



MASSACHUSETTS

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Pharmacy Medical Policy

Opioid and Opioid Combination Medication Management

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Policy Number: 102

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary		
Short-Acting Opioids (including generic products where applicable) †		
Alfenta [®] (alfentanil)	Dvorah (APAP/caff/dihydrocodeine)	Morphine Sulfate
Apadaz [®] (benzhydrocodone/APAP)**	Endocet (oxycodone / APAP)	Nalocet [™] (oxycodone/APAP)
Benzhydrocodone/APAP	fentanyl	Norco [®] (hydrocodone/APAP)
Capital [®] and Codeine (APAP and Codeine)	hydrocodone/APAP	Nucynta [®] (tapentadol)**
codeine/APAP	hydrocodone/ibuprofen	Oxaydo [®] (oxycodone)**
Demerol [®] (meperidine)	Infumorph [morphine (systemic)]	oxycodone
dihydrocodeine/APAP/caffeine	Levorphanol	oxycodone/APAP
Dilaudid [®] (hydromorphone) tabs**, - 5**, - HP, Injectable	Lorcet [®] /HD /Plus (hydrocodone/APAP)	oxycodone/aspirin
Duramorph PS [morphine (systemic)] **	Meperidine HCl	oxymorphone

Short-Acting Opioids (including generic products where applicable) † Continued		
Percocet [®] (oxycodone/APAP)**	Prolate [™] (oxycodone/APAP)	Tylenol [®] with Codeine (APAP w/codeine)
Primlev [™] (oxycodone/APAP)	Trezix [™] ** (dihydrocodeine/APAP/caffeine)	Vicodin [®] / HP (hydrocodone/APAP)

Standard Formulary Long-Acting Opioids (including generic products where applicable) †		
Arymo [™] ER (morphine) **	Hydrocodone Bitartrate ER**	Oxycodone ER**
Belbuca [™] (buprenorphine)	Hydromorphone ER	Oxycontin [®] (oxycodone) **
Buprenorphine Patch	Hysingla [™] ER (hydrocodone) **	Oxymorphone ER
Butrans [®] (buprenorphine)	Kadian [®] (morphine)**	Xtampza [™] ER (oxycodone)
Diskets [®] (methadone)	Methadose [®] (methadone)	Zohydro [™] ER (hydrocodone) **
Dolophine [®] (methadone)	Morphabond [™] ER (morphine) **	
Duragesic [®] (fentanyl) **	morphine sulfate	
Embeda [™] (morphine/naltrexone) **	MS Contin [®] (morphine)	
Exalgo [™] (hydromorphone) **	Nucynta [®] ER (tapentadol) **	

**Non-formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and criteria below are met.

† New medications released to market in these classes will be added to the policy as part of the New Drug Approval process.

OPIOID AND OPIOID COMBINATION PRESCRIPTIONS ARE EXCLUDED THROUGH THE MAIL ORDER PHARMACY BENEFIT.

Description

Opioids are powerful tools for the relief of pain. They are however associated with the risks of addiction and diversion for non-medical purposes. The purpose of this policy is to use current medical literature to establish processes to promote the effective use of opioids in pain management and to prevent inadvertent addiction and deter diversion. It is our expectation that members using opioids will be compliant with this policy and that coverage for associated medical services is dependent on this compliance.

The use of opioids is associated with the risk of addiction. Informing patients of this risk is an important activity in the evidence based use of opioids. Ideally this informed consent, with a risk assessment of addiction potential, is given and obtained prior to an initial prescription for any opioid. A treatment plan including a clear diagnosis, explicit goals, and exploration of other treatment options should exist. If members are to receive opioids chronically, a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances should exist. Chronic prescribing of opioids should be done by a single designated prescriber group and medications should be obtained by the member at one pharmacy or pharmacy chain.

Urine drug testing (UDT) is medically necessary and plays an integral role of effective medical management of opioids. It should be used appropriately to inform clinical decision making. See policy # [674](#) for additional details.

