

Virginia Department of Medical Assistance Services  
Short Acting & Long Acting Opioids Daily Dose Limits

Below are the daily dose limits on short acting opioids (SAO). Virginia allows a seven (7) day supply maximum. All quantities exceeding a 7 day supply will require a SAO fax form be completed and submitted to <http://www.virginiamedicaidpharmacyservices.com>. Fax forms can be obtained at: <https://www.virginiamedicaidpharmacyservices.com/asp/authorizations.asp>

Brand Name	Daily Dose limit	Brand Name	Daily Dose limit	Brand Name	Daily Dose limit
<b>APAP /CODEINE</b>		<b>HYDROCODONE/ APAP SOLUTION</b>		Morphine sulfate 20 mg supp	4.5
APAP-Codeine 120-12mg; 300-12mg sol	150 ml	Hydrocodone-APAP 2.5, 5, 7.25-325/15ml	180 ml	Morphine sulfate 20 mg/ml syringe	4.5
APAP-Codeine 300mg/15, 30 , 60 mg	10	Hydrocodone-APAP 10-325mg/15ml solution	135 ml	Morphine sulfate 30 mg supp & tab	3
<b>CODEINE</b>		Zamiset® 10-325/15 solution	135 ml	<b>OXYCODONE</b>	
Codeine Sulfate 15 mg	24	Hydrocodone-APAP mg 2.5-167mg /5ml	120 ml	Oxycodone HCL 5 mg/5 ml solution	60
Codeine Sulfate 30 mg	12	<b>HYDROCODONE/ APAP TABLET</b>		Oxycodone HCL 5 mg cap & tablet	12
Codeine Sulfate 60 mg	6	Hydrocodone-APAP mg 2.5mg / 325mg	12	Oxycodone HCL 10 mg tablet	6
<b>FENTANYL</b>		Hydrocodone-APAP 5 mg/ 325 mg	12	Oxycodone HCL 15 mg tablet	4
Subsys® 100mcg/spray	4	Hydrocodone-APAP 7.5/325 & 7.5/300	12	Oxycodone HCL 10mg/0.5ml syringe	3
Subsys® 200 mcg spray	3.6	Hydrocodone-APAP 10/300 mg, 10/325 mg	9	Oxycodone HCL 20 mg tablet	3
Subsys® 400 mcg spray	1.8	<b>HYDROCODONE/IBUPROFEN</b>		Oxycodone HCL 20 mg/ml oral conc	3
Subsys® 600 mcg spray	1.2	Hydrocodone-Ibuprofen 2.5, 5, 7.5 & 10mg - 200mg	5	Oxycodone HCL 30 mg tablet	2
Subsys® 800 mcg spray	0.9	<b>HYDROMORPHONE</b>		<b>OXYCODONE-APAP OR ASA</b>	
Subsys® 1200 mcg spray	0.6	Dilaudid® 1 mg/ml liquid	22.5	Oxycodone-APAP 5-325 solution	60 ml
Subsys® 1600 mcg spray	0.45	Dilaudid® 2 mg tablet	11.2	Oxycodone-APAP 2.5 & 5-325mg	12
<b>FENTANYL CITRATE</b>		Dilaudid® 4 mg tablet	5.6	Primlev™ 5mg-300 mg	12
Abstral® 100 mcg tab subl	4	Hydromorphone HCL 3 mg supp	4	Oxycodone HCL-Aspirin 4.8/325 mg	12
Abstral® 200 mcg SL tablet	3.6	Dilaudid® 8 mg tablet	2.8	Oxycodone-APAP 7.5-325	8
Abstral® 300 mcg SL tablet	2.4	<b>LEVORPHANOL</b>		Primlev™ 7.5mg-300 mg	8
Abstral® 400 mcg SL tablet	1.8	Levorphanol Tartrate 2 mg	4	Oxycodone-APAP 10-325	6
Abstral® 600 mcg SL tablet	1.2	<b>MEPERIDINE</b>		Primlev™ 10 mg-300 mg	6
Abstral® 800 mcg SL tablet	0.9	Meperidine HCL 50 mg/5 ml	90 ml	<b>OXYMORPHONE</b>	
Fentora 100 mcg tablet eff	7.2	Meperidine HCL 50 mg	18	Oxymorphone HCL 5 mg	6
Fentora® 200 mcg tablet eff	3.6	Meperidine HCL 100 mg	9	Oxymorphone HCL 10 mg	3
Fentora® 400 mcg tablet eff	1.8	<b>MORPHINE</b>		<b>Pentazocine-Naloxone 50mg-0.5mg</b>	4.9
Fentora® 600 mcg tablet eff	1.2	Morphine Sulfate 10 mg/5 ml solution	45	<b>TAPENTADOL</b>	
Fentora® 800 mcg tablet eff	0.9	Morphine Sulfate 20 mg/5 ml solution	22.5	Nucynta® 50 mg	4.5
Lazanda 100mcg/ spray /pump	4	Morphine Sulfate 5 mg supp	18	Nucynta® 75 mg	3
Lazanda® 300mcg/spray/pump	2.4	Morphine Sulfate 10 mg supp	9	Nucynta® 100 mg	2.25
Lazanda® 400mcg/spray/pump	1.8	Morphine Sulfate 15 mg tablet	6	<b>TRAMADOL</b>	
		Morphine sulfate 100 mg/5ml	4.5	Tramadol 50 mg	8
		Morphine sulfate 10mg/0.5ml syringe	4.5	Tramadol-APAP 37.5-325	8

