Opioids ER Prior Authorization with Quantity Limit Program Summary

Xtampza is preferred over OxyContin.

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
05-01-2024	07-01-2018

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Belbuca® (buprenorphine) Buccal film	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		5
Butrans® (buprenorphine) Transdermal patch*	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*generic available	6
Conzip®, Tramadol	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.		7,19

Agent(s)	FDA Indication(s)	Notes	Ref#
Sustained Release Capsule Extended Release Tablet	Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
fentanyl Transdermal patch*	Management of pain in opioid tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*generic available	10
hydromorphone Extended-Release Tablet*	Management of pain in opioid tolerant patients severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	* generic available	9
Hysingla ER® (hydrocodone Extended-Release) Tablet*	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not	*generic available	11

Agent(s)	FDA Indication(s)	Notes	Ref#
	tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		
Morphine Sulfate Extended-Release Capsule*	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*generic available	12,14
MS Contin® (morphine sulfate Extended-Release) Tablet*	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.	*generic available	15
Nucynta ER® (tapentadol Extended-Release) Tablet	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) in adults severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve tapentadol ER for use in patients for whom alternative treatment options (e.g., nonopioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.		16

Agent(s)	FDA Indication(s)	Notes	Ref#
	• Product is not indicated as an as-needed (prn) analgesic.		
Oxycontin®, Oxycodone Extended-Release Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		17
Oxymorphone Extended-Release Tablet	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		18
Xtampza ER® (oxycodone Extended-Release) Capsule	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use: • Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		20
Hydrocodone Extended-Release Abuse Deterrent Capsule	Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use:		21

Agent(s)	FDA Indication(s)	Notes	Ref#
	• Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve product for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. • Product is not indicated as an as-needed (prn) analgesic.		

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Chronic Pain	The Centers for Disease Control and Prevention (CDC) guidelines define acute pain as pain with abrupt onset and caused by an injury or other process that is not ongoing. Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.(1) Use of tramadol or codeine containing products in pediatric patients has caused life-threatening respiratory depression, with some of the reported cases occurring post-tonsillectomy and/or adenoidectomy. Ultra-rapid metabolizers are at increased risk of life-threatening respiratory depression due to a CYP2D6 polymorphism. Use in children under 12 years of age is contraindicated for these products, and for those between the ages of 12 and 18 years when used for post-operative pain management following tonsillectomy and/or adenoidectomy.(3) The CDC defines chronic pain as pain that continues or is expected to continue more than three months or past the time of normal tissue healing. When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids. The FDA modified labeling of ER/LA opioids, indicating they should be reserved for management of severe, continuous pain requiring daily, around-the-clock, long term opioid treatment. The CDC indicates ER/LA opioids should be reserved for severe, continuous pain and should be considered only for patients who have received immediate-release opioids daily for at least 1 week. Assessment should be done to determine if continued opioid therapy is needed.(1) The American Society of Interventional Pain Physicians (ASIPP) 2017 Guideline for Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain states that there is similar effectiveness for long and short-acting opioids, with increased adverse consequences of long-acting opioids. Long-acting agents should only be used in the management of severe, intractable pain. The guidelines recommend the following for the treatment of chronic non-cancer pain:(2) • Initiating therapy with an opioid: ○ Complete a comprehensive assessment and document comprehensive history, general medical condition, psychosocial history, psychiatric status, and substance use history

