMADOL HCL TAB 100MG ER	30 TABLETS/30 DAYS	NA
TRAMADOL HCL TAB 200MG ER	30 TABLETS/30 DAYS	NA
TRAMADOL HCL TAB 300MG ER	30 TABLETS/30 DAYS	NA
<b>tramadol hcl tab 50mg</b>	50 TABLETS/30 DAYS	30 TABLETS/30 DAYS

**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).**

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies