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Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	September 14, 2018
Subject:	Immediate Release Opioid Drugs	**Page:**	1 of 18

Last Review Date: March 12, 2021

Immediate Release Opioid Drugs

Description

Codeine, Demerol (meperidine), Dilaudid IR (hydromorphone IR), Levorphanol*, Morphine IR, Nucynta IR (tapentadol IR), Opana IR (oxymorphone IR), Oxycodone IR, Pentazocine-Naloxone, Qdolo** (tramadol IR), Stadol (butorphanol), Ultram (tramadol IR*)

*Prior authorization for certain non-covered formulations applies only to formulary exceptions
**This medication is currently pending tier determination and may not be available at this time

Background
Codeine, Demerol (meperidine), Dilaudid IR (hydromorphone IR), Levorphanol, Morphine IR, Opana IR (oxymorphone IR), Oxycodone IR, and Nucynta IR (tapentadol IR) are Schedule II narcotics. Pentazocine-Naloxone, Stadol (butorphanol), and Qdolo/Ultram (tramadol IR) are Schedule IV narcotics. Immediate-release opioids are drugs that are prescribed for the treatment of acute or chronic pain where an opioid is appropriate (1-16).

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Immediate-release opioids are indicated for the management of acute or chronic pain (1-16).

Limits have been placed on naïve opioid patients based on CDC recommendations. The plan has set limits to patients who are naïve to opioids to a 7 day Pre-PA Allowance for adults and a 3 day Pre-PA Allowance for pediatric patients for immediate release (IR) opioids.

Regulatory Status
FDA-approved indications:
Codeine, Hydromorphone IR, Levorphanol, Meperidine, Morphine sulfate IR, Oxycodone IR, Oxymorphone IR, Tapentadol IR, and Tramadol IR are opioid agonists. Pentazocine-Naloxone and Stadol are mixed opiate agonist-antagonists. They are all indicated for the relief of acute and chronic pain when an opioid is appropriate (1-16).

Immediate-release opioids have boxed warnings for the following (1-16):

- Respiratory depression is the chief hazard of opioid agonists, which if not immediately recognized and treated, may lead to respiratory arrest and death. Risk is increased in patients receiving concurrent CNS depressants (including alcohol), patients with chronic obstructive pulmonary disease, orthostatic hypotension, increased intracranial pressure, biliary tract diseases, and seizure disorders. In order to reduce the risk of respiratory depression, proper dosing, titration, and monitoring are essential.

- All patients treated with opioids require careful monitoring for signs of abuse and addiction, as the use of opioid analgesic products carries the risk of addiction even under appropriate medical use.

- Accidental ingestion of immediate-release opioids, especially in children, can result in fatal opioid overdose.

- Prolonged use of opioid agonists during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening.

- Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death.

Morphine sulfate and oxymorphone are contraindicated in patients with paralytic ileus (2-3).

The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends that when opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day. The initial quantity

limits for the immediate-release opioid drugs are set to encompass the usual/starting dosage and frequency range recommendations in labeling without exceeding 90 MME per day (17).

The CDC guidelines find that concurrent use of benzodiazepines and opioids might put patients at greater risk for potentially fatal overdose. Three studies of fatal overdose deaths found evidence of concurrent benzodiazepine use in 31%–61% of decedents (16). The FDA also states that benzodiazepines “are also commonly abused and misused, often together with opioid pain relievers and other medicines” (22).

The CDC Guideline for Prescribing Opioids for Chronic Pain states that when starting opioid therapy for pain, clinicians should prescribe immediate-release opioids instead of extended-release opioids. Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids (17).

The CDC has a new Opioid Guideline App. It is designed to help providers apply the recommendations of the CDC’s Guideline for Prescribing Opioids for Chronic Pain into clinical practice by putting the entire guideline, tools, and resources in the palm of their hand. It can be accessed by this URL: https://www.cdc.gov/drugoverdose/prescribing/app.html.

The FDA warns that opioids can interact with antidepressants and migraine medications to cause a serious central nervous system reaction called serotonin syndrome, in which high levels of the chemical serotonin build up in the brain and cause toxicity (see Appendix 1 for list of drugs) (18).

The SPACE randomized clinical trial showed that treatment with opioids was not superior to treatment with non-opioid medications for improving pain-related function over 12 months. Results do not support initiation of opioid therapy for moderate to severe chronic back pain or osteoarthritis pain (of the hip or knee) (19).

