

Introduction:

Alameda Alliance for Health's P&T (Pharmacy and Therapeutics) Committee manages and maintains the drug formulary for Medi-Cal, Healthy Families and Alliance Group Care. This document is created to assist the Alliance providers to select the formulary medications in the category of narcotics to control pain.

Step Therapy and Quantity Limit columns explain any restrictions placed on the particular medication.

Quantity Limit: For example, HYDROCODONE-ACETAMINOPHEN 5mg/325mg tablets have quantity limit of 180 tablets per month. This means that the prescription will reject if the member has already received 180 tablets or more of HYDROCODONE-ACETAMINOPHEN 5mg/325mg tablets within the past 30 days.

Step Therapy: FENTANYL patches have a step therapy restriction. This means that the prescription for FENTANYL patches will pay if there is a claim of any oral chemotherapy medications paid by the Alliance in the member's medication profile. We use the historical claims stored in our PBM's claim processing system to identify this situation. If the member is getting medications to treat cancer other than at the pharmacy, such as at your office or at an infusion center, the claim for FENTANYL patches will not be automatically approved since the transaction does not appear in claims history. You will need to submit a PA to get approval for the FENTANYL patches.

Brand Name	GENERIC NAME	STRENGTH DESC	DOSAGE	STEP THERAPY	QUANTITY LIMITS
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	5MG-325MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	7.5-325MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	5 MG-500MG	CAPSULE		LIMITED TO 180 PER MONTH
HYDROCODONE BIT/ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	5 MG-500MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	7.5-500MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	7.5-650 MG	TABLET		LIMITED TO 120 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	7.5-750MG	TABLET		LIMITED TO 120 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	10MG-325MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	10MG-500MG	TABLET		LIMITED TO 180 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	10MG-650MG	TABLET		LIMITED TO 120 PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	10MG-660MG	TABLET		LIMITED TO 120 PER MONTH

Brand Name	GENERIC NAME	STRENGTH DESC	DOSAGE	STEP THERAPY	QUANTITY LIMITS
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	2.5-167MG/5	SOLUTION		LIMITED TO 1770ML PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	5-334MG/10	SOLUTION		LIMITED TO 1770ML PER MONTH
HYDROCODONE- ACETAMINOPHEN	HYDROCODONE BIT/ACETAMINOPHEN	7.5- 500MG/15	SOLUTION		LIMITED TO 1770ML PER MONTH
MORPHINE SULFATE	MORPHINE SULFATE	10 MG/5 ML	SOLUTION		
MORPHINE SULFATE	MORPHINE SULFATE	20 MG/5 ML	SOLUTION		
MORPHINE SULFATE	MORPHINE SULFATE	100 MG/5ML	SOLUTION		
MORPHINE SULFATE	MORPHINE SULFATE	15 MG	TABLET		
MORPHINE SULFATE	MORPHINE SULFATE	30 MG	TABLET		
MORPHINE SULFATE	MORPHINE SULFATE	200 MG	TABLET ER		LIMITED TO 3 PER DAY
DEMEROL	HYDROMORPHONE HCL	3 MG	SUPPOSITORY		LIMITED TO 6 PER MONTH
DEMEROL	HYDROMORPHONE HCL	2 MG	TABLET		LIMITED TO 180 PER MONTH
DEMEROL	HYDROMORPHONE HCL	4 MG	TABLET		LIMITED TO 180 PER MONTH
DEMEROL	HYDROMORPHONE HCL	8 MG	TABLET		LIMITED TO 180 PER MONTH
METHADONE HCL	METHADONE HCL	5 MG/5 ML	SOLUTION		

Brand Name	GENERIC NAME	STRENGTH DESC	DOSAGE	STEP THERAPY	QUANTITY LIMITS
METHADONE HCL	METHADONE HCL	10 MG/5 ML	SOLUTION		
METHADONE HCL	METHADONE HCL	5 MG	TABLET		
METHADONE HCL	METHADONE HCL	10 MG	TABLET		
METHADONE HCL	METHADONE HCL	40 MG	SOLUBLE TABLET		
MORPHINE SULFATE	MORPHINE SULFATE	15 MG	TABLET ER		LIMITED TO 3 PER DAY
MORPHINE SULFATE	MORPHINE SULFATE	30 MG	TABLET ER		LIMITED TO 3 PER DAY
MORPHINE SULFATE	MORPHINE SULFATE	60 MG	TABLET ER		LIMITED TO 3 PER DAY
MORPHINE SULFATE	MORPHINE SULFATE	100 MG	TABLET ER		LIMITED TO 3 PER DAY
DURAGESIC	FENTANYL	25MCG/HR	PATCH TD72	PT MUST CURRENTLY BE ON ANY CANCER/CHEMO AGENT	LIMITED TO 10 PER MONTH
DURAGESIC	FENTANYL	50MCG/HR	PATCH TD72	PT MUST CURRENTLY BE ON ANY CANCER/CHEMO AGENT	LIMITED TO 10 PER MONTH
DURAGESIC	FENTANYL	75MCG/HR	PATCH TD72	PT MUST CURRENTLY BE ON ANY CANCER/CHEMO AGENT	LIMITED TO 10 PER MONTH
DURAGESIC	FENTANYL	100 MCG/HR	PATCH TD72	PT MUST CURRENTLY BE ON ANY CANCER/CHEMO AGENT	LIMITED TO 10 PER MONTH
DURAGESIC	FENTANYL	12 MCG/HR	PATCH TD72	PT MUST CURRENTLY BE ON ANY CANCER/CHEMO AGENT	LIMITED TO 10 PER MONTH
OXYCODONE- ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	5 MG-500MG	CAPSULE		LIMITED TO 180 PER MONTH

Brand Name	GENERIC NAME	STRENGTH DESC	DOSAGE	STEP THERAPY	QUANTITY LIMITS
OXYCODONE- ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	7.5-325MG	TABLET		LIMITED TO 180 PER MONTH
OXYCODONE HCL- ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	7.5-500MG	TABLET		LIMITED TO 180 PER MONTH
OXYCODONE HCL- ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET		LIMITED TO 180 PER MONTH
OXYCODONE HCL- ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	10MG-650MG	TABLET		LIMITED TO 120 PER MONTH
PERCODAN	OXYCODONE HCL/ASPIRIN	4.8355-325	TABLET		LIMITED TO 120 PER MONTH
ROXICET	OXYCODONE HCL/ACETAMINOPHEN	5-325/5ML	SOLUTION		
ROXICET	OXYCODONE HCL/ACETAMINOPHEN	5MG-325MG	TABLET		LIMITED TO 180 PER MONTH
ROXICET	OXYCODONE HCL/ACETAMINOPHEN	5MG-500MG	TABLET		LIMITED TO 180 PER MONTH
ULTRAM	TRAMADOL HCL	50 MG	TABLET		LIMITED TO 120 PER MONTH
TALWIN NX	PENTAZOCINE HCL/NALOXONE HCL	50MG-0.5MG	TABLET		