BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Pre - PA Allowance

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months

Quantity

- Patients aged 18 years or older will be eligible for the Pre-PA Allowance for Extended-Release (ER) opioids after they have filled at least a 10-day supply of immediate-release (IR) opioid therapy in the last 180 days, unless switching from another ER opioid.
- Patients aged 18 years or older will be able to fill the Pre-PA Allowance of IR opioids/IR Combo opioids after they have filled an initial 7-day supply of IR opioid therapy or if they have been on IR or ER opioid therapy in the last 180 days.
- Patients aged 17 or under will require a PA after they have filled a 3-day supply of the Pre-PA Allowance in the last 180 days.
- Patients using dual therapy with opioid addiction treatment or methadone in the last 30 days will not be eligible for Pre-PA Allowance.
- **Maximum daily limit of any combination of opioid medications without a PA is 90 MME/day.**

IR Opioids Tablets & Suppositories: ≤ 90 MME/day

Medication	Strength	Quantity Limit
Butorphanol	10 mg/mL nasal spray	0.34 mL per day (Max: 12 units per 90 days)

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Meperidine	50mg, 100mg	1 unit per day (Max: 90 units per 90 days)
Hydromorphone	8mg	2 units per day (Max: 180 units per 90 days)
Oxycodone/Roxybond	30mg	
Tapentadol	100mg	
Morphine sulfate	30mg, 30mg supp	3 units per day (Max: 270 units per 90 days)
Oxycodone	20mg	
Oxymorphone	10mg	
Tapentadol	75mg	
Tramadol	100mg	
Codeine	15mg, 30mg, 60mg	4 units per day (Max: 360 units per 90 days)
Hydromorphone	2mg, 4mg, 3mg supp	
Morphine sulfate	15mg, 5mg supp, 10mg supp, 20mg supp	
Oxycodone/Roxybond/ Oxaydo	5mg cap, 5mg tab, 7.5mg, 10mg, 15mg	
Oxymorphone	5mg	
Pentazocine/naloxone	50/0.5mg	
Tapentadol	50mg	
Tramadol	75mg	
Tramadol	25mg, 50mg	6 units per day (Max: 540 units per 90 days)

IR Opioids Solutions: ≤ 90 MME/day

Medication / Strength	Quantity Limit

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Hydromorphone liquid 5mg/5mL (1mg/mL)	18 units per day (Max: 1620 mL per 90 days)
Meperidine oral soln 50mg/5mL	4 units per day (Max: 360 mL per 90 days)
Morphine sulfate oral soln 10mg/5mL Oxycodone soln 5mg/5mL	30 units per day (Max: 2700 mL per 90 days)
Morphine sulfate oral soln 20mg/5mL	22.5 units per day (Max: 2025 mL per 90 days)
Morphine sulfate (conc) oral soln 20mg/mL (100mg/5mL)	4.5 units per day (Max: 405 mL per 90 days)
Oxycodone oral concentrate 20mg/mL (100mg/5mL)	3 units per day (Max: 270 mL per 90 days)
Qdolo (tramadol IR) oral solution 5mg/mL	60 units per day (Max: 5400 mL per 90 days)

IR Opioid Combo Tablets or Capsules: ≤ 50 MME/day

Medication	Strength	Quantity Limit
Codeine/APAP soln	120-12 mg/5 mL	5400 mL per 90 days
Hydrocodone/APAP soln	7.5/325 mg/15 mL	
Hydrocodone/APAP elixir	10/300 mg/15 mL	
Oxycodone/APAP soln	5-325 mg/5 mL	3000 mL per 90 days
Hydrocodone/ibuprofen	5/200 mg, 7.5/200 mg, 10/200 mg	270 units per 90 days
Oxycodone/ibuprofen	5/400 mg	
Oxycodone/APAP	10/325 mg	
Codeine/APAP	60/300 mg	360 units per 90 days