Please refer to Medical Policy #[113](#) for coverage of oral/transmucosal Fentanyl products.

Quality Care Dosing guidelines may apply to the following medications and can be found in Medical Policy #[621A](#).

Short-Acting Medications:

We may cover short-acting opioids listed in the chart above when the following criteria are met:

- The member has a diagnosis of cancer.

OR

- The prescription is written by an oncologist, palliative care prescriber, pain management specialist, or oncology prescriber

OR

- The member is receiving opioids as part of palliative care.

For all other requests:

- **We may cover short-acting formulary opioids listed in the chart above for up to one initial 7 day supply without prior authorization.**
- **We may cover up to two additional 7 days supply of short-acting formulary opioids listed in the chart above within 60 days of the original prescription without prior authorization.**
- **After the initial three prescriptions or an excess of 21 days within 60 days, prior authorization IS required and we may cover additional treatment with short-acting formulary opioids within 60 days of the original prescription when the following criteria are met:**
 - The prescriber certifies there is an active treatment plan that includes but is not limited to a specific treatment objective and the use of other pharmacological and non-pharmacological agents for pain relief as appropriate.
 - The prescriber certifies there has been an informed consent document signed and an addiction risk assessment has been performed.
 - The prescriber certifies that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists.
 - The prescriber certifies that a prescribing group and a preferred pharmacy chain has been agreed upon by the prescriber and the member

For non-formulary short acting opioids, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives.

If approved the Prior Authorization will be granted for up to one (1) year for the specific opioid requested. This authorization may cover only the specific opioid requested. Non-formulary medications will not be covered unless a formulary exception has been approved.

Long-Acting Medications:

We may cover long-acting opioids listed in the chart above when the following criteria are met:

- The member has a diagnosis of cancer.

OR

- The prescription is written by an oncologist, palliative care prescriber, pain management specialist, or oncology prescriber

OR

The member is receiving opioids as part of palliative care.

OR

- The request meets **ALL** of the following criteria:
 - There has been previous treatment failure with a short-acting opioid within the previous 60 days.
 - The prescriber certifies there is an active treatment plan that includes but is not limited to a specific treatment objective and the use of other pharmacological and non-pharmacological agents for pain relief as appropriate.
 - The prescriber certifies there has been an informed consent document signed and an addiction risk assessment performed.
 - The prescriber certifies that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists.
 - The prescriber certifies that a prescribing group and a preferred pharmacy chain has been agreed upon by the prescriber and the member

For non-formulary long-acting opioids, requests must meet criteria above and has previous treatment failure with or a contraindication to two covered formulary alternatives.

If approved the Prior Authorization will be granted for up to one (1) year for the specific opioid requested. This authorization may cover only the specific opioid requested. Non-formulary medications will not be covered unless a formulary exception has been approved.

90 Morphine Milligram Equivalents (MME) Safety Edit

Effective July 1, 2021 BCBSMA will implement a real-time, point of service opioid safety edit to prevent unsafe dosing of drugs at the time of dispensing. The edit will provide real-time information to help ensure prescribers are aware/notified that their patient(s) may be receiving potentially high-risk levels of opioids. The Morphine Milligram Equivalent (MME) 90 Opioid Safety Edit is triggered at the pharmacy when a patient's total (cumulative) opioid dose across all opioid or opioid-containing prescriptions reaches or exceeds 90 MME per day.

The dispensing pharmacist will receive an alert to consult with the prescriber before proceeding with dispensing the medication. The pharmacist may issue an override code at the time of dispensing to process the claim and dispense the medication. It is important to note that even if the prescriber confirms intent, consultation with the prescriber does not supersede the dispensing pharmacist's professional judgement and decision to dispense or not dispense the prescription.

If the pharmacist is unable resolve the safety edit at the point of sale (e.g., prescriber could not be reached, prescriber was consulted but did not verify medical necessity, pharmacist exercises professional judgement and decides to not dispense the medication), the prescriber can request an exception for coverage thru BCBSMA Pharmacy Operations.

