

Opioids Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-23-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Oxycodone hydrochloride e ; Oxycotin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	M ; N ; O ; Y	M ; N		

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
	Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	5	mLs	30	DAYS			
	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	15	Patches	30	DAYS	QL cumulative across strengths		
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	30	Tablets	30	DAYS	QL cumulative across strengths		
	Tramadol HCl Tab 100 MG	100 MG	120	Tablets	30	DAYS			
	Tramadol HCl Tab 50 MG	50 MG	240	Tablets	30	DAYS			
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG	60	Films	30	DAYS	QL cumulative across strengths		

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
		; 750 MCG ; 900 MCG							
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	4	Systems	28	DAYS	QL cumulative across strengths		
Conzip ; Tramadol hcl er	tramadol hcl cap er	100 MG ; 200 MG ; 300 MG	30	Capsules	30	DAYS	QL cumulative across strengths		
Hydrocodone bitartrate er	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	60	Capsules	30	DAYS	QL cumulative across strengths		
Hydrocodone bitartrate er ; Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	30	Tablets	30	DAYS	QL cumulative across strengths		
Morphine sulfate er	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	30	Capsules	30	DAYS	QL cumulative across strengths		
Morphine sulfate er	morphine sulfate cap er	10 MG ; 100 MG ; 20 MG ; 30 MG ; 50 MG ; 60 MG ; 80 MG	60	Capsules	30	DAYS	QL cumulative across strengths		
Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	90	Tablets	30	DAYS	QL cumulative across strengths		
Nucynta	tapentadol hcl tab	100 MG ; 50 MG ; 75 MG	180	Tablets	30	DAYS	QL cumulative across strengths		
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	60	Tablets	30	DAYS	QL cumulative across strengths		
Oxycodone hydrochloride e ; Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	120	Tablets	30	DAYS	QL cumulative across strengths		

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
Oxymorphone hydrochloride	oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	60	Tablets	30	DAYS	QL cumulative across strengths		
Qdolo ; Tramadol hydrochloride	Tramadol HCl Oral Soln	5 MG/ML	2400	mLs	30	DAYS			
Tramadol hcl er	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	30	Tablets	30	DAYS	QL cumulative across strengths		
Tramadol hydrochloride	tramadol hcl tab	25 MG	240	Tablets	30	DAYS			
Tramadol hydrochloride	tramadol hcl tab	75 MG	150	Tablets	30	DAYS			
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	240	Capsules	30	DAYS	QL cumulative across strengths		

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
651000250086		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	QL cumulative across strengths			
651000351075		hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	QL cumulative across strengths			
652000101082	Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	QL cumulative across strengths			
652000100088	Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR	QL cumulative across strengths			

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
			; 5 MCG/HR ; 7.5 MCG/HR				
651000951070	Conzip ; Tramadol hcl er	tramadol hcl cap er	100 MG ; 200 MG ; 300 MG	QL cumulative across strengths			
651000301069	Hydrocodone bitartrate er	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	QL cumulative across strengths			
6510003010A8	Hydrocodone bitartrate er ; Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	QL cumulative across strengths			
651000552070	Morphine sulfate er	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	QL cumulative across strengths			
651000551070	Morphine sulfate er	morphine sulfate cap er	10 MG ; 100 MG ; 20 MG ; 30 MG ; 50 MG ; 60 MG ; 80 MG	QL cumulative across strengths			
651000551004	Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	QL cumulative across strengths			
651000911003	Nucynta	tapentadol hcl tab	100 MG ; 50 MG ; 75 MG	QL cumulative across strengths			
651000911074	Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	QL cumulative across strengths			
6510007510A7	Oxycodone hydrochloride e ; Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	QL cumulative across strengths			
651000801074	Oxymorphone hydrochloride	oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	QL cumulative across strengths			
651000951075	Tramadol hcl er	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	QL cumulative across strengths			

