DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Opioids – Long-Acting Products (Oral) Drug Quantity Management Policy – Per Days

- Exalgo® (hydromorphone extended-release tablets – Mallinckrodt, generic)
- Hysingla™ ER (hydrocodone bitartrate extended-release tablets – Purdue, generic)
- Kadian® (morphine sulfate extended-release capsules – Allergan, generic)
- Morphabond™ ER (morphine sulfate extended-release tablets – Daiichi Sankyo)
- morphine sulfate and naltrexone capsules – generic only
- morphine sulfate extended-release tablets – generic only
- morphine sulfate extended-release capsules – generic only
- morphine sulfate sustained-release tablets – generic only
- MS Contin® (morphine sulfate controlled-release tablets – Rhodes, generic)
- Nucynta® ER (tapentadol extended-release tablets – Collegium)
- Oxycontin® (oxycodone controlled-release tablets – Purdue, branded generic)
- oxymorphone extended-release tablets – generic only
- Xtampza ER (oxycodone base extended-release capsules – Collegium)
- Zohydro® ER (hydrocodone bitartrate extended-release capsules – Persion, generic)

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OVERVIEW

Opioid analgesics are commonly used for the management of pain.[1] An estimated 20% of patients presenting to providers offices with pain symptoms or pain-related diagnoses (including acute and chronic pain) unrelated to cancer receive an opioid prescription. These medications produce the majority of their effects by binding to μ, κ, and δ receptors in the central nervous system (CNS).[2-16] However, Nucynta extended-release (ER) has a unique dual mechanism of action.[8] It demonstrates μ-opioid agonist activity and inhibition of norepinephrine reuptake. Sustained-release opioid dosage forms offer a long duration of effect, reduce severity of end-of-dose pain, and allow many patients to sleep through the night.

The current extended-release/long-acting Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS), which was originally approved in 2012, requires manufacturers to provide educational programs to healthcare professionals on how to safely prescribe opioids, as well as to provide Medication Guides and patient counseling documents. The goal of the Opioid Analgesic REMS is to educate prescribers and other healthcare providers (e.g., pharmacists and nurses) on the treatment and monitoring of patients with pain. Through this education, the healthcare team will have an improved understanding of how to manage pain and the role of opioid analgesics along with non-pharmacologic and non-opioid analgesics in pain management. The education will also provide information about the risks of opioids and the use of other therapies to reduce the adverse outcomes of addiction, unintentional overdose, and death resulting from inappropriate prescribing, abuse, and misuse. Patients must also be informed of their roles and responsibilities regarding their pain treatment plan, including the risks of opioid analgesics and how to use and store them safely.

Indications

All of the long-acting opioids are indicated for the **management of pain severe enough to require daily, around-the-clock, long-term opioid treatment** and for which alternative treatment options are inadequate.[3-16] OxyContin is the only product specifically indicated in pediatric patients 11 years to 18 years of age.[10] Nucynta ER is the only product also indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy in adults.[8]

Dosing/Availability

See the Drug Quantity Limits table below for dosing and availability information. Xtampza ER is formulated with oxycodone base.[10,14] Table 1 provides the equivalent doses of oxycodone base (Xtampza ER) to oxycodone hydrochloride.

Table 1. Equivalent Dosing for Oxycodone and Oxycodone Base.[10,14]

Oxycodone	Oxycodone base (Xtampza ER)
10 mg	9 mg
15 mg	13.5 mg
20 mg	18 mg
30 mg	27 mg
40 mg	36 mg

Guidelines

In March 2016, the CDC published a Guideline for Prescribing Opioids for Chronic Pain – United States, 2016.[1] The guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. The intent of the guideline is to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of long-acting oral opioids. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 6 months in duration; 1 month is equal to 30 days.

Automation: None.

Drug Quantity Limits

A quantity of each medication listed in the table below is limited to 30 days and will be covered without prior authorization. The quantity limits will accumulate morphine sulfate controlled-release tablets (MS Contin, generic), morphine sulfate extended-release tablets (previously available as Armyo ER), Morphabond ER, and morphine sulfate sustained-release tablets (previously available as Oramorph), because they contain the same active ingredient and the generics are used interchangeably. Limits for hydrocodone bitartrate extended-release tablets (Hysingla ER, generic) and hydrocodone bitartrate extended-release capsules (Zohydro ER, generic) will accumulate (e.g., if the patient has already filled 60 tablets of Hysingla ER, only 30 capsules of Zohydro ER will be available to fill) [refer to the table below]. In addition, limits for oxycodone controlled-release tablets (Oxycontin, generic) and oxycodone base extended-release capsules (Xtampza ER, generic) will accumulate (e.g., if a patient has already filled 60 tablets of Oxycontin, only 30 capsules of Xtampza ER will be available) [refer to the table below]. For coverage of additional quantities, prior authorization is required.