The FDA is restricting the use of codeine and tramadol in children. These medications carry serious risks, including slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12 years, and should not be used in this population (20).

The FDA has determined that a REMS is necessary for all opioid analgesics intended for outpatient use to ensure that the benefits of these drugs continue to outweigh the risks. The Opioid Analgesic REMS is a strategy to reduce the risk of abuse, misuse, addiction, overdose, and deaths due to prescription opioid analgesics (21).

The safety and effectiveness of immediate-release opioids in pediatric patients below the age of 18 have not been established. The safety and effectiveness of Pentazocine-Naloxone in pediatric patients below the age of 12 years have not been established (1-16).

Related policies
Abstral, Actiq, Butrans, Duragesic, Extended Release Opioid Drugs, Fentanyl Powder, Fentora, IR Opioid Combo Drugs, Methadone, Opioid Injectables, Opioid Powders, Suboxone Drug Class, Subsys

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Immediate-release opioids may be considered **medically necessary** in patients with acute or chronic pain and if the conditions indicated below are met.

Immediate-release opioids may be considered **investigational** in all other patients and for all other indications.

Prior-Approval Requirements

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months

Age
12 years of age or older – Codeine, Pentazocine-Naloxone, and Qdolo/Ultram (tramadol IR) **ONLY**
18 years of age or older - Butorphanol
No age limit for all other opioids

Diagnoses

Demerol (meperidine) ONLY

Patient must have **ALL** of the following:

1. Moderate to Severe Acute Pain (short term)
    a. **Age 18 or older:** Patient requires extended treatment beyond 7 days for ongoing management of ACUTE pain
    b. **Age 17 or under:** Patient requires extended treatment beyond 3 days for ongoing management of ACUTE pain
    c. Prescriber agrees to discontinue therapy after 30 days

Codeine, Hydromorphone IR, Levorphanol, Morphine IR, Nucynta IR, Oxycodone IR, Oxymorphone IR, Pentazocine-Naloxone, Stadol, and Tramadol IR

Patient must have **ONE** of the following:

1. Moderate to Severe Acute Pain (short term)
    a. **Age 18 or older:** Patient requires extended treatment beyond 7 days for ongoing management of ACUTE pain
    b. **Age 17 or under:** Patient requires extended treatment beyond 3 days for ongoing management of ACUTE pain
    c. Prescriber agrees to discontinue therapy after 30 days

2. Moderate to Severe Chronic Pain
    a. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy

AND ALL of the following for **ALL** indications and **ALL** medications:

a. **NO** dual therapy with other immediate release opioid analgesic(s)
b. Alternative treatment options have been ineffective, not tolerated or inadequate for controlling the pain
    i. These include: non-opioid analgesics and other treatment modalities
c. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
d. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary
(*https://opioidanalgesicrems.com*)
e. **NO** other opioid at prior authorization limits
f. **NO** dual therapy with opioid addiction treatment or methadone
g. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
    i. Alprazolam (Xanax)
    ii. Clonazepam (Klonopin)
    iii. Diazepam (Valium)
    iv. Lorazepam (Ativan)

v. Oxazepam (Serax)
vi. Chlordiazepoxide (Librium)
vii. Clorazepate dipotassium (Tranxene)

h. **NO** cumulative morphine milligram equivalent (MME) over 300 MME

Prior – Approval *Renewal* Requirements

Age 12 years of age or older – Codeine, Pentazocine-Naloxone, and Qdolo/Ultram (tramadol IR) **ONLY**
18 years of age or older - Butorphanol
No age limit for all other opioids

Diagnosis

Codeine, Hydromorphone, Levorphanol, Morphine sulfate IR, Nucynta IR, Oxycodone IR, Oxymorphone IR, Pentazocine-Naloxone, Stadol, and Tramadol IR

Patient must have the following:

1. Moderate to Severe Chronic Pain

AND ALL of the following:

a. **NO** dual therapy with other immediate release opioid analgesic(s)
b. Prescriber agrees to assess the benefits of pain control (i.e. Care Plan signs of abuse, severity of pain) after 3 months of therapy
c. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
d. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary
(*https://opioidanalgesicrems.com*)
e. **NO** other opioid at prior authorization limits
f. **NO** dual therapy with opioid addiction treatment or methadone
g. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
i. Alprazolam (Xanax)
ii. Clonazepam (Klonopin)
iii. Diazepam (Valium)
iv. Lorazepam (Ativan)

v. Oxazepam (Serax)
vi. Chlordiazepoxide (Librium)
vii. Clorazepate dipotassium (Tranxene)

h. **NO** cumulative morphine milligram equivalent (MME) over 300 MME

Policy Guidelines

Pre - PA Allowance

Age 12 years of age or older - Codeine, Pentazocine-Naloxone, and Qdolo/Ultram (tramadol IR)
18 years of age or older - Butorphanol