	○ Screen for opioid abuse, utilize prescription drug monitoring programs (PDMPs), and utilize urine drug testing (UDT) to identify opioid abusers, reduce opioid abuse, and potentially reduce doctor shopping. Utilize at initiation of therapy and to monitor adherence ○ Establish appropriate physical and psychological diagnoses prior to initiating therapy ○ Complete a pain management consultation, for non-pain physicians, if use of chronic opioids is planned or in patients where the total daily dose will exceed the recommended CDC morphine equivalent therapy ○ Establish medical necessity prior to initiation or maintenance of opioid therapy based on average, moderate, or severe (greater than or equal to 4 on a scale of 0-10) pain and/or disability ○ Establish treatment goals of opioid therapy with regard to pain relief and improvement in function ○ Obtain a robust agreement prior to initiating and maintaining opioid therapy. Agreements reduce over-use, misuse, abuse, and diversion • Assessing improvement: ○ Assess improvement based on analgesia, activity, aberrant behavior, and adverse effects. Clinicians should document at least a 30% improvement in pain or disability without adverse consequences ○ Therapy must be started with short-acting opioids and should be maintained with lowest effective doses ○ Evidence of effectiveness is similar for long-acting and short-acting opioids with increased prevalence of adverse consequences of long-acting opioids ○ Long-acting opioids in high doses are recommended only in specific circumstances with severe intractable pain that is not amenable to short-acting opioids or moderate doses of long-acting opioids ○ Low dose should be considered up to 40 MME, 41-90 MME should be considered moderate dose, and greater than 91 morphine milligram equivalents (MME) as high dose ○ Long-acting opioids should not be utilized for initial opioid therapy ○ Monitor adherence via UDT and PDMP to identify patients who are non-compliant or abusing prescription or illicit drugs ○ Chronic opioid therapy may be continued, with continuous adherence monitoring, and modified in conjunction with or after failure of other modalities of treatments. The 2022 CDC guidelines for Prescribing Opioids for Pain recommend the following for prescribing opioids for acute, subacute, and chronic pain:(1) • When to initiate or continue opioids for chronic pain: ○ Clinicians should maximize use of non-pharmacologic and non-opioid pharmacologic therapies prior to initiating opioid therapy as appropriate for the specific condition and patient ○ Clinicians should consider opioids only if expected benefits for both pain and function are anticipated to outweigh risks to the patients ○ Clinicians should establish treatment goals with all patients prior to starting opioid therapy for chronic pain. Goals should include realistic goals for pain and function, and how to discontinue therapy if benefits do not outweigh the risks. Clinicians should only continue therapy with opioids if there is clinically meaningful improvement in pain and function that outweigh the risks to patient safety ○ Clinicians should discuss the risks and realistic benefits of opioid therapy prior to starting and periodically during therapy • Opioid selection, dosage, duration, follow-up, and discontinuation: ○ Clinicians should prescribe immediate release opioids instead of extended release/long-acting opioids when starting opioid therapy for acute, subacute, or chronic pain

	○ The lowest effective dose should be prescribed when opioids are started. Clinicians should use caution when prescribing opioids, should reassess evidence of benefits and risks when increasing doses to greater than or equal to 50 MME/day, as many patients do not experience benefit in pain or function when doses are increased beyond 50 MME/day. Exposure to doses over 50 MME/day put patients at increased risk of harm, including opioid misuse ○ Opioids for acute pain should be prescribed at the lowest effective dose of immediate release opioids and should be prescribed at a quantity no greater than necessary for the expected duration of pain. Benefits and risks should be evaluated at least every 2 weeks if patients after initiating opioid therapy, and if opioid use is required beyond 1 month, clinicians should ensure reversible causes of pain are addressed and that opioid prescribing for acute pain does not become long-term opioid therapy simply due to lack of appropriate reassessment ○ Benefits and risks should be evaluated within 1 to 4 weeks after starting opioid therapy for subacute or chronic pain or of dose escalations. Benefits and risks of continued therapy should be evaluated every 3 months or more frequently ○ Clinicians should re-evaluate patients at higher risk for opioid use disorder (e.g., patients with mental health conditions or depression, patients with a history of substance abuse, history of overdose, taking more than 50 MME/day, or taking other central nervous system depressants with opioids) more frequently than every 3 months • Assessing Risk and addressing Harms of Opioid use: ○ Clinicians should incorporate into the management plan strategies to mitigate risk, including offering naloxone when there is increased risk of opioid overdose, such as history of overdose, history of substance abuse disorder, higher opioid dosages (greater than or equal to 50 MME/day), or concurrent benzodiazepine use ○ When initiating opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for subacute or chronic pain, clinicians should review a patient's history of controlled substance prescriptions using the states prescription drug monitoring program (PDMP) data to determine if the patient is receiving opioid dosages or dangerous combinations that put the patient at high risk for overdose. ○ Clinicians should consider the benefits and risks of toxicology testing when prescribing opioids for subacute or chronic pain ○ Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible The CDC guideline for opioid prescribing note that patients with cancer, sickle cell disease, and patients receiving palliative or end of life care are exempt from these recommendations. The guideline also states that although identification of an opioid use disorder can alter the expected benefits and risks of opioid therapy for pain, patients with co-occurring pain and substance use disorder require ongoing pain management that maximizes benefits relative to risks. Clinicians should continue to use non-pharmacologic and non-opioid pharmacologic pain treatments as appropriate and consider consulting a pain specialist as needed to provide optimal pain management.(1)
Safety	The concurrent use of opioid agonists with buprenorphine or buprenorphine/naloxone should be avoided. Such concurrent use may reduce analgesic effect and/or may precipitate withdrawal symptoms.(5-7, 9-12, 14-21) All agents contain the following boxed warnings:(5-7, 9-12, 14-21)

