

# Value Plus - 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 Limit 5 Days	Child Quantity Limit 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
<b>apap/codeine tab 300-15mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>apap/codeine tab 300-30mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>apap/codeine tab 300-60mg</b>	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
<b>butorphanol sol 10mg/ml</b>	2.5 MLS/30 DAYS	0 MLS/30 DAYS
<b>codeine sulfate tab 30mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>codeine/apap tab 60-300mg</b>	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
<b>endocet tab 2.5-325mg</b>	60 TABLETS/30 DAYS	36 TABLETS/30 DAYS
<b>endocet tab 5-325mg</b>	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
<b>endocet tab 7.5-325mg</b>	20 TABLETS/30 DAYS	12 TABLETS/30 DAYS
<b>endocet tab 10-325mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
<b>fentanyl dis 12mcg/hr</b>	10 PATCHES/30 DAYS	NA
<b>fentanyl dis 25mcg/hr</b>	0 PATCHES/30 DAYS	NA
<b>fentanyl dis 50mcg/hr</b>	0 PATCHES/30 DAYS	NA
<b>fentanyl dis 75mcg/hr</b>	0 PATCHES/30 DAYS	NA
<b>fentanyl dis 100mcg/hr</b>	0 PATCHES/30 DAYS	NA
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

**ANALGESICS - OPIOID**

<b>Drug Name</b>	<b>Adult Quantity Limit 5 Days</b>	<b>Child Quantity Limit 3 Days</b>
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
hydrocodone/apap sol 5-217mg	450 MLS/30 DAYS	270 MLS/30 DAYS
hydrocodone/apap sol 7.5-325	450 MLS/30 DAYS	270 MLS/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 7.5-200mg	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
hydromorphone liq 1mg/ml	60 MLS/30 DAYS	36 MLS/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 5mg/5ml	300 MLS/30 DAYS	NA
methadone sol 10mg/5ml	150 MLS/30 DAYS	NA
methadone tab 5mg	60 TABLETS/30 DAYS	NA
methadone tab 10mg	30 TABLETS/30 DAYS	NA
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 100/5ml	15 MLS/30 DAYS	15 MLS/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	NA
morphine sulfate tab 15mg er	60 TABLETS/30 DAYS	NA
morphine sulfate tab 30mg er	30 TABLETS/30 DAYS	NA
morphine sulfate tab 60mg er	0 TABLETS/30 DAYS	NA
morphine sulfate tab 100mg er	0 TABLETS/30 DAYS	NA
morphine sulfate tab 200mg er	0 TABLETS/30 DAYS	NA
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 MLS/30 DAYS	3 MLS/30 DAYS
oxycodone con 100/5ml	5 MLS/30 DAYS	3 MLS/30 DAYS
oxycodone sol 5mg/5ml	165 MLS/30 DAYS	100 MLS/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

ANALGESICS - OPIOID		
Drug Name	Adult Quantity Limit 5 Days	Child Quantity Limit 3 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

**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