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Hydrocodone/APAP	7.5/300 mg, 7.5/325 mg, 10/300 mg, 10/325 mg	
Oxycodone/APAP	7.5/325 mg	
Dihydrocodeine/APAP/caffeine	16/320.5/30 mg	450 units per 90 days
Codeine/APAP	15/300 mg, 30/300 mg	540 units per 90 days
Hydrocodone/APAP	2.5/325 mg, 5/300 mg, 5/325 mg	
Oxycodone/APAP	2.5/325 mg, 5/325 mg	
Oxycodone/ASA	4.8355/325 mg	
Tramadol/APAP	37.5/325 mg	
Celecoxib/tramadol	56/44 mg	None (requires PA)

ER Opioids Tablets or Capsules: ≤ 90 MME/day

Medication	Strength	Quantity Limit
Avinza (morphine)	60mg, 75mg, 90mg	1 unit per day (Max: 90 units per 90 days)
Embeda (morphine /naltrexone)	50/2mg, 60/2.4mg, 80/3.2mg	
Exalgo (hydromorphone)	8mg, 12mg, 16mg	
Kadian (morphine)	50mg, 60mg, 80mg	
Avinza (morphine)	45mg	2 units per day (Max: 180 units per 90 days)
Embeda (morphine /naltrexone)	20/0.8mg, 30/1.2mg,	
Kadian (morphine)	10mg, 20mg, 30mg, 40mg	
MorphaBond (morphine)	15mg, 30mg	
Nucynta ER (tapentadol)	50mg, 100mg	
Opana ER (oxymorphone)	5mg, 7.5mg, 10mg, 15mg	
OxyContin (oxycodone)	10mg, 15mg, 20mg, 30mg	

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Xtampza ER (oxycodone)	9mg, 13.5mg, 18mg, 27mg	
Avinza (morphine)	30mg	3 units per day (Max: 270 units per 90 days)
Arymo ER (morphine)	15mg, 30mg	
MS Contin (morphine)	15mg, 30mg	

ER Tramadol: ≤ 30 MME/day

Medication	Strength	Quantity Limit
Ultram ER (tramadol)	100mg, 150mg, 200mg, 300mg	1 unit per day (Max: 90 units per 90 days)

ER Butrans Patches: ≤ 90 MME/day

Strength	Quantity Limit	Morphine Milligram Equivalent Daily Dosing
5 mcg/hr	0.15 units per day (Max: 12 patches per 84 days)	9 MME/day
7.5 mcg/hr		13.5 MME/day
10 mcg/hr		18 MME/day
15 mcg/hr		27 MME/day
20 mcg/hr		36 MME/day

ER Duragesic Patches: ≤ 90 MME/day

Strength	Quantity Limit	Morphine Milligram Equivalent Daily Dosing
12.5 mcg	0.34 units per day	30 MME/day

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

25 mcg	(Max: 30 patches per 90 days)	60 MME/day
37.5 mcg		90 MME/day

ER Opioid Films: ≤ 90 MME/day

Medication	Strength	Quantity Limit
Belbuca (buprenorphine)	75mcg, 150mcg, 300mcg, 450mcg	1 unit per day (Max: 90 units per 90 days)

Prior-Approval Requirements

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months

Diagnoses

Patient must have **ONE** of the following:

1. Pain associated with cancer
2. Pain associated with sickle cell disease
3. Treatment associated with hospice, palliative, or end-of-life care

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Diagnoses

Patient must have **ONE** of the following:

1. Pain
   a. Alternative treatment options have been ineffective, not tolerated, or inadequate for controlling the pain (i.e., non-opioid analgesics and immediate release analgesics)
   b. Prescriber agrees to assess the benefits of pain control (i.e., care plan, signs of abuse, severity of pain) after 3 months of therapy
   c. Age 18 and older **only**: **NO** cumulative morphine milligram equivalent (MME) over 200 MME/day
   d. Age 17 and younger **only**: **NO** cumulative morphine milligram equivalent (MME) over 90 MME/day

   (e.g., https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator, https://www.cdc.gov/opioids/providers/prescribing/app.html)

2. **Butorphanol injection, Demerol (meperidine) injection, and Fentanyl injection ONLY:** Induction or maintenance of anesthesia

AND ALL of the following for diagnosis of Pain:

a. Prescriber agrees to evaluate patient's response to therapy before changing dose or adding additional opioid medications

