



**IMMEDIATE RELEASE OPIOID QUANTITY LIMITS - NC Standard  
7 DAY FIRST FILL AND QUANTITY LIMIT EXCEPTION  
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

**INCOMPLETE FORMS MAY DELAY PROCESSING**

**ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW**

PRESCRIBER NAME	PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]	
CONTACT PERSON	PRESCRIBER PHONE	PRESCRIBER FAX	
PRESCRIBER ADDRESS	CITY	STATE	ZIP
PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER M F

**Please answer the following questions:** **Diagnosis Code:** \_\_\_\_\_

**Medication Requested:** \_\_\_\_\_

**Dosage Requested:** \_\_\_\_\_ **Quantity Requested:** \_\_\_\_\_ **per day**  
*\*\*\*Please enter quantity as a numeric value with one decimal place (ex. 1.0, 1.5)\*\*\**

- Has the patient filled a prescription for an opioid in the past 180 days?.....  Yes  No
- Please list any medications the patient has tried and failed, or has a contraindication/intolerance to related to this condition (*omission of information indicates N/A or none*):  
 \_\_\_\_\_  
 \_\_\_\_\_
- If the quantity is over the daily limit listed on pages 2 – 5, please document support for the requested Quantity Limit Exception (this may include documented clinical rationale and/or medical records). **Rationale must be provided.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please certify the following by signing and dating below:**

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient’s medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient’s medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.

**Prescriber’s Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Blue Cross NC members, fax form to 1-800-795-9403**

## QUANTITY LIMITS

*NOTE: quantity limits apply to both brand and generic formulations*

<b>Immediate Release Agents</b>		
<b>Medication</b>	<b>Strength</b>	<b>Quantity per Day</b>
butorphanol	10 mg/mL nasal spray	2.917
Codeine	15 mg tablet	6
Codeine	30 mg tablet	6
Codeine	60 mg tablet	6
Hydromorphone, Dilaudid	2 mg tablet	6
Hydromorphone, Dilaudid	4 mg tablet	6
Hydromorphone, Dilaudid	8 mg tablet	6
Hydromorphone, Dilaudid	1 mg/mL liquid	48 mL
Levorphanol, Levodromoran <b>*see Levorphanol on IR Opioid Prior Authorization Policy</b>	2 mg tablet	6
Levorphanol, Levodromoran <b>*see Levorphanol on IR Opioid Prior Authorization Policy</b>	3 mg tablet	4
Meperidine, Demerol	50 mg tablet	8
Meperidine, Demerol	100 mg tablet	8
Meperidine, Demerol	50 mg/5 mL solution	80 mL
Methadone, Dolophine, Methadose	5 mg tablet	3
Methadone, Dolophine, Methadose	10 mg tablet	3
Methadone, Dolophine, Methadose	40 mg soluble tablet	3
Methadone, Dolophine, Methadose	5 mg/5mL solution	30 mL
Methadone, Dolophine, Methadose	10 mg/5 mL solution	15 mL
Methadone, Dolophine, Methadose	10 mg/mL concentrate	3 mL
Morphine	15 mg tablet	8
Morphine	30 mg tablet	6
Morphine	10 mg/5 mL solution	90 mL
Morphine	20 mg/5 mL solution	45 mL
Morphine	20 mg/mL concentrate	9 mL
Nucynta (tapentadol)	50 mg tablet	6
Nucynta (tapentadol)	75 mg tablet	6
Nucynta (tapentadol)	100 mg tablet	6
Oxaydo (oxycodone abuse deterrent) <b>*see Oxaydo on IR Opioid Prior Authorization Policy</b>	5 mg tablet	12
Oxaydo (oxycodone abuse deterrent) <b>*see Oxaydo on IR Opioid Prior Authorization Policy</b>	7.5 mg tablet	6
Oxycodone, OxyIR, Roxicodone	5 mg capsule	12
Oxycodone, OxyIR, Roxicodone	5 mg tablet	12
Oxycodone, OxyIR, Roxicodone	10 mg tablet	6
Oxycodone, OxyIR, Roxicodone	15 mg tablet	6
Oxycodone, OxyIR, Roxicodone	20 mg tablet	6
Oxycodone, OxyIR, Roxicodone	30 mg tablet	6
Oxycodone, OxyIR, Roxicodone	5 mg/5mL solution	180 mL
Oxycodone, OxyIR, Roxicodone Intensol	20 mg/mL concentrate	9 mL
Oxymorphone, Opana	5 mg tablet	6
Oxymorphone, Opana	10 mg tablet	6
Qdolo (tramadol) <b>*see Qdolo on IR Opioid Prior Authorization Policy</b>	5mg/mL solution	80 mL