Quantity
Patients 18 years or older will be able to fill the Pre-PA Allowance after they have filled an initial 7 day supply of IR opioid therapy or if they have been on IR or ER opioid therapy in the last 180 days

Patients age 17 and under will require a PA after they have filled a 3 day supply of the Pre-PA Allowance

Patients with opioid addiction treatment or methadone in the last 30 days will not be eligible for Pre-PA Allowance

Tablets & Suppositories ≤ 90 MME/day

Medication	Strength	Quantity Limit
Butorphanol	10 mg/mL nasal spray	12 units per 90 days
Meperidine	50mg, 100mg	90 units per 90 days
Hydromorphone	8mg	180 units per 90 days
Oxycodone/Roxybond	30mg	
Tapentadol	100mg	
Morphine sulfate	30mg, 30mg supp	270 units per 90 days
Oxycodone	20mg	
Oxymorphone	10mg	
Tapentadol	75mg	
Codeine	15mg, 30mg, 60mg	360 units per 90 days
Hydromorphone	2mg, 4mg, 3mg supp	
Morphine sulfate	15mg, 5mg supp, 10mg supp, 20mg supp	
Oxycodone/Roxybond/ Oxaydo	5mg cap, 5mg tab, 7.5mg, 10mg, 15mg	

Oxymorphone	5mg	
Pentazocine/naloxone	50/0.5mg	
Tapentadol	50mg	
Tramadol	50mg	540 units per 90 days

Solution ≤ 90 MME/day

Medication / Strength	Quantity Limit
Hydromorphone liquid 5mg/5mL (1mg/mL)	1800 mL per 90 days
Meperidine oral soln 50mg/5mL	360 mL per 90 days
Morphine sulfate oral soln 10mg/5mL Oxycodone soln 5mg/5mL	2700 mL per 90 days
Morphine sulfate oral soln 20mg/5mL	2025 mL per 90 days
Morphine sulfate (conc) oral soln 20mg/mL (100mg/5mL)	405 mL per 90 days
Oxycodone oral concentrate 20mg/mL (100mg/5mL)	270 mL per 90 days
Qdolo (tramadol IR) oral solution 5mg/mL	5400 mL per 90 days

*Patients are only eligible for a combination of opioids not exceeding 300 MME

Prior - Approval Limits

Age 18 years of age or older

Quantity

Acute Pain

Tablets, Capsules, Nasal Spray, Injections ≤ 200 MME/day

Medication / Strength	Quantity Limit per 30 days	Morphine Milligram Equivalent Daily Dosing
Butorphanol 10 mg/mL nasal spray	8 canisters per 30 days **OR**	~2 MME/day
Codeine tab 15mg	180 tablets per 30 days **OR**	13.5 MME/day
Codeine tab 30mg	180 tablets per 30 days **OR**	27 MME/day
Codeine tab 60mg	180 tablets per 30 days **OR**	54 MME/day

