



Blue Cross Opioid Coverage Policy

Managing pain safely and effectively-Updated June 2022

The opioid situation remains at epidemic proportions in our state. However, health plans like Blue Cross and Blue Shield of Louisiana and providers like you, along with pharmacies, lawmakers and others, continue to fight against misuse and overuse of opioids among Louisiana citizens. The good news is that policies like this one are already showing signs of reducing opioids in communities and helping patients new to opioid prescription drugs from becoming chronic users.

Blue Cross C-II and C-III Opioid Coverage: Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc., (Blue Cross) developed this policy after considering a breadth of clinical guidelines, industry best practices, state regulatory requirements and our own member population in order to set appropriate coverage guidelines that we expect will reduce opioid risks among our members and, ultimately, the community.

As of the date this guide was published, we have seen a **42%+ reduction in opioid prescriptions per 1,000 members** and a **51%+ reduction in the number of opioid** units (single pill, capsule or tablet) per member per month since 2016. These efforts are supported by our providers who also work to reduce the number of opioids in the community and minimize the number of patients who become chronic opioid users.

DRUG CLASS	BLUE CROSS OPIOID COVERAGE POLICY
ACETAMINOPHEN (TYLENOL) SAFETY EDIT	<ul style="list-style-type: none"> Limits all Tylenol® containing medications to 3 grams or less of Tylenol per day. No exceptions. Applies to opioid and non-opioid drugs.
IBUPROFEN SAFETY EDIT	<ul style="list-style-type: none"> Limits all ibuprofen/short-acting opioid combination medications to 5 tabs or less per day. No exceptions.
ASPIRIN SAFETY EDIT	<ul style="list-style-type: none"> Limits all aspirin/short-acting opioid combination medications to 4 grams or less of aspirin per day. No exceptions.
SHORT-ACTING OPIOIDS (examples: Percocet® and generics, Lortab® and generics, codeine, oxycodone)	<ul style="list-style-type: none"> Prior authorization* required for fills longer than 7-day supply. Prior authorization* required for fills longer than a cumulative 21-day supply within 60 days' time. Certain exceptions will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information.
LONG-ACTING OPIOIDS (examples: Butrans®, fentanyl patch, OxyContin®, MS Contin®, morphine ER, Oxycodone ER)	<ul style="list-style-type: none"> Prior authorization* required for new users. Certain exceptions will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information.

*Prior authorization requirements on reverse.

If you have clinical questions about this Drug Alert, please contact: pharmacybenefits@bcbsla.com

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Prior Authorization Criteria

DRUG CLASS	PRIOR AUTHORIZATION CRITERIA
SHORT-ACTING OPIOIDS	<ul style="list-style-type: none">• Prior authorization required for fills longer than a 7-day supply.• Prior authorization required for fills longer than a cumulative 21-day supply within 60 days' time.

PRIOR AUTHORIZATION REQUIREMENTS:

- Requested opioid is utilized to treat cancer pain OR end-of-life care; OR
- ALL of the following are met:
 1. Prescriber certifies that there is an active treatment plan, which includes the use of other pharmacological and non-pharmacological agents for pain relief (as appropriate), in place for the member; AND
 2. Prescriber certifies that there is an agreement between the patient and the prescriber, documented in the medical record, which addresses the issues of prescription management, diversion, doctor/pharmacy shopping and the use of other substances; AND
 3. Prescriber has completed an addiction risk assessment.

LONG-ACTING OPIOIDS	<ul style="list-style-type: none">• Prior authorization required for new users.
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PRIOR AUTHORIZATION REQUIREMENTS:

- Requested opioid is utilized to treat cancer pain OR end-of-life care; OR
- ALL of the following are met:
 1. Patient requires around the clock pain control; AND
 2. Prescriber certifies that there is an active treatment plan, which includes the use of other pharmacological and non-pharmacological agents for pain relief (as appropriate), in place for the member; AND
 3. Prescriber certifies that there is an agreement between the patient and the prescriber, documented in the medical record, which addresses the issues of prescription management, diversion, doctor/pharmacy shopping and the use of other substances; AND
 4. Prescriber has completed an addiction risk assessment; AND
 5. If the requested drug is Arymo® ER, Belbuca, Dolophine®, Duragesic® Patch, Embeda®, Exalgo®, Kadian®, MS Contin®, Nucynta™ ER, Opana® ER, branded Oxycodone ER, Xartemis® XR, Xtampza™ ER, Zohydro® ER, or Morphabond™ ER, the patient must have tried and failed at least TWO of the following long-acting opioids: generic buprenorphine patch (5 mcg, 7.5 mcg, 10 mcg, 15 mcg, 20 mcg), generic fentanyl patch (12mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg), generic hydromorphone ER, generic hydrocodone bitartrate ER, Hysingla® ER, generic methadone, generic methadose, generic morphine sulfate ER, generic morphine sulfate CR or OxyContin®.
 6. If the requested drug is Butrans patch or branded Buprenorphine Patch, the patient must have tried and failed generic buprenorphine patch AND Belbuca patch.

OPIOID PRESCRIBING TOOLKIT ONLINE

This Drug Alert is part of a toolkit of resources and best practices. View and download any part of our **Opioid Prescriber Toolkit** on the **Provider** section of our website at bcbsla.com, under **Pharmacy**.

A Reminder about Drug Coverage for Blue Cross Members:

Our closed formulary, or Covered Drug List, which can be found at bcbsla.com/CoveredDrugs, applies to the majority of our members. Find more information about drug coverage, formularies and excluded drugs at bcbsla.com/Pharmacy.

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