	• Addiction, Abuse, and Misuse: Product exposes patients and other users to the risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk prior to prescribing product and monitor all patients regularly for the development of these behaviors and conditions • Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS): To ensure that the benefits of opioid analgesics outweigh the risks of addiction, abuse, and misuse, the Food and Drug Administration (FDA) has required a REMS for these products. Under the requirements of the REMS, drug companies with approved opioid analgesic products must make REMS-compliant education programs available to healthcare providers. Healthcare providers are strongly encouraged to: o complete a REMS-compliant education program, o counsel patients and/or their caregivers, with every prescription, on safe use, serious risks, storage, and disposal of these products, o emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist, and o consider other tools to improve patient, household, and community safety. • Life-Threatening Respiratory Depression: Serious, life-threatening, or fatal respiratory depression may occur with use of product. Monitor for respiratory depression, especially during initiation of product or following a dose increase o Oral products: Instruct patients to swallow product whole (for some capsules, contents may be sprinkled on applesauce and swallowed immediately without chewing); crushing, chewing, or dissolving product can cause rapid release and absorption of a potentially fatal dose of product o Belbuca, Butrans: Misuse or abuse of Belbuca by chewing, swallowing, snorting, or injecting buprenorphine extracted from the film/patch will result in uncontrolled delivery of buprenorphine and pose a significant risk of overdose and death o Fentanyl transdermal patches: Due to risk of respiratory depression, patches are contraindicated for use as an as-needed analgesic, in non-opioid tolerant patients, in acute pain, and in postoperative pain • Accidental Ingestion/Exposure: Accidental ingestion/exposure of even one dose of product, especially by children, can result in a fatal overdose of product o Fentanyl products also note deaths due to an overdose have occurred when children and adults were accidentally exposed. Strict adherence to the recommended handling and disposal instructions is of the utmost importance to prevent accidental exposure • Neonatal Opioid Withdrawal Syndrome: Prolonged use of product during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated, and requires management according to protocols developed by neonatology experts. If opioid use is required for a prolonged period in a pregnant woman, advise the patient of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available • Risks From Concomitant Use With Benzodiazepines Or Other CNS Depressants: Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death: o Reserve concomitant prescribing of product and benzodiazepines or other CNS depressants for use in patients for whom alternative treatment options are inadequate. o Limit dosages and durations to the minimum required. o Follow patients for signs and symptoms of respiratory depression and sedation. Tramadol products contain the following additional boxed warnings:(7,19)