Hydromorphone tab 2mg	150 tablets per 30 days **OR**	40 MME/day
Hydromorphone tab 4mg	150 tablets per 30 days **OR**	80 MME/day
Hydromorphone tab 8mg	90 tablets per 30 days **OR**	96 MME/day
Hydromorphone supp 3mg	150 suppositories per 30 days **OR**	60 MME/day
Meperidine tab 50mg	240 tablets per 30 days **OR**	40 MME/day
Meperidine tab 100mg	120 tablets per 30 days **OR**	40 MME/day
Morphine sulfate tab 15mg	150 tablets per 30 days **OR**	75 MME/day
Morphine sulfate tab 30mg	150 tablets per 30 days **OR**	150 MME/day
Morphine sulfate supp 5mg	150 suppositories per 30 days **OR**	25 MME/day
Morphine sulfate supp 10mg	150 suppositories per 30 days **OR**	50 MME/day
Morphine sulfate supp 20mg	150 suppositories per 30 days **OR**	100 MME/day
Morphine sulfate supp 30mg	150 suppositories per 30 days **OR**	150 MME/day
Oxycodone cap 5mg	150 capsules per 30 days **OR**	37.5 MME/day
Oxycodone/Roxybond/Oxaydo tab 5mg	150 tablets per 30 days **OR**	37.5 MME/day
Oxaydo tab 7.5mg	150 tablets per 30 days **OR**	56.25 MME/day
Oxycodone tab 10mg	150 tablets per 30 days **OR**	75 MME/day
Oxycodone/Roxybond tab 15mg	150 tablets per 30 days **OR**	112.5 MME/day
Oxycodone tab 20mg	150 tablets per 30 days **OR**	150 MME/day
Oxycodone/Roxybond tab 30mg	120 tablets per 30 days **OR**	180 MME/day
Oxymorphone tab 5mg	150 tablets per 30 days **OR**	75 MME/day
Oxymorphone tab 10mg	150 tablets per 30 days **OR**	150 MME/day
Pentazocine/naloxone tab 50/0.5mg	150 tablets per 30 days **OR**	92.5 MME/day
Tapentadol tab 50mg	150 tablets per 30 days **OR**	100 MME/day
Tapentadol tab 75mg	150 tablets per 30 days **OR**	150 MME/day
Tapentadol tab 100mg	120 tablets per 30 days **OR**	160 MME/day
Tramadol tab 50mg	240 tablets per 30 days	40 MME/day

Solution ≤ 200 MME/day

Medication / Strength	Quantity Limit per 30 days	Morphine Milligram Equivalent Daily Dosing
Hydromorphone liquid 5mg/5mL (1mg/mL)	900 mL per 30 days **OR**	120 MME/day
Meperidine oral soln 50mg/5mL	900 mL per 30 days **OR**	30 MME/day
Morphine sulfate oral soln 10mg/5 mL	1050 mL per 30 days **OR**	70 MME/day
Morphine sulfate oral soln 20mg/5 mL	1050 mL per 30 days **OR**	140 MME/day
Morphine sulfate (conc) oral soln 20mg/mL (100 mg/5 mL)	270 mL per 30 days **OR**	180 MME/day
Oxycodone soln 5mg/5mL	1800 mL per 30 days **OR**	90 MME/day
Oxycodone oral concentrate 100mg/5mL (20mg/mL)	180 mL per 30 days **OR**	180 MME/day
Qdolo (tramadol IR) oral soln 5mg/mL	2400 mL per 30 days	40 MME/day

Medication / Strength **with approved MFE only**	Quantity Limit for 30 days	Morphine Milligram Equivalent Daily Dosing
Levorphanol tab 2 mg	180 tablets per 30 days	132 MME/day
Levorphanol tab 3 mg	120 tablets per 30 days	132 MME/day
Tramadol 100 mg	120 tablets per 30 days	40 MME/day

Duration 1 month

Age 18 years of age or older

Quantity

Chronic Pain

Tablets, Capsules, Nasal Spray, Injections ≤ 200 MME/day

Medication / Strength	Quantity Limit per 90 days	Morphine Milligram Equivalent Daily Dosing
Butorphanol 10 mg/mL nasal spray	24 canisters per 90 days **OR**	~2 MME/day
Codeine tab 15mg	540 tablets per 90 days **OR**	13.5 MME/day
Codeine tab 30mg	540 tablets per 90 days **OR**	27 MME/day
Codeine tab 60mg	540 tablets per 90 days **OR**	54 MME/day
Hydromorphone tab 2mg	540 tablets per 90 days **OR**	48 MME/day
Hydromorphone tab 4mg	540 tablets per 90 days **OR**	96 MME/day
Hydromorphone tab 8mg	270 tablets per 90 days **OR**	96 MME/day
Hydromorphone supp 3mg	540 suppositories per 90 days **OR**	72 MME/day
Morphine sulfate tab 15mg	540 tablets per 90 days **OR**	90 MME/day
Morphine sulfate tab 30mg	540 tablets per 90 days **OR**	180 MME/day
Morphine sulfate supp 5mg	540 suppositories per 90 days **OR**	30 MME/day
Morphine sulfate supp 10mg	540 suppositories per 90 days **OR**	60 MME/day
Morphine sulfate supp 20mg	540 suppositories per 90 days **OR**	120 MME/day
Morphine sulfate supp 30mg	540 suppositories per 90 days **OR**	180 MME/day
Oxycodone cap 5mg	540 capsules per 90 days **OR**	45 MME/day
Oxycodone/Roxybond/Oxaydo tab 5mg	540 tablets per 90 days **OR**	45 MME/day
Oxaydo tab 7.5mg	540 tablets per 90 days **OR**	67.5 MME/day
Oxycodone tab 10mg	540 tablets per 90 days **OR**	90 MME/day
Oxycodone/Roxybond tab 15mg	450 tablets per 90 days **OR**	112.5 MME/day
Oxycodone tab 20mg	450 tablets per 90 days **OR**	150 MME/day
Oxycodone/Roxybond tab 30mg	360 tablets per 90 days **OR**	180 MME/day
Oxymorphone tab 5mg	540 tablets per 90 days **OR**	90 MME/day
Oxymorphone tab 10mg	540 tablets per 90 days **OR**	180 MME/day
Pentazocine/naloxone tab 50/0.5mg	450 tablets per 90 days **OR**	92.5 MME/day

