

# Exclusive - 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
BELBUCA MIS 75MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 150MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 300MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 450MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 600MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 750MCG	60 FILMS/30 DAYS	NA
BELBUCA MIS 900MCG	30 FILMS/30 DAYS	NA
<b>buprenorphine/naloxone mis 2-0.5mg</b>	120 FILMS/30 DAYS	NA
<b>buprenorphine/naloxone mis 4-1mg</b>	60 TABS/30 DAYS	NA
<b>buprenorphine/naloxone mis 8-2mg</b>	60 FILMS/30 DAYS	NA
<b>buprenorphine/naloxone mis 12-3mg</b>	60 FILMS/30 DAYS	NA
<b>buprenorphine/naloxone sub 2-0.5mg</b>	120 TABS/30 DAYS	NA
<b>buprenorphine/naloxone sub 8-2mg</b>	90 TABS/30 DAYS	NA
<b>buprenorphine sub 2mg</b>	6 TABS/90 DAYS	NA
<b>buprenorphine sub 8mg</b>	6 TABS/90 DAYS	NA
<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
CODEINE SULFATE TAB 15MG	30 TABLETS/30 DAYS	18 TABLETS/30 DAYS
CODEINE SULFATE TAB 60MG	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS

**ANALGESICS - OPIOID**

<b>Drug Name</b>	<b>Adult Quantity Limit 5 Days</b>	<b>Child Quantity Limit 3 Days</b>
<b>codeine/apap tab 60-300mg</b>	25 TABLETS/30 DAYS	15 TABLETS/30 DAYS
<b>endocet tab 2.5-325</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 7.5-325</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
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
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>hydrocodone/ibuprofen tab 7.5-200</b>	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>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 CAP 10MG ER	30 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 20MG ER	30 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 30MG ER	30 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 50MG ER	30 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 60MG ER	0 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 80MG ER	0 CAPSULES/30 DAYS	NA
MORPHINE SULFATE CAP 100MG ER	0 CAPSULES/30 DAYS	NA
<b>morphine sulfate sol 10mg/5ml</b>	125 MLS/30 DAYS	75 MLS/30 DAYS
<b>morphine sulfate sol 20mg/ml</b>	15 MLS/30 DAYS	15 MLS/30 DAYS
<b>morphine sulfate sol 100/5ml</b>	15 MLS/30 DAYS	15 MLS/30 DAYS
MORPHINE SULFATE SOL 20MG/5ML	60 MLS/30 DAYS	36 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

<b>ANALGESICS - OPIOID</b>		
<b>Drug Name</b>	<b>Adult Quantity Limit 5 Days</b>	<b>Child Quantity Limit 3 Days</b>
<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
<b>oxycodone/apap tab 2.5-325mg</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 7.5-325mg</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>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
<b>OXYCONTIN TAB 10MG ER</b>	60 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 15MG ER</b>	60 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 20MG ER</b>	30 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 30MG ER</b>	30 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 40MG ER</b>	0 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 60MG ER</b>	0 TABLETS/30 DAYS	NA
<b>OXYCONTIN TAB 80MG ER</b>	0 TABLETS/30 DAYS	NA
<b>oxymorphone tab hcl 5mg</b>	15 TABLETS/30 DAYS	9 TABLETS/30 DAYS
<b>oxymorphone tab hcl 10mg</b>	5 TABLETS/30 DAYS	3 TABLETS/30 DAYS
<b>tramadol/apap tab 37.5-325</b>	40 TABLETS/30 DAYS	24 TABLETS/30 DAYS
<b>TRAMADOL HCL TAB 100MG ER</b>	30 TABLETS/30 DAYS	NA
<b>TRAMADOL HCL TAB 200MG ER</b>	30 TABLETS/30 DAYS	NA
<b>TRAMADOL HCL TAB 300MG ER</b>	30 TABLETS/30 DAYS	NA
<b>tramadol hcl tab 50mg</b>	50 TABLETS/30 DAYS	30 TABLETS/30 DAYS
<b>XTAMPZA ER CAP 9MG</b>	60 CAPSULES/30 DAYS	NA
<b>XTAMPZA ER CAP 13.5MG</b>	60 CAPSULES/30 DAYS	NA
<b>XTAMPZA ER CAP 18MG</b>	30 CAPSULES/30 DAYS	NA
<b>XTAMPZA ER CAP 27MG</b>	30 CAPSULES/30 DAYS	NA
<b>XTAMPZA ER CAP 36MG</b>	0 CAPSULES/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).**

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