	• Ultra-Rapid Metabolism Of Tramadol And Other Risk Factors For Life-Threatening Respiratory Depression In Children: Life-threatening respiratory depression and death have occurred in children who received tramadol. Some of the reported cases occurred following tonsillectomy and/or adenoidectomy, and at least one case, the child had evidence of being an ultra-rapid metabolizer of tramadol due to a CYP2D6 polymorphism. Tramadol is contraindicated in children younger than 12 years of age and in children younger than 18 years of age following tonsillectomy and/or adenoidectomy. Avoid the use of tramadol in adolescents 12 to 18 years of age who have other risk factors that may increase their sensitivity to the respiratory depressant effects of tramadol • Interactions with Drugs Affecting Cytochrome P450 Isoenzymes: The effects of concomitant use or discontinuation of cytochrome P450 3A4 inducers, 3A4 inhibitors, or 2D6 inhibitors with tramadol are complex. Use of cytochrome P450 3A4 inducers, 3A4 inhibitors, or 2D6 inhibitors with tramadol requires careful consideration of the effects on the parent drug, tramadol, and the active metabolite, M1 Fentanyl products contain the following additional boxed warnings:(10) • Cytochrome P450 3A4 Interaction: The concomitant use of fentanyl with all cytochrome P450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression. In addition, discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in fentanyl plasma concentration. Monitor patients receiving fentanyl and any CYP3A4 inhibitor or inducer • Risk of Increased Fentanyl Absorption with Application of External Heat: Exposure of the fentanyl application site and surrounding area to direct external heat sources, such as heating pads or electric blankets, heat or tanning lamps, sunbathing, hot baths, saunas, hot tubs, and heated water beds may increase fentanyl absorption and has resulted in fatal overdose of fentanyl. Warn patients to avoid exposing the application site and surrounding area to direct external heat sources Oxycodone and hydrocodone products contain the following additional boxed warning:(11,17,20,21) • Cytochrome P450 3A4 Interaction: The concomitant use of oxycodone/hydrocodone with all cytochrome P450 3A4 inhibitors may result in an increase in oxycodone/hydrocodone plasma concentrations, which could increase or prolong adverse drug effects and may cause potentially fatal respiratory depression. In addition, discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in oxycodone/hydrocodone plasma concentration. Monitor patients receiving oxycodone/hydrocodone and any CYP3A4 inhibitor or inducer Oxymorphone, Morphine sulfate ER capsules, Nucynta contain the following additional boxed warning:(12,14,15,16,18) • Interaction with Alcohol: Instruct patients not to consume alcoholic beverages or use prescription or non-prescription products that contain alcohol while

	taking product. The co-ingestion of alcohol with product may result in increased plasma levels and a potentially fatal overdose Morphine ER products have the following contraindications for use:(12,14,15) • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Concurrent use of monoamine oxidase inhibitors (MAOIs) or use within 14 days • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity to morphine Buprenorphine products have the following contraindications for use:(5,6) • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity (e.g., anaphylaxis) to buprenorphine Tramadol products have the following contraindications for use:(7,19) • Hypersensitivity to tramadol • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • All children younger than 12 years of age • Post-operative pain management in children younger than 18 years of age following tonsillectomy and/or adenoidectomy • Concurrent use of monoamine oxidase inhibitors (MAOIs) or use of MAOIs within the last 14 days • Known or suspected gastrointestinal obstruction, including paralytic ileus Fentanyl products have the following contraindications for use:(10) • Opioid non-tolerant patients • Acute or intermittent pain, postoperative pain, mild pain • Known or suspected GI obstruction, including paralytic ileus • Known hypersensitivity to fentanyl or any of the components of the transdermal system • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment Hydromorphone ER has the following contraindications for use:(9) • Opioid non-tolerant patients. • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus

	• Surgical procedures and/or underlying disease resulting in narrowing of the gastrointestinal tract, or have "blind loops" of the gastrointestinal tract or gastrointestinal obstruction • Hypersensitivity (e.g., anaphylaxis) to hydromorphone or sulfite-containing medications Hydrocodone ER products have the following contraindications for use:(11,21) • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity to any component or hydrocodone bitartrate Nucynta ER has the following contraindications for use:(16) • Acute or severe bronchial asthma • Known or suspected paralytic ileus • Hypersensitivity to tapentadol or to any other ingredients of the product • Concurrent use of monoamine oxidase inhibitors (MAOI) or use within the last 14 days Oxycodone ER products have the following contraindications for use:(17,20) • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Hypersensitivity (e.g., anaphylaxis) to oxycodone Oxymorphone ER products have the following contraindications for use:(18) • Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment • Known or suspected gastrointestinal obstruction, including paralytic ileus • Moderate and severe hepatic impairment • Hypersensitivity (e.g., anaphylaxis) to oxymorphone, any other ingredients in oxymorphone ER

REFERENCES

Number	Reference
1	Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr.rr7103a1
2	Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) guidelines. Pain Physician 2017;20:S3-S92.