Tapentadol tab 50mg Tapentadol tab 75mg Tapentadol tab 100mg	720 tablets per 90 days **OR** 540 tablets per 90 days **OR** 360 tablets per 90 days **OR**	160 MME/day 180 MME/day 160 MME/day
Tramadol tab 50mg	720 tablets per 90 days	40 MME/day

Solution ≤ 200 MME/day

Medication / Strength	**Quantity Limit per 90 days**	**Morphine Milligram Equivalent Daily Dosing**
Hydromorphone liquid 5mg/5mL (1mg/mL)	3600 mL per 90 days **OR**	160 MME/day
Morphine sulfate oral soln 10mg/5 mL	4050 mL per 90 days **OR**	90 MME/day
Morphine sulfate oral soln 20mg/5 mL	4050 mL per 90 days **OR**	180 MME/day
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	810 mL per 90 days **OR**	180 MME/day
Oxycodone soln 5mg/5mL	5400 mL per 90 days **OR**	90 MME/day
Oxycodone oral concentrate 100 mg/5mL (20mg/mL)	540 mL per 90 days **OR**	180 MME/day
Qdolo (tramadol IR) oral soln 5mg/mL	7200 mL per 90 days	40 MME/day

Maximum daily limit of any combination should NOT exceed 200 MME/day

Medication / Strength <u>with approved MFE only</u>	**Quantity Limit for 90 days**	**Morphine Milligram Equivalent Daily Dosing**
Levorphanol tab 2 mg	540 tablets per 90 days	132 MME/day
Levorphanol tab 3 mg	360 tablets per 90 days	132 MME/day
Tramadol 100 mg	360 tablets per 90 days	40 MME/day

Duration 6 months

Age 12 – 17 years of age - Codeine, Pentazocine-Naloxone, and Qdolo/Ultram (tramadol IR) **ONLY**
17 years old or under for all other opioids

Quantity

Tablets & Suppositories ≤ 90 MME/day

Medication	Strength	Quantity Limit for Chronic Pain	Quantity Limit for Acute Pain
Meperidine	50mg, 100mg	90 units per 90 days	30 units per 30 days
Hydromorphone	8mg	180 units per 90 days	60 units per 30 days
Oxycodone/ Roxybond	30mg		
Tapentadol	100mg		
Morphine sulfate	30mg, 30mg supp	270 units per 90 days	90 units per 30 days
Oxycodone	20mg		
Oxymorphone	10mg		
Tapentadol	75mg		
Codeine	15mg, 30mg, 60mg	360 units per 90 days	120 units per 30 days
Hydromorphone	2mg, 4mg, 3mg supp		
Morphine sulfate	15mg, 5mg supp, 10mg supp, 20mg supp		
Oxycodone/ Roxybond/ Oxaydo	5mg cap, 5mg tab, 7.5mg, 10mg, 15mg		
Oxymorphone	5mg		
Pentazocine/ naloxone	50/0.5mg		
Tapentadol	50mg		
Tramadol	50mg	540 units per 90 days	180 units per 30 days

Solution ≤ 90 MME/day

Medication / Strength	Quantity Limit for Chronic Pain	Quantity Limit for Acute Pain
Hydromorphone liquid 5mg/5mL (1mg/mL)	1800 mL per 90 days	600 mL per 30 days
Meperidine oral soln 50mg/5mL	360 mL per 90 days	120 mL per 30 days
Morphine sulfate oral soln 10mg/5mL	2700 mL per 90 days	900 mL per 30 days