Brand (generic)	FDA-Approved Dosing	Availability	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days

morphine sulfate extended-release capsules – generic only	• The extended release formulation allows for Q24H dosing. • Initial treatment: 30 mg capsule titration. • Maximum dose: 1,600 mg/day (higher doses contain a quantity of fumaric acid that have not been demonstrated as safe which could result in renal toxicity). • Capsules are to be swallowed whole or the contents of the capsule may be sprinkled on applesauce. The capsule beads are not to be chewed, crushed or dissolved.	Capsules: 30 mg, 45 mg, 60 mg, 75 mg, 90 mg and 120 mg	60 capsules	180 capsules
morphine sulfate extended-release and naltrexone HCl – generic only	• May be administered QD or BID. • Initial treatment: 20 mg/0.8 mg QD. • 100 mg/4 mg capsules, single doses > 60 mg/2.4 mg, or a total daily dose > 120 mg/5 mg are only for use in opioid-tolerant patients. • Capsules are to be swallowed whole or the contents of the capsules sprinkled on applesauce and taken by mouth. The pellets in the capsules are not to be crushed, dissolved or chewed before swallowing.	Capsules: 20 mg/0.8 mg, 30 mg/1.2 mg, 50 mg/2 mg, 60 mg/2.4 mg, 80 mg/3.2 mg and 100 mg/4 mg capsules	90 capsules	270 capsules
Exalgo (hydromorphone HCl extended-release tablets, generic)	• May be administered Q24H and is only recommended for opioid-tolerant patients. • The dose range studied in clinical trials was 8 mg to 64 mg QD. • Exalgo should be swallowed whole and should not be broken, crushed, dissolved or chewed before swallowing.	Tablets: 8 mg, 12 mg, 16 mg and 32 mg	60 tablets	180 tablets
Kadian (morphine sulfate extended-release capsules, generic for select strengths)	• May be administered QD or BID. • Initial dose: 30 mg capsule titration. • Kadian 100 mg and 200 mg are for use in opioid-tolerant patients only. • Kadian capsules are to be swallowed whole or the contents of the capsule may be sprinkled on applesauce. The pellets in the capsule are not to be chewed, crushed or dissolved.	Capsules: 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg and 200 mg	90 capsules	270 capsules

Brand (generic)	FDA-Approved Dosing	Availability	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days
Morphabond ER (morphine sulfate extended-release tablets)	• Administered Q12H. • Initial dose: 15 mg Q12H. • Patients receiving other oral morphine formulations may be converted to Morphabond ER by administering 50% of the patient's 24-hour requirement as Morphabond ER on a Q12H schedule. • A single dose of Morphabond ER > 60 mg, or a total daily dose > 120 mg, is only for use in patients in whom tolerance to an opioid of comparable potency has been established. • Morphabond ER tablets are to be swallowed whole and are not to be broken, chewed, dissolved or crushed.	Tablets: 15 mg, 30 mg, 60 mg, and 100 mg	120 tablets Limits for MS Contin, Arymo ER, Morphabond ER and morphine sulfate SR accumulate. (e.g., if the patient has already filled 60 tablets of MS Contin, only 60 tablets of Arymo ER or morphine sulfate SR will be available).	360 tablets
MS Contin (morphine sulfate controlled-release tablets, generic)	• May be administered Q12H or Q8H. • Initial dose: 15 mg tablet Q8H or Q12H. • The prescribing information contains conversion information for patients changing from immediate-release morphine or methadone to morphine sulfate ER/SR, but the 15 mg Q8H or Q12H starting dose is recommended for patients changing from another opioid to Morphine sulfate ER. • MS Contin 100 mg and 200 mg tablets and morphine sulfate SR 100 mg tablets are for use in opioid-tolerant patients only. • Morphine sulfate ER/SR tablets are to be swallowed whole and are not to be broken, chewed, dissolved or crushed.	Tablets: 15 mg, 30 mg, 60 mg, 100 mg, and 200 mg		
morphine sulfate SR tablets – generic only		Tablets: 15 mg, 30 mg, 60 mg, and 100 mg		
morphine sulfate extended-release tablets – generic only	• May be administered Q8H or Q12H. • Initial dose: 15 mg tablet Q8H or Q12H. • Patients receiving other oral morphine formulations may be converted to morphine sulfate ER by administering 50% of the patient's 24-hour requirement as morphine sulfate ER on Q12H schedule or by administering one-third of the patient's daily requirement Q8H. • A single dose > 60 mg, or a total daily dose > 120 mg, are only for use in patients in whom tolerance to an opioid of comparable potency has been established. • Tablets are to be swallowed whole and are not to be broken, chewed, dissolved or crushed.	Tablets: 15 mg, 30 mg, and 60 mg		

