Pharmacy Medical Policy

Opioid and Opioid Combination Medication Management

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Description
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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.
**Prior Authorization Information**

<table>
<thead>
<tr>
<th>☒ Prior Authorization</th>
<th>☐ Step Therapy</th>
<th>☒ Quality Care Dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy (Rx) or Medical (MED) benefit coverage</td>
<td>☒ Rx</td>
<td>☐ MED</td>
</tr>
</tbody>
</table>

**Policy applies to** Commercial Members:
- Managed Care (HMO and POS),
- PPO and Indemnity,
- MEDEX with Rx plan,
- Managed Major Medical with Custom BCBSMA Formulary,
- Comprehensive Managed Major Medical with Custom BCBSMA Formulary,
- Managed Blue for Seniors with Custom BCBSMA Formulary.

**Pharmacy Operations:**
- Tel: 1-800-366-7778
- Fax: 1-800-583-6289

**Policy last updated** 7/1/2023

**To request for coverage:** Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

**Blue Cross Blue Shield of Massachusetts**
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

**Individual Consideration:** Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration.

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)**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alfenta®</strong> (alfentanil)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Apadaz®</strong> (benzhydrocodone/APAP)</td>
<td>fentanyl</td>
<td>Nalocet™ (oxycodone/APAP)</td>
</tr>
<tr>
<td>benzhydrocodone/APAP</td>
<td>hydrocodone/acetaminophen</td>
<td>Norco® (hydrocodone/APAP)</td>
</tr>
<tr>
<td>codeine</td>
<td>hydrocodone/ibuprofen</td>
<td>Nucynta® (tapentadol)</td>
</tr>
<tr>
<td>codeine/APAP</td>
<td>hydromorphone</td>
<td>Oxydol® (oxycodone)</td>
</tr>
<tr>
<td>Demerol® (meperidine)</td>
<td>Infumorph [morphine (systemic)]</td>
<td>oxycodone</td>
</tr>
<tr>
<td>dihydrocodeine/APAP/caffeine</td>
<td>Levophanol</td>
<td>oxycodone/APAP</td>
</tr>
<tr>
<td>Dilaudid® (hydromorphone) tabs, -5, - HP, Injectable</td>
<td>Lorset™ /HD /Plus (hydrocodone/APAP)</td>
<td>oxycodone/aspirin</td>
</tr>
<tr>
<td>Duramorph PS [morphine (systemic)]</td>
<td>Lortab® (hydrocodone/APAP)</td>
<td>oxymorphone</td>
</tr>
<tr>
<td>Dvorah (APAP/caffeine/dihydrocodeine)</td>
<td>meperidine HCl</td>
<td>Percocet® (oxycodone/APAP)</td>
</tr>
</tbody>
</table>

**Short-Acting Opioids (including generic products where applicable) Continued**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primlev™ (oxycodone/APAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolate™ (oxycodone/APAP)</td>
<td>RoxyBond™ (oxycodone)</td>
<td></td>
</tr>
</tbody>
</table>

**Standard Formulary**

**Long-Acting Opioids (including generic products where applicable)**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrimo™ ER (morphine)</td>
<td>hydromorphone bitartrate ER</td>
<td>MS Contin® (morphine)</td>
</tr>
<tr>
<td>Belbuca™ (buprenorphine)</td>
<td>hydromorphone ER</td>
<td>Nucynta® ER (tapentadol)</td>
</tr>
<tr>
<td>buprenorphine Film</td>
<td>Hysingla™ ER (hydrocodone)</td>
<td>oxycodone ER</td>
</tr>
<tr>
<td>buprenorphine Patch</td>
<td>Kadian™ (morphine)</td>
<td>Oxycontin® (oxycodone)</td>
</tr>
<tr>
<td>Butrans® (buprenorphine)</td>
<td>methadone</td>
<td>oxymorphone ER</td>
</tr>
<tr>
<td>Duragesic® (fentanyl)</td>
<td>Methadose® (methadone)</td>
<td>Xtampza™ ER (oxycodone)</td>
</tr>
<tr>
<td>fentanyl Patch</td>
<td>morphine sulfate</td>
<td>Zohydro™ ER (hydrocodone)</td>
</tr>
</tbody>
</table>
**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.

Buprenorphine HCl with naloxone is indicated for the treatment of opioid dependence. It should not be used in conjunction with Opioids as toxicity risk is increased. Exception may exist for things like short-term use for injuries and surgeries and should be incorporated into the Opioid Use Disorder (OUD) treatment plan if and when applicable.

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:
o 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.
o The prescriber certifies there has been an informed consent document signed and an addiction risk assessment has been performed.
o 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.
o 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 with in 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 ≥90MME/day or carefully justifying a decision to titrate dosage to ≥90MME/day. More information on CDC guidelines for prescribing opioids for chronic pain may be found at:


**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

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>7/2022</td>
<td>Updated tables with removal of discontinued drugs.</td>
</tr>
<tr>
<td>10/2021</td>
<td>Updated to add buprenorphine buccal film to short acting policy list.</td>
</tr>
<tr>
<td>7/2021</td>
<td>Updated to add 90 MME safety edit and make Oxycontin nonpreferred.</td>
</tr>
<tr>
<td>11/2020</td>
<td>Updated to clarify we will only approve authorizations for specific opioids and not for groups of opioids.</td>
</tr>
<tr>
<td>4/2020</td>
<td>Updated to include Hydrocodone Bitartrate ER Capsules &amp; Prolate to the policy.</td>
</tr>
<tr>
<td>4/2019</td>
<td>Updated to include Benzhydrocodone/APAP &amp; Apadaz® to the policy.</td>
</tr>
<tr>
<td>1/2019</td>
<td>Update to include Dvorah and to add a specialty provider type.</td>
</tr>
<tr>
<td>11/2018</td>
<td>Updated to include Nalocet™ &amp; Roxybond™ into the short acting criteria.</td>
</tr>
<tr>
<td>10/2017</td>
<td>Updated to add AG Buprenorphine Patch &amp; Butrans® to the formulary.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations and added Morphabond™ ER.</td>
</tr>
<tr>
<td>4/2017</td>
<td>Updated to add Arymo™ ER to the long acting part of the policy.</td>
</tr>
<tr>
<td>1/1/2017</td>
<td>Updated to make some format changes.</td>
</tr>
</tbody>
</table>
References


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