Oxycodone soln 5mg/5mL		
Morphine sulfate oral soln 20mg/5mL	2025 mL per 90 days	675 mL per 30 days
Morphine sulfate (conc) oral soln 20mg/mL (100mg/5mL)	405 mL per 90 days	135 mL per 30 days
Oxycodone oral concentrate 20mg/mL (100mg/5mL)	270 mL per 90 days	90 mL per 30 days
Qdolo (tramadol IR) oral soln 5mg/mL	5400 mL per 90 days	1800 mL per 30 days

Duration 1 month for acute pain
6 months for chronic pain

Prior – Approval *Renewal* Limits

Same as above
NO renewal for Acute Pain

Rationale

Summary
Immediate-release opioids are scheduled medications that are indicated for the management of acute or chronic pain where an opioid is appropriate (1-16).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of immediate-release opioids while maintaining optimal therapeutic outcomes.

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Policy History

Date	Action
September 2018	Addition to PA Merge of IR opioids from policy numbers 5.70.25, 5.70.33, 5.70.34, 5.70.35, 5.70.40, 5.70.59
October 2018	Addition of Opioid Analgesic REMS requirement
February 2019	Addition of Levorphanol 3mg tablets
March 2019	Annual review and reference update
May 2019	Changed Levorphanol 3mg tablets to approved with MFE only

June 2019	Annual review
December 2019	Annual review. Addition of requirement of no cumulative MME over 300. Addition of 3 day limit Pre-PA for patients age 17 or under. Age 17 or under now require PA for any fill greater than 3 days. Combined with Butorphanol criteria 5.70.20. Moved Levorphanol 2mg to MFE with PA only
February 2020	Addition of Tramadol IR tablet 100mg to MFE with PA only and reworded Pre-PA Allowance statements. Updated Opioid Analgesic REMS link
March 2020	Annual review
May 2020	Removed Butorphanol injection - moved to Opioid Injectables policy
June 2020	Annual review
November 2020	Addition of Qdolo (tramadol IR) oral solution
March 2021	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.

Appendix 1 - List of Serotonergic Medications

Selective Serotonin Reuptake Inhibitors (SSRIs)

paroxetine	Paxil, Paxil CR, Pexeva, Brisdelle
fluvoxamine	Luvox, Luvox CR
fluoxetine	Prozac, Prozac Weekly, Sarafem, Selfemra, Symbyax
sertraline	Zoloft
citalopram	Celexa
escitalopram	Lexapro

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

venlafaxine	Effexor XR
desvenlafaxine	Pristiq, Khedezla
duloxetine	Cymbalta
milnacipran	Savella

Tricyclic Antidepressants (TCAs)

amitriptyline	No brand name currently marketed
desipramine	Norpramin
clomipramine	Anafranil
imipramine	Tofranil, Tofranil PM
nortriptyline	Pamelor, Aventyl
protriptyline	Vivactil
doxepin	Zonalon, Silenor
trimipramine	Surmontil

Monoamine Oxidase Inhibitors (MAOIs)

isocarboxazid	Marplan
phenelzine	Nardil
selegiline	Emsam, Eldepryl, Zelapar
tranylcypromine	Parnate

Other Psychiatric Medicines

amoxapine	No brand name currently marketed
maprotiline	No brand name currently marketed
nefazodone	No brand name currently marketed
trazodone	Oleptro
buspirone	No brand name currently marketed
vilazodone	Viibryd
mirtazapine	Remeron, Remeron Soltab
lithium	Lithobid

Migraine Medicines

almotriptan	Axert
frovatriptan	Frova
naratriptan	Amerge
rizatriptan	Maxalt, Maxalt-MLT
sumatriptan	Imitrex, Imitrex Statdose, Alsuma, Sumavel Dosepro, Zecuity, Treximet
zolmitriptan	Zomig, Zomig-ZMT

Antiemetics

ondansetron	Zofran, Zofran ODT, Zuplenz
granisetron	Kytril, Sancuso
dolasetron	Anzemet
palonosetron	Aloxi

Other Serotonergic Medicines

dextromethorphan	Bromfed-DM, Delsym, Mucinex DM, Nuedexta
linezolid	Zyvox
cyclobenzaprine	Amrix
methylene blue	
St. John’s wort	
tryptophan	