Brand (generic)	FDA-Approved Dosing	Availability	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days
Nucynta ER (tapentadol extended-release oral tablets)	• Administered BID, approximately Q12H. • Initial dose: 50 mg tablet BID. • Maximum dose: 500 mg/day. • The prescribing information contains conversion information for patients changing from immediate-release Nucynta or another oral opioid to Nucynta ER. • Nucynta ER tablets should be swallowed whole and not split, broken, chewed, dissolved, or crushed.	Tablets: 50 mg, 100 mg, 150 mg, 200 mg, and 250 mg	60 tablets	180 tablets
oxymorphone HCl extended-release tablets – generic only	• Administered BID (Q12H). • Initial dose: 5 mg BID. • The prescribing information contains conversion information for patients changing from immediate-release oxymorphone or another oral opioid to oxymorphone extended-release. • Opioid-naïve patients with mild hepatic impairment CrCl < 50 mL/min should be started with the lowest dose and titrated slowly; opioid tolerant patients' doses should be decreased by 50% compared to those for patients with normal hepatic and renal function. • Oxymorphone extended-release tablets are to be swallowed whole, and are not to be broken, chewed, crushed or dissolved.	Tablets: 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, and 40 mg	90 tablets	270 tablets
Oxycontin (oxycodone HCl controlled-release tablets, branded generic)	• Administered Q12H. • Initial dose: 10 mg BID titration. • For patients who are converting from another oral opioid to Oxycontin, the recommended dose is 10 mg BID. • In patients with hepatic impairment, Oxycontin should be initiated at one-third to one-half of the usual starting doses with a careful titration schedule. • In patients with renal impairment (CrCl < 60 mL/min), dose initiation should follow a conservative approach. • Oxycontin 60 mg and 80 mg tablets, single doses > 40 mg, and total daily doses > 80 mg are for use in opioid-tolerant patients only. • Oxycontin tablets are to be swallowed whole and are not to be broken, chewed, crushed, or dissolved.	Tablets: 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, and 80 mg tablets	90 tablets Limits for Oxycontin and Xtampza ER accumulate. (e.g., if patient has already filled 60 tablets of Oxycontin, only 30 capsules of Xtampza ER will be available).	270 tablets

Brand (generic)	FDA-Approved Dosing	Availability	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days
Xtampza ER (oxycodone base extended-release capsules)	• Administered Q12H. • Initial dose: 9 mg Q12H. • Patients converting from other oral oxycodone formulations may be converted to Xtampza ER, using the same total daily dose of oxycodone, by administering 50% of the patient's total daily oral dose Q12H. There is conversion information in the prescribing information for patients changing from other opioids and methadone. • Xtampza ER single doses > 36 mg (equivalent to 40 mg oxycodone HCl) or a total daily dose > 72 mg (equivalent to 80 mg oxycodone HCl) are to be administered only to patients in whom tolerance to an opioid of comparable potency has been established. Patients considered opioid tolerant are those receiving, for ≥ 1 week, ≥ 60 mg oral morphine per day, 25 mcg transdermal fentanyl/hour, 30 mg oral oxycodone HCl/day, 8 mg oral hydromorphone/day, 25 mg oral Oxymorphone/day, 60 mg oral hydrocodone/day, or an equianalgesic dose of another opioid. • Maximum dose: 288 mg/day. • For patients with hepatic impairment use one-third to one-half of the usual starting dose followed by careful dose titration. • Xtampza ER capsules can be opened and sprinkled on food if capsules cannot be swallowed.	Capsules: 9 mg, 13.5 mg, 18 mg, 27 mg and 36 mg capsules	90 capsules Limits for Oxycontin and Xtampza ER accumulate. (e.g., if patient has already filled 60 tablets of Oxycontin, only 30 capsules of Xtampza ER will be available).	270 capsules
Hysingla ER (hydrocodone bitartrate extended-release tablets, generic)	• Administered Q24H. • Initial dose: 20 mg Hysingla ER Q24H titration. • Patients with more severe impairment may experience higher plasma concentrations and therefore it is recommended that therapy be initiated at on-half of the initial dose. • Daily doses ≥ 80 mg of Hysingla ER are for use in opioid tolerant patients. • Hysingla ER tablets are to be swallowed whole. Chewing, crushing or dissolving will result in uncontrolled delivery of hydrocodone and can lead to overdose or death.	Tablets: 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, and 120 mg	60 tablets Limits for Hysingla ER and Zohydro ER accumulate. (e.g., if patient already filled 60 tablets of Hysingla ER, only 30 capsules of Zohydro ER will be available).	180 tablets