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
6510007500A3	Xtampza er	oxycodone capser	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	QL cumulative across strengths			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Oxycodone hydrochloride e ; Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	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	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	hydromorphone hcl tab er	12 MG ; 16 MG ; 32 MG ; 8 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Tramadol HCl Tab 100 MG	100 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Tramadol HCl Tab 50 MG	50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Belbuca	buprenorphine hcl buccal film	150 MCG ; 300 MCG ; 450 MCG ; 600 MCG ; 75 MCG ; 750 MCG ; 900 MCG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Butrans	buprenorphine td patch weekly	10 MCG/HR ; 15 MCG/HR ; 20 MCG/HR ; 5 MCG/HR ; 7.5 MCG/HR	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Conzip ; Tramadol hcl er	tramadol hcl cap er	100 MG ; 200 MG ; 300 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Hydrocodone bitartrate er	hydrocodone bitartrate cap er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Hydrocodone bitartrate er ; Hysingla er	hydrocodone bitartrate tab er	100 MG ; 120 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Morphine sulfate er	morphine sulfate beads cap er	120 MG ; 30 MG ; 45 MG ; 60 MG ; 75 MG ; 90 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Morphine sulfate er	morphine sulfate cap er	10 MG ; 100 MG ; 20 MG ; 30 MG ; 50 MG ; 60 MG ; 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ms contin	morphine sulfate tab er	100 MG ; 15 MG ; 200 MG ; 30 MG ; 60 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Nucynta	tapentadol hcl tab	100 MG ; 50 MG ; 75 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Nucynta er	tapentadol hcl tab er	100 MG ; 150 MG ; 200 MG ; 250 MG ; 50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Oxycodone hydrochloride e ; Oxycontin	oxycodone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 60 MG ; 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Oxymorphone hydrochloride	oxymorphone hcl tab er	10 MG ; 15 MG ; 20 MG ; 30 MG ; 40 MG ; 5 MG ; 7.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2026 ; Topaz ; Whole Foods
Qdolo ; Tramadol hydrochloride	Tramadol HCl Oral Soln	5 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tramadol hcl er	tramadol hcl tab er	100 MG ; 200 MG ; 300 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tramadol hydrochloride	tramadol hcl tab	25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Tramadol hydrochloride	tramadol hcl tab	75 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xtampza er	oxycodone cap er	13.5 MG ; 18 MG ; 27 MG ; 36 MG ; 9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval		
	<p>Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> The requested agent is eligible for continuation of therapy AND the following: <ul style="list-style-type: none"> <table border="1" data-bbox="467 1602 1182 1680"> <thead> <tr> <th>Agents Eligible for Continuation of Therapy</th> </tr> </thead> <tbody> <tr> <td>All target agents are eligible for continuation of therapy</td> </tr> </tbody> </table> A. 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 The patient has a diagnosis of chronic cancer pain due to an active malignancy OR The patient is enrolled in a hospice program or meets hospice criteria for life expectancy of six months or less OR The prescriber is requesting palliative care or compassionate use (e.g. where the benefits of pain relief and patient comfort outweigh the risk of potential opioid related overdose/death) with the requested agent OR The patient has a diagnosis of sickle cell anemia OR 	Agents Eligible for Continuation of Therapy	All target agents are eligible for continuation of therapy
Agents Eligible for Continuation of Therapy			
All target agents are eligible for continuation of therapy			

Module	Clinical Criteria for Approval
	<p>6. The patient is undergoing treatment of chronic non-cancer pain AND ALL of the following:</p> <ul style="list-style-type: none"> A. ONE of the following: <ul style="list-style-type: none"> 1. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR 2. BOTH of the following: <ul style="list-style-type: none"> A. ONE of the following: <ul style="list-style-type: none"> 1. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR 2. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes required] AND B. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR 3. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes required] OR 4. The patient has tried and had an inadequate response to Xtampza [chart notes required] OR 5. Xtampza was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR 6. The patient has an intolerance or hypersensitivity to Xtampza that is not expected to occur with the requested agent [chart notes required] OR 7. The patient has an FDA labeled contraindication to Xtampza that is not expected to occur with the requested agent [chart notes required] OR 8. Xtampza is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR 9. Xtampza is not in the best interest of the patient based on medical necessity [chart notes required] OR 10. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as Xtampza and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] AND B. A formal, consultative evaluation which includes ALL of the following has been conducted [chart notes required]: <ul style="list-style-type: none"> 1. Diagnosis AND 2. A complete medical history which includes previous and current pharmacological and non-pharmacological therapy AND 3. The need for continued opioid therapy has been assessed AND C. The prescriber has reviewed the member's controlled substance records in the state's prescription drug monitoring program (PDMP) AND D. The patient is routinely (at least every 3 months) being assessed for function, pain status and opioid dose AND E. ONE of the following: <ul style="list-style-type: none"> 1. The patient is not concurrently using a benzodiazepine OR 2. There is support of the use of opioids with a benzodiazepine

Module	Clinical Criteria for Approval
	<p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 2. ALL of the following: <ol style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of chronic cancer pain due to an active malignancy OR B. The patient is enrolled in a hospice program or meets hospice criteria for life expectancy of six months or less OR C. The patient has a diagnosis of sickle cell anemia OR

Module	Clinical Criteria for Approval
	<p>D. The prescriber is requesting palliative care or compassionate use (e.g. where the benefits of pain relief and patient comfort outweigh the risk of potential opioid related overdose/death) with the requested agent OR</p> <p>E. The patient is undergoing treatment of chronic non-cancer pain and ALL of the following:</p> <ol style="list-style-type: none"> 1. A formal, consultative evaluation which includes ALL of the following has been conducted [chart notes required]: <ol style="list-style-type: none"> 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 prescriber has confirmed that the patient is not diverting controlled substances, according to the patient's records in the state's prescription drug monitoring program (PDMP) AND 3. The patient is routinely (at least every 3 months) being assessed for function, pain status and opioid dose AND 4. ONE of the following: <ol style="list-style-type: none"> A. The patient is not concurrently using a benzodiazepine OR B. There is support of the use of opioids with a benzodiazepine AND 5. ONE of the following <ol style="list-style-type: none"> A. The requested quantity (dose) is less than or equal to the maximum dose recommended in FDA approved labeling AND the requested quantity cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit OR B. The requested agent has no maximum dose/duration recommended in FDA labeling AND the requested quantity cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit OR C. The requested quantity (dose) exceeds the maximum dose recommended in FDA approved labeling AND 6. ONE of the following: <ol style="list-style-type: none"> A. The patient is currently being treated with the requested dose/quantity in the last 90 days OR B. The dose requested is appropriate based on recommended dosage titrations in FDA labeling or Compendia (i.e. dosage increase is not excessive; patient has been on current dose a sufficient length of time to determine efficacy/adverse effects) <p>Compendia Allowed: AHFS, or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval: 12 months</p>