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

b. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
c. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary (*https://opioidanalgesicrems.com*)
d. **NO** dual therapy with opioid addiction treatment or methadone
e. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
    i. Alprazolam (Xanax)
    ii. Clonazepam (Klonopin)
    iii. Diazepam (Valium)
    iv. Lorazepam (Ativan)
    v. Oxazepam (Serax)
    vi. Chlordiazepoxide (Librium)
    vii. Clorazepate dipotassium (Tranxene)

Prior - Approval Limits

Quantity

- The diagnoses of induction/maintenance of anesthesia, pain associated with cancer, pain associated with sickle cell disease, or treatment associated with hospice, palliative, or end-of-life care **ONLY** are not subject to the maximum MME daily limit
- Patients aged 18 years or older will be eligible for the PA Allowance for Extended-Release (ER) opioids after they have filled at least a 10-day supply of immediate-release (IR) opioid

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

therapy in the last 180 days, unless switching from another ER opioid, and meet the above PA approval requirements.

- Patients aged 18 years or older will be eligible to fill the PA Allowance of IR opioids/IR Combo opioids after they have filled an initial 7-day supply of IR opioid therapy or if they have been on IR or ER opioid therapy in the last 180 days and meet the above PA approval requirements.
- Patients aged 17 or under will be eligible for the PA allowance after they have filled a 3-day supply in the last 180 days and meet the above PA approval requirements.
- Duragesic: Patients may not change patches more often than every 72 hours. Patch changes of every 48 hours may be approved if a higher strength has been inadequate when used every 72 hours. Maximum limit of any combination of Duragesic patches is 75 mcg.
- Seglentis: Maximum daily dose limit is 4 tablets/day.
- **Adults: Maximum daily limit of any combination of opioid medications with a PA is 200 MME/day.**
- **Pediatrics: Maximum daily limit of any combination of opioid medications with a PA is 90 MME/day.**

Opioid medications

Opioid	Morphine Milligram Equivalent (MME) Conversion Factor*
Butorphanol	7.0
Buprenorphine film/tablet	30.0

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

Buprenorphine patch (mcg/hr)	12.6
Buprenorphine film (mcg)	0.03
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1.0
Hydromorphone	5.0
Levorphanol	11.0
Meperidine	0.1
Methadone	4.7
Morphine	1.0
Oxycodone	1.5
Oxycodone (Xtampza ER only)	1.67
Oxymorphone	3.0
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.2

*****Multiply the dose for each opioid by the conversion factor to determine the dose in MMEs.

Duration 6 months

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

12 months for pain associated with cancer, pain associated with sickle cell disease, or treatment associated with hospice, palliative, or end-of-life care

---

Prior – Approval *Renewal* Requirements

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months

Diagnoses

Patient must have **ONE** of the following:

1. Pain associated with cancer
2. Pain associated with sickle cell disease
3. Treatment associated with hospice, palliative, or end-of-life care

---

Diagnoses

Patient must have **ONE** of the following:

1. Pain
   a. Prescriber agrees to continue to assess the benefits of pain control (i.e., care plan, signs of abuse, severity of pain) after 3 months of therapy

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

b. Age 18 and older **only: NO** cumulative morphine milligram equivalent (MME) over 200 MME/day
c. Age 17 and younger **only**: **NO** cumulative morphine milligram equivalent (MME) over 90 MME/day
(e.g., https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator, https://www.cdc.gov/opioids/providers/prescribing/app.html)

2. **Butorphanol injection, Demerol (meperidine) injection, and Fentanyl injection ONLY**: Induction or maintenance of anesthesia

AND ALL of the following for the diagnosis of Pain:

a. Prescriber agrees to evaluate patient's response to therapy before changing dose or adding additional opioid medications
b. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
c. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary (*https://opioidanalgesicrems.com*)
d. **NO** dual therapy with opioid addiction treatment or methadone
e. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
    i. Alprazolam (Xanax)
    ii. Clonazepam (Klonopin)
    iii. Diazepam (Valium)

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

iv. Lorazepam (Ativan)
v. Oxazepam (Serax)
vi. Chlordiazepoxide (Librium)
vii. Clorazepate dipotassium (Tranxene)