Rybix ODT (tramadol)	50 mg orally disintegrating tablet	8
Tramadol	100 mg tablet	4
Ultram (tramadol)	50 mg tablet	8
<b>Combination Agents</b>		
Acetaminophen/codeine	5 mg/400 mg tablet	4
Acetaminophen/codeine	120 mg/12 mg/5 mL solution	90 mL
Capital and Codeine (acetaminophen/codeine)	120 mg/12 mg/5 mL suspension	90 mL
Cocet (acetaminophen/codeine)	650 mg/30 mg tablet	6
Cocet Plus (acetaminophen/codeine)	650 mg/60 mg tablet	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/300 mg/40 mg/30 mg capsule	6
Fioricet w/Codeine (butalbital/acetaminophen/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Fiorinal w/Codeine (butalbital/aspirin/caffeine/codeine)	50 mg/325 mg/40 mg/30 mg capsule	6
Hycet (hydrocodone/acetaminophen)	7.5 mg/325 mg/15 mL solution	120 mL
Hydrocodone/acetaminophen	2.5 mg/500 mg tablet	8
hydrocodone/acetaminophen solution	10 mg/325 mg/15 mL solution	90 mL
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	7.5 mg/650 mg tablet	6
Lorcet, Lorcet Plus (hydrocodone/acetaminophen)	10 mg/650 mg tablet	6
Lortab (hydrocodone/acetaminophen)	5 mg/500 mg tablet	8
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg tablet	6
Lortab (hydrocodone/acetaminophen)	10 mg/500 mg tablet	6
Lortab (hydrocodone/acetaminophen)	7.5 mg/500 mg/15 mL solution	90 mL
Magnacet (oxycodone/acetaminophen)	5 mg/400 mg tablet	10
Magnacet (oxycodone/acetaminophen)	7.5 mg/400 mg tablet	8
Magnacet (oxycodone/acetaminophen)	10 mg/400 mg tablet	6
Maxidone (hydrocodone/acetaminophen)	10 mg/750 mg tablet	5
Nalocet (oxycodone/ acetaminophen)	2.5 mg/300 mg tablet	12
Norco (hydrocodone/acetaminophen)	5 mg/325 mg tablet	12

Norco (hydrocodone/acetaminophen)	7.5 mg/325 mg tablet	6
Norco (hydrocodone/acetaminophen)	10 mg/325 mg tablet	6
Oxycodone/Ibuprofen	5 mg/400 mg tablet	4
Panlor SS, ZerLor (acetaminophen/caffeine/dihydrocodeine)	712.8 mg/60 mg/32 mg tablet	5
Panlor, Dvorah (acetaminophen/caffeine/dihydrocodeine)	325 mg/30 mg/16 mg tablet	10
pentazocine/naloxone	50 mg/0.5 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	2.5 mg/325 mg tablet	12
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/325 mg tablet	8
Percocet, Endocet (oxycodone/acetaminophen)	7.5 mg/500 mg tablet	8
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/325 mg tablet	6
Percocet, Endocet (oxycodone/acetaminophen)	10 mg/650 mg tablet	6
Percocet, Endocet, Roxicet (oxycodone/acetaminophen)	5 mg/325 mg tablet	12
Percodan, Endodan (oxycodone/aspirin)	4.8355 mg/325 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen)	5 mg/300 mg tablet	12
Primlev, Prolate (oxycodone/acetaminophen)	7.5 mg/300 mg tablet	8
Primlev, Prolate (oxycodone/acetaminophen)	10 mg/300 mg tablet	6
Prolate (oxycodone/acetaminophen)	10mg/300mg/5mL solution	30 mL
Reprexain, Ibudone (hydrocodone/ibuprofen)	5 mg/200 mg tablet	5
Reprexain, Ibudone, Xylon (hydrocodone/ibuprofen)	10 mg/200 mg tablet	5
Roxicet (oxycodone/acetaminophen)	5 mg/500 mg tablet	8
Stagesic, Hydrogesic, Polygesic (hydrocodone/ acetaminophen)	5 mg/500 mg capsule	8
Talacen (pentazocine/acetaminophen)	25 mg/650 mg tablet	6
Trezix (acetaminophen/caffeine/dihydrocodeine)	356.4 mg/30 mg/16 mg capsule	10
Trezix, Acetaminophen/Caffeine/Dihydrocodeine	320.5 mg/30 mg/16 mg capsule	10
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/15 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/30 mg tablet	12
Tylenol w/Codeine (acetaminophen/codeine)	300 mg/60 mg tablet	6
Tylox (oxycodone/acetaminophen)	5 mg/500 mg capsule	8
Ultracet (tramadol/acetaminophen)	37.5 mg/325 mg tablet	8

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	7.5 mg/750 mg tablet	5
Vicodin, Vicodin ES, Vicodin HP (hydrocodone/acetaminophen)	10 mg/660 mg tablet	6
Vicoprofen (hydrocodone/ibuprofen)	7.5 mg/200 mg tablet	5
Xodol (hydrocodone/acetaminophen)	5 mg/300 mg tablet	12
Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg tablet	6
Xodol (hydrocodone/acetaminophen)	10 mg/300 mg tablet	6
Xolox (oxycodone/acetaminophen)	10 mg/500 mg tablet	8
Zolvit/Lortab (hydrocodone/acetaminophen)	10 mg/300 mg/15 mL solution	67.5 mL
Zydone (hydrocodone/acetaminophen)	5 mg/400 mg tablet	8
Zydone (hydrocodone/acetaminophen)	7.5 mg/400 mg tablet	6
Zydone (hydrocodone/acetaminophen)	10 mg/400 mg tablet	6