Number	Reference
3	FDA Drug Safety Communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. April 2017.
4	Reference no longer used.
5	Belbuca prescribing information. BioDelivery Sciences International Inc, June 2022.
6	Butrans prescribing information. Purdue Pharma LP. June 2022.
7	Conzip prescribing information. Vertical Pharmaceuticals Inc. September 2021.
8	Reference No longer used.
9	Hydromorphone ER prescribing information. Ascent Pharmaceuticals, Inc. September 2020.
10	Fentanyl patch prescribing information. SpecGx, LLC. May 2023.
11	Hysingla ER prescribing information. Purdue Pharma LP. March 2021.
12	Morphine sulfate ER capsule prescribing information. Upsher-Smith Laboratories, LLC. September 2023.
13	Reference no longer used.
14	Morphine sulfate ER prescribing information. Actavis Pharma, Inc. August 2021.
15	MS Contin prescribing information. Rhodes Pharmaceuticals L.P. May 2023.
16	Nucynta ER prescribing information. Janssen Pharmaceuticals Inc. March 2021.
17	OxyContin prescribing information. Purdue Pharma L.P. October 2021.
18	Oxymorphone prescribing information. Amneal Pharmaceuticals LLC. June 2022.
19	Tramadol ER prescribing information. Sun Pharmaceuticals Industries, Inc. June 2023.
20	Xtampza prescribing information. Collegium Pharmaceuticals, Inc. March 2021.
21	Zohydro ER prescribing information. Alvogen Inc. March 2021.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	M ; N ; O ; Y	N		
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	M ; N ; O ; Y	O ; Y		
	fentanyl td patch	100 MCG/HR ; 12 MCG/HR ; 25 MCG/HR ; 37.5 MCG/HR ; 50 MCG/HR ; 62.5 MCG/HR ; 75 MCG/HR ; 87.5 MCG/HR	M ; N ; O ; Y	Y		
	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	M ; N ; O ; Y	N		
Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG	M ; N ; O ; Y	O ; Y		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
		; 60 MG ; 80 MG				
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	M ; N ; O ; Y	Y		
	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	M ; N ; O ; Y	N		
Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	M ; N ; O ; Y	O ; Y		
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	M ; N ; O ; Y	N		
Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	M ; N ; O ; Y	M ; N		
	oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	M ; N ; O ; Y	N		
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	M ; N ; O ; Y	N		
Conzip	tramadol hcl cap er	100 MG ; 200 MG ; 300 MG	M ; N ; O ; Y	M		
	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	M ; N ; O ; Y	N ; Y		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Fentanyl TD Patch 72HR 100 MCG/HR	100 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 12 MCG/HR	12 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 25 MCG/HR	25 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 37.5 MCG/HR	37.5 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 50 MCG/HR	50 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 62.5 MCG/HR	62.5 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 75 MCG/HR	75 MCG/HR	15	Patches	30	DAYS			
	Fentanyl TD Patch 72HR 87.5 MCG/HR	87.5 MCG/HR	15	Patches	30	DAYS			
	Hydrocodone Bitartrate Cap ER	10 MG	60	Capsules	30	DAYS			
	Hydrocodone Bitartrate Cap ER	15 MG	60	Capsules	30	DAYS			
	Hydrocodone Bitartrate Cap ER	20 MG	60	Capsules	30	DAYS			
	Hydrocodone Bitartrate Cap ER	30 MG	60	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Hydrocodone Bitartrate Cap ER	40 MG	60	Capsules	30	DAYS			
	Hydrocodone Bitartrate Cap ER	50 MG	60	Capsules	30	DAYS			
	Hydromorphone HCl Tab ER	8 MG	30	Tablets	30	DAYS			
	Hydromorphone HCl Tab ER	12 MG	30	Tablets	30	DAYS			
	Hydromorphone HCl Tab ER	16 MG	30	Tablets	30	DAYS			
	Hydromorphone HCl Tab ER	32 MG	30	Tablets	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 120 MG	120 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 30 MG	30 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 45 MG	45 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 60 MG	60 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 75 MG	75 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Beads Cap ER 24HR 90 MG	90 MG	30	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 10 MG	10 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 100 MG	100 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 20 MG	20 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 30 MG	30 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 40 MG		60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 50 MG	50 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 60 MG	60 MG	60	Capsules	30	DAYS			
	Morphine Sulfate Cap ER 24HR 80 MG	80 MG	60	Capsules	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 10 MG	10 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 15 MG	15 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 20 MG	20 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 30 MG	30 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 40 MG	40 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 5 MG	5 MG	60	Tablets	30	DAYS			
	Oxymorphone HCl Tab ER 12HR 7.5 MG	7.5 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Tramadol HCl Tab ER 24HR 100 MG	100 MG	30	Tablets	30	DAYS			
	Tramadol HCl Tab ER 24HR 200 MG	200 MG	30	Tablets	30	DAYS			
	Tramadol HCl Tab ER 24HR 300 MG	300 MG	30	Tablets	30	DAYS			
	Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	100 MG	30	Tablets	30	DAYS			
	Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	200 MG	30	Tablets	30	DAYS			
	Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	300 MG	30	Tablets	30	DAYS			
Belbuca	Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)	150 MCG	60	Films	30	DAY			
Belbuca	Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)	300 MCG	60	Films	30	DAY			
Belbuca	Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)	450 MCG	60	Films	30	DAY			
Belbuca	Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)	600 MCG	60	Films	30	DAYS			
Belbuca	Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)	75 MCG	60	Films	30	DAYS			
Belbuca	Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)	750 MCG	60	Films	30	DAYS			
Belbuca	Buprenorphine HCl Buccal Film 900 MCG (Base Equivalent)	900 MCG	60	Films	30	DAYS			
Butrans	Buprenorphine TD Patch Weekly 10 MCG/HR	10 MCG/HR	4	Systems	28	DAYS			
Butrans	Buprenorphine TD Patch Weekly 15 MCG/HR	15 MCG/HR	4	Systems	28	DAYS			
Butrans	Buprenorphine TD Patch Weekly 20 MCG/HR	20 MCG/HR	4	Systems	28	DAYS			
Butrans	Buprenorphine TD Patch Weekly 5 MCG/HR	5 MCG/HR	30	Systems	30	DAYS			
Butrans	Buprenorphine TD Patch Weekly 7.5 MCG/HR	7.5 MCG/HR	4	System	28	DAY			
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 100 MG	100 MG	30	Capsules	30	DAYS			
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 200 MG	200 MG	30	Capsules	30	DAYS			
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 300 MG	300 MG	30	Capsules	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG	100 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	120 MG	30	Tablets	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG	20 MG	30	Tablets	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG	30 MG	30	Tablets	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG	40 MG	30	Tablets	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG	60 MG	30	Tablets	30	DAYS			
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG	80 MG	30	Tablets	30	DAYS			
Ms contin	Morphine Sulfate Tab ER 100 MG	100 MG	90	Tablets	30	DAYS			
Ms contin	Morphine Sulfate Tab ER 15 MG	15 MG	90	Tablets	30	DAYS			
Ms contin	Morphine Sulfate Tab ER 200 MG	200 MG	90	Tablets	30	DAYS			
Ms contin	Morphine Sulfate Tab ER 30 MG	30 MG	90	Tablets	30	DAYS			