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Serotonergic Medications

Selective Serotonin Reuptake Inhibitors (SSRIs)

paroxetine	Paxil, Paxil CR, Pexeva, Brisdelle
fluvoxamine	Luvox, Luvox CR
fluoxetine	Prozac, Prozac Weekly, Sarafem, Selfemra, Symbyax
sertraline	Zoloft
citalopram	Celexa
escitalopram	Lexapro

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

venlafaxine	Effexor XR

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

desvenlafaxine	Pristiq, Khedezla
duloxetine	Cymbalta
milnacipran	Savella

Tricyclic Antidepressants (TCAs)

amitriptyline	No brand name currently marketed
desipramine	Norpramin
clomipramine	Anafranil
imipramine	Tofranil, Tofranil PM
nortriptyline	Pamelor, Aventyl
protriptyline	Vivactil
doxepin	Zonalon, Silenor
trimipramine	Surmontil

Monoamine Oxidase Inhibitors (MAOIs)

isocarboxazid	Marplan
phenelzine	Nardil
selegiline	Emsam, Eldepryl, Zelapar
tranylcypromine	Parnate

Other Psychiatric Medicines

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

amoxapine	No brand name currently marketed
maprotiline	No brand name currently marketed
nefazodone	No brand name currently marketed
trazodone	Oleptro
buspirone	No brand name currently marketed
vilazodone	Viibryd
mirtazapine	Remeron, Remeron Soltab
llthium	Lithobid

Migraine Medicines

almotriptan	Axert
frovatriptan	Frova
naratriptan	Amerge
rizatriptan	Maxalt, Maxalt-MLT
sumatriptan	Imitrex, Imitrex Statdose, Alsuma, Sumavel Dosepro, Zecuity, Treximet
zolmitriptan	Zomig, Zomig-ZMT

Antiemetics

ondansetron	Zofran, Zofran ODT, Zuplenz
granisetron	Kytril, Sancuso
dolasetron	Anzemet

BlueCross BlueShield
Federal Employee Program

OPIOID DRUGS

Benzhydrocodone-acetaminophen (Apadaz*) Buprenorphine (Belbuca) Buprenorphine (Buprenex) Buprenorphine patch (Butrans) Butorphanol Butorphanol (Stadolol) Butorphanol powder Celecoxib-tramadol (Seglentis) Codeine Codeine-acetaminophen Codeine powder Dihydrocodeine-caffeine-acetaminophen (Trezix) Dihydrocodeine-caffeine-acetaminophen* (Dvorah*) Fentanyl Fentanyl patch (Duragesic patch) Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen	Hydrocodone-acetaminophen Hydrocodone-acetaminophen solution 10-325mg* Hydrocodone-ibuprofen Hydrocodone ER (Hysingla ER, Zohydro ER) Hydrocodone powder Hydromorphone Hydromorphone IR (Dilaudid IR) Hydromorphone ER (Exalgo) Hydromorphone powder Levorphanol* Levorphanol powder Meperidine (Demerol) Meperidine powder Morphine Morphine IR Morphine powder Morphine sulfate ER (Arymo ER, Avinza, Kadian, MorphaBond, MS Contin) Morphine sulfate/naltrexone ER (Embeda)	Nalbuphine Oxycodone-acetaminophen Oxycodone-acetaminophen* (Nalocet*, Primlev*, Prolate*) Oxycodone-aspirin Oxycodone-ibuprofen Oxycodone ER (OxyContin, Xtampza ER) Oxycodone IR Oxycodone powder Oxymorphone IR (Opana IR) Oxymorphone ER (Opana ER) Oxymorphone powder Pentazocine-Naloxone Tapentadol IR (Nucynta IR) Tapentadol ER (Nucynta ER) Tramadol IR (Qdolo, Ultram) Tramadol-acetaminophen Tramadol ER (Conzip*, Ultram)

***Prior authorization for certain non-covered formulations applies only to formulary exceptions**

palonosetron	Aloxi

Other Serotonergic Medicines

dextromethorphan	Bromfed-DM, Delsym, Mucinex DM, Nuedexta
linezolid	Zyvox
cyclobenzaprine	Amrix
methylene blue	
St. John’s wort	
tryptophan	