Brand (generic)	FDA-Approved Dosing	Availability	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days
Zohydro ER (hydrocodone bitartrate extended-release capsules, generic)	• Zohydro ER is dosed Q12H. • Initial dose: 10 mg Q12H titration. • Single doses of Zohydro ER 40 mg, 50 mg, or a total daily dose > 80 mg are for use in opioid-tolerant patients only. • Zohydro ER capsules are to be swallowed whole. Chewing, crushing or dissolving will result in uncontrolled delivery of hydrocodone and can lead to overdose or death.	Capsules: 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, and 50 mg	90 capsules Limits for Hysingla ER and Zohydro ER accumulate. (e.g., if patient has already filled 60 tablets of Hysingla ER, only 30 capsules of Zohydro ER will be available).	270 capsules

Q24H – Every 24 hours; QD – Once daily; BID – Twice daily; Q12H – Every 12 hours; Q8H – Every 8 hours; CrCl – Creatinine clearance.

CRITERIA

Hydromorphone extended-release tablets (Exalgo, generic), Hydrocodone bitartrate extended-release tablets (Hysingla ER, generic), Morphine sulfate extended-release capsules (Kadian, generic), Morphabond ER, Morphine sulfate and naltrexone capsules (*previously available as Embeda*), Morphine sulfate extended-release tablets (*previously available as Arymo ER*), Morphine sulfate sustained-release tablets (*previously available as Oramorph SR*), Morphine sulfate controlled-release tablets (MS Contin, generic) Hydrocodone bitartrate extended-release capsules (Zohydro ER, generic)

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested for a 30-day supply at retail and for a 90-day supply at home delivery for a duration of 6 months.

Oxymorphone HCl extended-release tablets (*previously available as Opana ER*)
No overrides recommended.

Oxycontin (oxycodone HCl controlled-release tablets, branded generic)
No overrides recommended.

Morphine sulfate extended-release capsules (*previously available as Avinza*)

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 1,600 mg for a 30-day supply at retail and for a 90-day supply at home delivery for a duration of 6 months.
Note: The maximum daily dose of morphine sulfate extended-release capsules is 1,600 mg. Doses above this maximum contain a quantity of fumaric acid that has not been demonstrated as safe which could result in renal toxicity.

Nucynta ER 50 mg, 100 mg, and 150 mg tablets

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back

pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 500 mg per day, per 30 days at retail and per 90 days at home delivery for a duration of 6 months.
Note: The maximum recommended daily dose of Nucynta is 500 mg.

Nucynta ER 200 mg and 250 mg tablets
No overrides recommended.
Note: The maximum recommended daily dose of Nucynta ER is 500 mg.

Xtampza ER 9 mg, 13.5 mg, 18 mg, 27 mg, and 36 mg capsules

1. If the request is for the management of intractable pain (defined as pain that is difficult to manage, alleviate, remedy, or cure, is sustained and persistent rather than brief and intermittent, and interferes with activities of daily living) from a chronic condition (e.g., current diagnosis of cancer, low back pain, musculoskeletal pain, sickle cell pain), approve the quantity requested not to exceed 288 mg per day, per 30 days a retail and per 90 days at home delivery for a duration of 6 months.
Note: The maximum recommended daily dose of Xtampza ER is 288 mg.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Overrides for the long-acting oral opioids are not recommended in the following situations:

1. Acute Pain (i.e., surgery/post-surgery, trauma/post-trauma, or acute medical illness [e.g., acute abdominal pain, pelvic pain, muscle spasm]). Long-acting oral opioids are indicated for the management of pain that is severe enough to require daily, around-the-clock, long-term opioids treatment. They are not indicated for the management of acute pain.

2. As-needed Analgesia. Long-acting oral opioids are indicated for the management pain that is severe enough to require daily, around-the-clock, long-term opioid treatment; not for as-needed use.

REFERENCES

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