Ms contin	Morphine Sulfate Tab ER 60 MG	60 MG	90	Tablets	30	DAYS			
Nucynta er	Tapentadol HCl Tab ER 12HR 100 MG	100 MG	60	Tablets	30	DAYS			
Nucynta er	Tapentadol HCl Tab ER 12HR 150 MG	150 MG	60	Tablets	30	DAYS			
Nucynta er	Tapentadol HCl Tab ER 12HR 200 MG	200 MG	60	Tablets	30	DAYS			
Nucynta er	Tapentadol HCl Tab ER 12HR 250 MG	250 MG	60	Tablets	30	DAYS			
Nucynta er	Tapentadol HCl Tab ER 12HR 50 MG	50 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 10 MG	10 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 15 MG	15 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 20 MG	20 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 30 MG	30 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 40 MG	40 MG	60	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 60 MG	60 MG	120	Tablets	30	DAYS			
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 80 MG	80 MG	120	Tablets	30	DAYS			
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 13.5 MG	13.5 MG	60	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG	18 MG	60	Capsules	30	DAYS			
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG	27 MG	60	Capsules	30	DAYS			
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	36 MG	240	Capsules	30	DAYS			
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 9 MG	9 MG	60	Capsules	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	fentanyl td patch	100 MCG/HR ; 12 MCG/HR ; 25 MCG/HR ; 37.5 MCG/HR ; 50 MCG/HR ; 62.5 MCG/HR ; 75 MCG/HR ; 87.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Conzip	tramadol hcl cap er	100 MG ; 200 MG ; 300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Fentanyl TD Patch 72HR 100 MCG/HR	100 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 12 MCG/HR	12 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 25 MCG/HR	25 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 37.5 MCG/HR	37.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 50 MCG/HR	50 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 62.5 MCG/HR	62.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 75 MCG/HR	75 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Fentanyl TD Patch 72HR 87.5 MCG/HR	87.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	50 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	40 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	20 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydrocodone Bitartrate Cap ER	15 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydromorphone HCl Tab ER	32 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydromorphone HCl Tab ER	8 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydromorphone HCl Tab ER	12 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Hydromorphone HCl Tab ER	16 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 120 MG	120 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 45 MG	45 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 60 MG	60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 75 MG	75 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Beads Cap ER 24HR 90 MG	90 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 10 MG	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 20 MG	20 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 40 MG		FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 50 MG	50 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Morphine Sulfate Cap ER 24HR 60 MG	60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Morphine Sulfate Cap ER 24HR 80 MG	80 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 10 MG	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 15 MG	15 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 20 MG	20 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 40 MG	40 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 5 MG	5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Oxymorphone HCl Tab ER 12HR 7.5 MG	7.5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR 200 MG	200 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR 300 MG	300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	200 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)	150 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)	300 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)	450 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)	600 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)	75 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)	750 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Belbuca	Buprenorphine HCl Buccal Film 900 MCG (Base Equivalent)	900 MCG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Butrans	Buprenorphine TD Patch Weekly 10 MCG/HR	10 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Butrans	Buprenorphine TD Patch Weekly 15 MCG/HR	15 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Butrans	Buprenorphine TD Patch Weekly 20 MCG/HR	20 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Marketplace/BasicRx ; KeyRx
Butrans	Buprenorphine TD Patch Weekly 5 MCG/HR	5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Butrans	Buprenorphine TD Patch Weekly 7.5 MCG/HR	7.5 MCG/HR	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 200 MG	200 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Conzip	Tramadol HCl Cap ER 24HR Biphasic Release 300 MG	300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	120 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG	20 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG	40 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG	60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Hysingla er	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG	80 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Ms contin	Morphine Sulfate Tab ER 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ms contin	Morphine Sulfate Tab ER 15 MG	15 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ms contin	Morphine Sulfate Tab ER 200 MG	200 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ms contin	Morphine Sulfate Tab ER 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ms contin	Morphine Sulfate Tab ER 60 MG	60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	Tapentadol HCl Tab ER 12HR 100 MG	100 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	Tapentadol HCl Tab ER 12HR 150 MG	150 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	Tapentadol HCl Tab ER 12HR 200 MG	200 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	Tapentadol HCl Tab ER 12HR 250 MG	250 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nucynta er	Tapentadol HCl Tab ER 12HR 50 MG	50 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 10 MG	10 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 15 MG	15 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 20 MG	20 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 30 MG	30 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 40 MG	40 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 60 MG	60 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Oxycontin	Oxycodone HCl Tab ER 12HR Deter 80 MG	80 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 13.5 MG	13.5 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG	18 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG	27 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	36 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xtampza er	Oxycodone Cap ER 12HR Abuse-Deterrent 9 MG	9 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Target Agent(s) will be approved when ALL of the following are met: 1. ONE of the following: A. The requested agent is eligible for continuation of therapy AND ONE of the following:

Module	Clinical Criteria for Approval
	Agents Eligible for Continuation of Therapy All target agents are eligible for continuation of therapy 1. Information has been provided that the patient has been treated with the requested agent within the past 90 days **OR** 2. The prescriber states the patient has been treated with the requested agent within the past 90 days AND is at risk if therapy is changed **OR** B. ALL of the following: 1. ONE of the following: A. The patient has a diagnosis of chronic cancer pain due to an active malignancy **OR** B. The patient is eligible for hospice OR palliative care **OR** C. The patient has a diagnosis of sickle cell disease **OR** D. The patient is undergoing treatment of chronic non-cancer pain and ALL of the following: 1. A formal, consultative evaluation which includes ALL of the following has been conducted: A. Diagnosis **AND** B. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy **AND** C. The need for continued opioid therapy has been assessed **AND** 2. The requested agent is not prescribed as an as-needed (prn) analgesic **AND** 3. ONE of the following: A. The patient's medication history includes a trial of at least 7 days of an immediate-acting opioid **OR** B. The patient has an intolerance or hypersensitivity to therapy with immediate-acting opioids that is not expected to occur with the requested agent **OR** C. The patient has an FDA labeled contraindication to ALL immediate-acting opioids that is not expected to occur with the requested agent **OR** D. BOTH of the following: 1. The prescriber has stated that the patient has tried therapy with immediate-acting opioids **AND** 2. Therapy with immediate-acting opioids was discontinued due to lack of effectiveness or an adverse event **OR** E. The patient is currently being treated with the requested agent as indicated by ALL of the following: 1. A statement by the prescriber that the patient is currently taking the requested agent **AND** 2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND** 3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR** F. The prescriber has provided documentation that therapy with immediate-acting opioids cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability

