



# MANAGED HEALTHCARE NORTHWEST, INC.

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## MHN/CAREMARK COMP OPIOID FORMULARY JANUARY 19, 2012

### Short-Acting Opioids- Precertification required:

- **Prior to increasing dosage above 120 mg MED/day for workers currently receiving less than 120 mg MED/day of short-acting opioids and/or long-acting opioids**
- **Prior to prescribing any increase for workers currently receiving more than 120 mg MED/day of short-acting opioids and/or long-acting opioids**

ACETAMINOPHEN-CODEINE #4	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
ACETAMINOPHEN/CODEINE	INJECTION, MORPHINE SULFATE, PER 10 MG
ACETAMINOPHEN/CODEINE #2	LEVORPHANOL TARTRATE
ACETAMINOPHEN/CODEINE #3	LORCET 10/650
ACETAMINOPHEN/CODEINE #4	LORTAB
ACETAMINOPHEN/HYDROCODONE	LORTAB 2.5
ACETAMINOPHEN/TRAMADOL HY	LORTAB 5
ASCOMP/CODEINE	MAGNACET
ASPIRIN/CODEINE	MEPERIDINE HCL
BALACET 325	MEPERIDINE/PROMETHAZINE
BUTAL/ASA/CAFF/COD	MEPERITAB
BUTALBITAL/ACETAMINOPHEN/	MEPROZINE
BUTALBITAL/APAP/CAFFEINE/	MORPHINE SULFATE
CODEINE SULFATE	NORCO
COMBUNOX	NUCYNTA
DARVOCET A500	OPANA
DARVOCET-N 100	OXYCODONE HCL
DARVOCET-N 50	OXYCODONE/ACETAMINOPHEN
DARVON	OXYCODONE/ASPIRIN
DARVON COMPOUND-65	OXYCODONE/IBUPROFEN
DARVON-N	OXYIR
DEMEROL	OXYMORPHONE HYDROCHLORIDE
DILAUDID	PANLOR DC
DILAUDID-5	PERCOCET
ENDOCET	PERCODAN
ENDODAN	PROPOXACET-N
ETH-OXYDOSE	PROPOXYPHENE HCL
FIORICET/CODEINE	PROPOXYPHENE HCL W/APAP
FIORINAL/CODEINE #3	PROPOXYPHENE N/APAP
HYDROCODONE BITARTRATE/AC	PROPOXYPHENE-N/ACETAMINOP
HYDROCODONE BITARTRATE/AP	PROPOXYPHENE/ACETAMINOPHE
HYDROCODONE/ACETAMINOPHEN	REPREXAIN
HYDROCODONE/IBUPROFEN	ROXICET
HYDROMORPHONE HCL	ROXICODONE
HYDROMORPHONE HCL DOSETTE	RYBIX ODT
INJECTION BUTORPHANOL TARTRATE 1 MG	RYZOLT
INJECTION FENTANYL CITRATE 0.1 MG	SYNALGOS-DC
INJECTION HYDROMORPHONE UP TO 4 MG	TRAMADOL HCL
INJECTION KETOROLAC TROMETHAMINE PER 15 MG	TRAMADOL HYDROCHLORIDE/AC
INJECTION MEPERIDINE HCL PER 100 MG	TYLENOL/CODEINE #3
INJECTION MEPERIDINE&PROMETHAZINE HCL TO 50 MG	TYLENOL/CODEINE #4
INJECTION MORPHINE SULFATE 100 MG	TYLOX
INJECTION MORPHINE SULFATE PER 10 MG	ULTRACET
INJECTION MORPHINE SULFATE UP TO 10 MG	ULTRAM
INJECTION NALBUPHINE HCL PER 10 MG	VICODIN
INJECTION, FENTANYL CITRATE, UP TO 2 ML	VICODIN ES
INJECTION, HYDROMORPHONE, UP TO 4 MG	VICODIN HP
INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	VICOPROFEN
INJECTION, MORPHINE SULFATE, UP TO 10 MG	ZYDONE

**Long-Acting Opioids- Precertification required:**

- **Prior to initiating long-acting opioids**
- **When use of the LOA to treat post-operative pain is expected to exceed 7 days (use of a LAO post-op does not require precertification for the during the initial 7-day post operative period)**
- **Prior to increasing dosage above 120 mg MED/day for workers currently receiving less than 120 mg MED/day of long-acting opioids and/or short-acting opioids**
- **Prior to prescribing any increase for workers currently receiving more than 120 mg MED/day of long-acting and/or short-acting opioids**

AVINZA  
DOLOPHINE  
DURAGESIC  
EMBEDA  
EXALGO  
FENTANYL (TRANSDERMAL)  
KADIAN  
METHADONE HCL  
METHADONE HCL DISKETS  
METHADOSE  
MORPHINE SULFATE CR  
MORPHINE SULFATE ER  
MS CONTIN  
OPANA ER  
ORAMORPH SR  
OXYCODONE HCL ER  
OXYCODONE HCL CR  
OXYCONTIN  
SUBOXONE