

Common alternatives to opioid medications to treat pain

This list describes our prescription plan coverage for common medications that are alternatives to opioids for pain, including quantity limits and prior authorization requirements. Most of these medications have no opiate components or addictive potential.

Authorization resources

To request prior authorization, a formulary exception for a non-covered medication, or an exception to the quantity limit noted, please submit the appropriate form.

- **Commercial plans:** [Massachusetts Standard Form for Medication Prior Authorization Requests \(eForm\)](#)
- **Medicare Advantage plans:** [Medicare Part D Coverage Determination Request Form](#)

For more information, see our [prior authorization page](#).

Medication Look-up

To find a medication on our formularies, you can also use our medication look-up tools.

- **Commercial plans:** [Medication Look-Up](#)
- **Medicare Advantage plans:** [MAPD Medication Look-Up](#)

Commercial					Medicare Advantage			
Medication	Tier: 3-tier benefit ¹	Quantity limit ²	Prior authorization required?	Notes	Tier: 5-tier benefit ³	Quantity limit ²	Prior authorization required?	Notes
Butrans Patch	2	4 patches/prescription	Y	Refer to Medical Policy #102 Opioid and Opioid Combination Medication Management for coverage requirements	Non-covered	N	N ⁵	Formulary exception required
Diclofenac topical gel 1%	1	500 gm	N	Generic for Voltaren	2	N	N	Diclofenac topical gel 1%
Duloxetine 20mg, 60mg	1	60 capsules/prescription	N	Generic for Cymbalta	2	N	N	
Duloxetine 30mg	1	30 capsules/prescription	N	Generic for Cymbalta	2	N	N	

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Commercial					Medicare Advantage			
Medication	Tier: 3-tier benefit ¹	Quantity limit ²	Prior authorization required?	Notes	Tier: 5-tier benefit ³	Quantity limit ²	Prior authorization required?	Notes
Gabapentin	1	None	N	Generic for Neurontin	1	N	N	
Lidocaine 5% patches	1	90 patches/prescription	N	4% available OTC	2	N	Y	Medicare does not cover off-label uses
Lidoderm 5% patches	Non-covered	90 patches/prescription	N	4% available OTC Formulary exception required	Non-covered	N	N	Formulary exception required Medicare does not cover off-label uses
Nortriptyline	1	None	N	Generic for Pamelor	2	N	N	
Nucynta	Non-covered	60/prescription	Y	Refer to Medical Policy #102 Opioid and Opioid Combination Medication Management for coverage requirements.	Non-covered	N	N ⁵	Formulary exception required

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Medication	Tier: 3-tier benefit ¹	Quantity limit ²	Prior authorization required?	Notes	Tier: 5-tier benefit ³	Quantity limit ²	Prior authorization required?	Notes
Tramadol IR	1	None	N	Generic for Ultram	2	N	N ⁵	
Tramadol ER tablets	2	None	N	Generic for Ultram	2	N	N ⁵	

Medication footnotes

- ¹. Most members have a 3-tier benefit, but some may have additional tiers for their plan.
- ². To cover a quantity that's greater than what we list, you need to request prior authorization (quality care dosing override). For more details, see [Medical Policy #727 Quality Care Dosing Guidelines](#).
- ³. Most members have a 5-tier benefit, but some employer groups offer a 3-tier benefit.
- ⁴. Benefit exclusion means our members do not have any prescription plan coverage for this medication, and we do not make exceptions.
- ⁵. This medication requires prior authorization for quantities exceeding an accumulated morphine equivalent dose of 200 mg per day.