

# Opioids Included in the Prescription Fill Limit

Effective for dates of service (DOS) on and after January 1, 2011, opioids are limited to five prescription fills a month.

*Note:* This table includes Wisconsin Medicaid's most current information and may be updated periodically.

Opioid Drug	Effective Date
alfentanil	01/01/2011
buprenorphine*	01/01/2011
butorphanol	01/01/2011
codeine*	01/01/2011
dezocine	01/01/2011
dihydrocodeine	01/01/2011
fentanyl	01/01/2011
hydrocodone*	01/01/2011
hydromorphone	01/01/2011
levomethadyl	01/01/2011
levorphanol	01/01/2011
meperidine	01/01/2011
methadone*	01/01/2011
morphine	01/01/2011
nalbuphine	01/01/2011
opium	01/01/2011
oxycodone	01/01/2011
oxymorphone	01/01/2011
pentazocine	01/01/2011
remifentanil	01/01/2011
sufentanil	01/01/2011
tapentadol	01/01/2011
tramadol	01/01/2011

\* The following are exemptions to the five prescription monthly fill limit:

- Suboxone film and tablet.
- Buprenorphine tablet.
- Methadone solution.
- Opioid antitussive liquid.