Authorization for coverage will be approved for up to 1 year if the patient meets ONE of the following criteria:

- The member has a diagnosis of cancer

OR

- The member is receiving opioids as part of palliative care

OR

- The prescription is written by an oncologist, palliative care prescriber, pain management specialist, or oncology prescriber

OR

- The prescriber states that based on the patient's clinical circumstances the amount of opioid prescribed is warranted in order to adequately manage the patient's pain

The 90MME safety edit is consistent with CDC guidelines for prescribing opioids for chronic pain, which includes avoiding increasing opioids dosage ≥ 90 MME/day or carefully justifying a decision to titrate dosage to ≥ 90 MME/day. More information on CDC guidelines for prescribing opioids for chronic pain may be found at:

https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be

considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
 Pharmacy Operations Department
 25 Technology Place
 Hingham, MA 02043
 Tel: 1-800-366-7778
 Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

Policy History

Date	Action
10/2021	Updated to add buprenorphine buccal film to short acting policy list.
7/2021	Updated to add 90 MME safety edit and make Oxycontin nonpreferred.
11/2020	Updated to clarify we will only approve authorizations for specific opioids and not for groups of opioids.
4/2020	Updated to include Hydrocodone Bitartrate ER Capsules & Prolate to the policy.
4/2019	Updated to include Benzhydrocodone/APAP & Apadaz® to the policy.
1/2019	Update to include Dvorah and to add a specialty provider type.
11/2018	Updated to include Nalocet™ & Roxybond™ into the short acting criteria.
10/2017	Updated to add AG Buprenorphine Patch & Butrans® to the formulary.
6/2017	Updated address for Pharmacy Operations and added Morphabond™ ER.
4/2017	Updated to add Arymo™ ER to the long acting part of the policy.
1/1/2017	Updated to make some format changes.
8/2016	Updated to align with Massachusetts Opioid law and shortened criteria for short-acting Opioids.
4/2016	Updated to add Belbuca to Long acting section of policy
8/2015	Updated Request form title
1/2015	Updated to remove UDT and added Zohydro ER and Verdocet
1/2014	Updated ExpressPAth language.
7/2012	New Policy, effective 7/1/12

References

1. Arnold RM, Han Pk, Seltzer D. Opioid contracts in chronic nonmalignant pain management: objectives and uncertainties. *Am J Med* 2006; 119:292-296.
2. Chou R, Fanciullo GJ, et al. Clinical guidelines for the use of chronic opioid therapy in chronic non cancer pain. *J Pain* 2009; 10: 113-1302.
3. Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: a rationale approach for the treatment of chronic pain. *Pain Med.* 2005; 6:107-112.
4. Interagency Guideline for Chronic Non-Cancer Pain: An Educational Aid to improve the care and safety of Opioid therapy: 2010 update; www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf
5. Model Policy for the Use of Controlled Substances for The Treatment of Pain; Federation of State Medical Boards of the United States, Inc.; http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.Pdf
6. Noble M. Long-term opioid management for chronic noncancer pain. *Cochrane Database of Systematic Reviews* [serial online]. November 3, 2009; (1) Available from: Cochrane Database of Systematic Reviews, Ipswich, MA. Accessed Augusts 10, 2010.

7. Opioid Treatment Guidelines: Clinical Guidelines for the Use of Opioid Therapy in Chronic Noncancer Pain; *The Journal of Pain*, Vol 10, No.2 (February), 2009 pp 113-130
8. Starrel JL, Becker WC, et.al. Systematic review: Treatment agreements and urine drug testing to reduce opioid misuse in patients with chronic pain. *Ann Intern Med* 2010; 152: 712-720.
9. Massachusetts Drug Formulary Commission (DFC): Non-Opioid Drug Products for Pain Management. <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/drug-formulary/non-opioid-drug-list-sept-2017.pdf>

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>