



# Immediate Release Formulary Changes

## Overview

Partnership HealthPlan of California (PHC) has instituted prescribing guidelines to safeguard the health and well-being of our members. Our goal has been to reduce unnecessary increasing doses of opioids for patients already on high doses. This June, PHC will further its mission by adopting the Center for Disease Control and Prevention (CDC) recommendations for using opioid pain medications for acute pain. These recommendations will coincide with the organization’s Managing Pain Safely (MPS) initiative. According to the CDC, the lowest effective dose of fast-acting opioid prescriptions should be prescribed for 3 days or less; more than 7 days will rarely be needed. If more medication is needed, a Treatment Authorization Request (TAR) will be required to ensure the treatment is safe and appropriate.

- **Important:** At this time, our MPS program is expanding its focus to include all short acting (immediate-release) opioid analgesics with utilization restrictions.
- These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.

## Program Highlights -Effective June 1, 2016

**Table 1:** Summary of Short-Acting Opioid Formulary Changes for Tablet/Capsules

Generic Name	Dosage Form	Strength	New Formulary Quantity Restrictions
APAP WITH CODEINE	TABLET	300MG-15MG 300MG-30MG 300MG-60MG	<p>QTY LIMIT #30/90 DAYS.</p> <p><i>Note: Quantity limits apply to all short-acting opioids within the 90-day timeframe.</i></p> <p><i>These limits will not affect patients on stable, ongoing short-acting opioid prescriptions.</i></p>
HYDROCODONE BIT/APAP	TABLET	10MG-325MG 5MG-325MG 7.5MG-325MG	
HYDROMORPHONE HCL	TABLET	2MG 4MG 8MG	
LEVORPHANOL TARTRATE	TABLET	2MG	
MORPHINE SULFATE	TABLET	15MG 30MG	
OXYCODONE HCL	TABLET	5MG 10MG 15MG 20MG 30MG	
OXYCODONE HCL	CAPSULE	5MG	
OXYCODONE HCL/APAP	TABLET	10MG-325MG 5MG-325MG	
TRAMADOL HCL	TABLET	50MG	

## Immediate Release Formulary Changes

**Table 2:** Summary of Short-Acting Opioid Formulary Changes for Solution/Liquid/Syrups

Generic Name	Dosage Form	Strength	New Formulary Quantity Restrictions
APAP WITH CODEINE	SOLUTION	300MG/12.5ML 120-12MG/5ML	CODE 1 RESTRICTION & AGE LIMITS APPLY. DAILY LIMIT & QTY LIMIT APPLY. <=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.
HYDROCODONE BIT/APAP	SOLUTION	2.5-167/5ML 7.5-325.15ML	
MORPHINE SULFATE	SOLUTION	100MG.5ML 10MG/5ML 20MG/5ML	DAILY LIMIT APPLIES AS LONG AS QTY IS <=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL, 2 FILLS PER YEAR.
GUAIFENESIN/CODEINE PHOSPATE	LIQUID	100-10MG/5ML	NEW DAILY LIMIT APPLIES. 30ML IN 1 DAYS. <=240ML IN 90 DAYS. MAXIMUM OF 30 DAYS PER FILL. 3 FILLS PER YEAR.
PROMETHAZINE/PHENYLEPH/C ODEINE	SYRUP	6.25-5-10	
PROMETHAZINE HCL/CODEINE	SYRUP	6.25-10/5ML	
P-EPHEP HCL/CODEINE/GUAIFEN	SYRUP	30-10-100	<i>Note: Quantity limits apply to all short acting opioids within the 90-days timeframe</i>
P-EPHEP HCL/COD/CHLORPHENIR	LIQUID	30-10-2/5ML	