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Below are the daily dose limits for long acting opioids (LAO). Doses above these limits will require for a LAO fax form be completed and submitted to <http://www.virginiamedicaidpharmacyservices.com>. Fax forms can be obtained at: <https://www.virginiamedicaidpharmacyservices.com/asp/authorizations.asp>

Brand Name	Daily Dose Limit	Brand Name	Daily Dose Limit
<b>BUPRENORPHINE</b>		Morphine Sulfate ER 50-75 mg (all dosage forms)	2
Belbuca™ 75 mcg	6	Morphine Sulfate ER over 80 mg (all dosage forms)	1
Belbuca™ 150 mcg	4	<b>MORPHINE SULFATE/NALTREXONE</b>	
Belbuca™ 300 & 600 mcg	3	Embeda® (all strengths)	2
Belbuca™ 450, 750 & 900 mcg	2	<b>OXYCODONE HCL</b>	
Butrans® 5, 7.5 & 10 mcg/hr TDWK	2/week	Oxycodone HCL ER 10 mg	6
Butrans® 15 & 20 mcg/hr TDWK	1/week	Oxycodone HCL ER 15 mg	5
<b>FENTANYL</b>		Oxycodone HCL ER 20 mg	4
Fentanyl 12, 25, & 37 mcg/hr TD72	0.333 patches	Oxycodone HCL ER 30 mg	3
Fentanyl 50, 62.5, 75, 87.5 & 100 mcg/hr TD72	0.333 patches	Oxycodone HCL ER 40 mg	2
<b>HYDROCODONE BITARTRATE</b>		Oxycodone HCL ER 60 & 80 mg	2
Hysingla® ER 20 mg	3	Xtampza ER 9 mg	6
Hysingla® ER 30 mg	2	Xtampza ER 13.5 mg	5
Hysingla® ER 40, 60, 80, 100, 120 mg	1	Xtampza ER 18 mg	4
Zohydro® ER 10 mg	6	Xtampza ER 27 mg	3
Zohydro® ER 15 mg	4	Xtampza ER 36 mg	2
Zohydro® ER 20 mg	3	<b>OXYCODONE &amp; APAP</b>	
Zohydro® ER 30, 40 & 50 mg	2	Xartemis® XR 7.5-325 mg	12
<b>HYDROMORPHONE HCL</b>		<b>OXYMORPHONE HCL</b>	
Hydromorphone ER 8 mg (Exalgo) 24 H	3	Oxymorphone HCL ER & Opana® ER 5 mg	6
Hydromorphone ER 12 mg (Exalgo) 24 H	2	Oxymorphone HCL ER & Opana® ER 10, 7.5 mg	4
Hydromorphone ER 16 & 32 mg (Exalgo) 24 H	1	Oxymorphone HCL ER & Opana® ER 15 mg	3
<b>METHADONE HCL</b>		Oxymorphone HCL ER & Opana® ER 20, 30, 40 mg	2
Methadose 10 mg/ml Oral Conc	4 ml	<b>TAPENTADOL HCL</b>	
Methadone HCL 10 mg/5 ml	15 ml	Nucynta® ER 50 mg	4
Methadone HCL 5 mg/5 ml	40 ml	Nucynta® ER 100 mg	3
Methadone HCL 5 mg & 10 mg Tab	6	Nucynta® ER 150, 200 & 250 mg	2
Methadose 40 mg Dispersible Tablet	3	<b>TRAMADOL HCL</b>	
<b>MORPHINE SULFATE</b> dosage forms (Cpmp 24hr, Cap Mphase, Cap ER Pel, Tab SA)		Tramadol HCL ER 200 & 300 mg	3
Morphine Sulfate ER 10 mg	6	Tramadol HCL ER 100 mg	1
Morphine Sulfate ER 15 mg	4		
Morphine Sulfate ER 30-45 mg (all dosage forms)	3		