



**Louisiana Department of Health
Health Plan Advisory 16-35
December 1, 2016**

Opioid Quantity Limits at Point of Sale (POS) for Pharmacy Claims

In response to the opioid epidemic nationwide, the Louisiana Department of Health is implementing opioid quantity limits for Fee for Service (FFS) pharmacy claims. The Managed Care Organizations (MCO) should prepare to implement the following opioid quantity limits at the Point of Sale (POS) on March 1, 2017.

Opioid Quantity Limits, Units per 15 Days Supply within a 30-day period			
Description	Dosage Form	Units / 15 days	Representative Brand
Hydrocodone Bitartrate	Capsule ER 12 hr	30 units	Zohydro ER®
Hydrocodone/Ibuprofen	Tablet	30 units	Vicoprofen®
Hydrocodone Bitartrate	Tablet ER 24 hr	15 units	Hysingla ER®
Hydrocodone/Acetaminophen	Short Acting Tablet/Capsule	45 units	Lortab®, Vicodin®
Hydromorphone HCl	Short Acting Tablet	45 units	Dilaudid®
Hydromorphone HCl	Tablet ER 24 hr	15 units	Exalgo®
Meperidine	Tablet	45 units	Demerol®
Methadone	Tablet	45 units	
Morphine Sulfate	Tablet	45 units	
Morphine Sulfate	Capsule ER 24 hr	15 units	Avinza®
Morphine Sulfate	Capsule SR Pellet, Tablet SA	30 units	Kadian®, MS Contin®
Morphine Sulfate/Naltrexone	Capsule SR Pellet	30 units	Embeda®
Oxycodone HCl, Oxycodone, Oxycodone/Acetaminophen	Tablet SR 12 hr, Capsule ER 12 hr Tablet ER 12 hr	30 units	Oxycontin® Xtampza ER® Xartemis XR®
Oxycodone HCl, Oxycodone/Acetaminophen, Oxycodone/Aspirin	Tablet/Capsule	45 units	Roxicodone®, Endocet®, Percocet®, Roxicet®
Oxycodone/Ibuprofen	Tablet	14 units	
Oxymorphone HCl	Tablet	45 units	Opana®
Oxymorphone HCl	Tablet SR 12 hr	30 units	Opana ER®
Tapentadol	Tablet	45 units	Nucynta®
Tapentadol	Tablet ER 12 hr	30 units	Nucynta ER®
Tramadol HCl	Tablet	45 units	Ultram®

Tramadol HCl	Tablet ER 24 hr Capsule ER 24 hr	15 units	Ultram ER® ConZip®
Tramadol/Acetaminophen	Tablet	40 units	Ultracet®

Quantity Limits: Fentanyl Products, Units within a 30 day period					
Description	Dosage Form	Route	Units	Limit	Representative Brand
Fentanyl	Patch 12, 25, 50 mcg/hr	Transdermal	10 units	30 days	Duragesic®
Fentanyl	Patch 75, 100 mcg/hr	Transdermal	20 units	30 days	Duragesic®
Fentanyl Citrate Immediate Release	Tablet Sublingual, Lozenge HD, Tab Effervescence, Film	Sublingual, Buccal	120 units	30 days	Abstral®, Actiq®, Fentora®, Onsolis®

Dose Limits: Buprenorphine transdermal		
Description	Units / Limit	Sample Brand Name
Buprenorphine Transdermal Patches	20 mcg/hr (480 mcg/24 hr). Each buprenorphine patch is intended to be worn for 7 days.	Butrans®

The Department prefers exemptions for cancer, palliative care and terminal illnesses at POS by diagnosis codes. If the MCO PBM is unable to process in this way, the alternative would need to be approved by LDH prior to implementation. The Department is adamant in reducing the “red tape” for prescribing providers, so overrides for exemptions that process at POS would alleviate the prescribing provider having to get a prior authorization approved.

Diagnosis Code	Description
C00.*-C96.*	Cancer
Z51.5	Palliative Care
* - any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

Override provisions must be implemented to allow for medically necessary quantities above limits.

Quantity Limits: <u>Only</u> payable for Cancer Diagnosis (C00.*-C98.*)					
Fentanyl Citrate Immediate Release	Tablet Sublingual, Lozenge HD, Tab Effervescence, Film	Sublingual, Buccal	120 units	30 days	Abstral®, Actiq®, Fentora®, Onsolis®

Long-acting opioids should be prior authorized by March 1, 2017.

The Department is researching evidence-based guidelines for children.

Provider education on prescribing opioids is encouraged through the MCO Drug Utilization Review process, or any other avenue available. The Department is working on developing online resources for providers.

Please communicate any concerns with this policy to the LDH pharmacy department.