Module	Clinical Criteria for Approval

in performing daily activities or cause physical or mental harm **AND**

4. A patient-specific pain management plan is on file for the patient **AND**
5. The prescriber has reviewed the patient's records in the state's prescription drug monitoring program (PDMP) AND has determined that the opioid dosages and combinations of opioids and other controlled substances within the patient's records do NOT indicate the patient is at high risk for overdose **AND**

2. ONE of the following:
   A. The patient is not concurrently using a buprenorphine or buprenorphine/naloxone for opioid dependence treatment **OR**
   B. The prescriber has provided information in support of use of concurrent use of opioids with buprenorphine or buprenorphine/naloxone for opioid dependence treatment **AND**
3. If the client has preferred agent(s), then ONE of the following:

Preferred Agents	Non-Preferred Agents
Xtampza ER	OxyContin

   A. The requested agent is a preferred agent **OR**
   B. The patient has tried and had an inadequate response to a preferred agent **OR**
   C. The patient has an intolerance or hypersensitivity to a preferred agent **OR**
   D. The patient has an FDA labeled contraindication to ALL preferred agents **OR**
   E. BOTH of the following:
      1. The prescriber has stated that the patient has tried a preferred agent **AND**
      2. A preferred agent was discontinued due to lack of effectiveness or an adverse event **OR**
   F. The patient is currently being treated with the requested agent as indicated by ALL of the following:
      1. A statement by the prescriber that the patient is currently taking the requested agent **AND**
      2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND**
      3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR**
   G. The prescriber has provided documentation that ALL preferred agents cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **AND**

2. If the request is for one of the following brand agents with an available generic equivalent (listed below), then ONE of the following:
   A. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the brand agent **OR**
   B. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the brand agent **OR**
   C. The prescriber has provided information to support the use of the requested brand agent over the generic equivalent **OR**

Brand	Generic Equivalent
Butrans	Buprenorphine patch
Hysingla	Hydrocodone ER tabs

Module	Clinical Criteria for Approval
	MS Contin | Morphine sulfate ER tabs D. BOTH of the following: 1. The prescriber has stated that the patient has tried the generic equivalent **AND** 2. A generic equivalent was discontinued due to lack of effectiveness or an adverse event **OR** E. The patient is currently being treated with the requested agent as indicated by ALL of the following: 1. A statement by the prescriber that the patient is currently taking the requested agent **AND** 2. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND** 3. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR** F. The prescriber has provided documentation that the generic equivalent cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm **AND** 3. If the requested agent contains tramadol, dihydrocodeine, or codeine, then ONE of the following: A. The patient is 12 to less than 18 years of age AND the requested agent will NOT be used for post-operative pain management following a tonsillectomy and/or adenoidectomy **OR** B. The patient is 18 years of age or over **AND** 4. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 6 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL with PA	**Quantity Limit for the Target Agent(s)** will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. The requested quantity (dose) exceeds the program quantity limit AND BOTH of the following: A. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **AND** B. The prescriber has provided information in support of therapy with a higher dose for the requested indication **Length of Approval:** 6 months