

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



June 12, 2019

### Pharmacy Benefit Update – New Drug-Related Utilization Management Program: Opioid Immediate Release (IR) New to Therapy (NTT) Program

Effective July 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will limit members filling an IR opioid for the first time to less than 50 morphine milligram equivalents (MME) per day and to a 7-day supply or less. The program will allow for uses beyond these limits if the patient has a diagnosis of cancer pain due to an active malignancy, is taking an oncology agent in the past 120 days, is eligible for hospice care, or has provided documentation showing use beyond these limits is appropriate.

The intent of the program is to help direct appropriate use of IR opioids based on the Centers for Disease Control (CDC) and Prevention guideline recommendation that acute use of these agents should rarely exceed 7 days of therapy and that a <50 MME per day would likely reduce risk among a large proportion of patients who would experience fatal overdose at higher prescribed dosages.

The program will check if a patient is new to opioid therapy as defined as having no prior opioid use in the past 120 days. If the patient is new to therapy, the patient will be restricted to <50 MME per day and ≤7 days of therapy.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also managing overall costs. This process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

| TARGETED AGENTS  | TARGETED AGENTS  |
|--|--|
| acetaminophen/codeine 120 mg/12 mg/5 mL solution                                 | <b>Demerol™</b> (meperidine) 100 mg tablet   |
| <b>Apadaz™</b> (benzhydrocodone/acetaminophen 4.08/325 mg tablet                 | <b>Dilaudid®</b> (hydromorphone) 1 mg/mL liquid  |
| <b>Apadaz™</b> (benzhydrocodone/acetaminophen 6.12/325 mg tablet                 | <b>Dilaudid®</b> (hydromorphone) 2 mg tablet   |
| <b>Apadaz™</b> (benzhydrocodone/acetaminophen 8.16/325 mg tablet                 | <b>Dilaudid®</b> (hydromorphone) 4 mg tablet   |
| butorphanol 10 mg/mL nasal spray   | <b>Dilaudid®</b> (hydromorphone) 8 mg tablet   |
| <b>Capital® and Codeine</b> (acetaminophen/codeine) 120 mg/12 mg/5 mL suspension | <b>Dolophine®</b> (methadone) 5 mg tablet  |
| codeine 15 mg tablet   | <b>Dolophine®</b> (methadone) 10 mg tablet   |
| codeine 30 mg tablet   | <b>Fioricet® w/Codeine</b><br>(butalbital/acetaminophen/caffeine/codeine) 50 mg/325 mg/40 mg/30 mg capsule |

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Distribution: Available on providers.bluecrossmn.com. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

| TARGETED AGENTS   | TARGETED AGENTS  |
|---|--|
| codeine 60 mg tablet  | <b>Fioricet® w/Codeine</b><br>(butalbital/acetaminophen/caffeine/codeine) 50 mg/300 mg/40 mg/30 mg capsule |
| <b>Fiorinal® w/Codeine</b> (butalbital/aspirin/caffeine/codeine) 50 mg/325 mg/40 mg/30 mg capsule | oxycodone 10 mg tablet   |
| <b>Hycet®</b> (hydrocodone/acetaminophen) 7.5 mg/325 mg/15 mL solution                            | oxycodone 20 mg tablet   |
| hydrocodone/acetaminophen 2.5 mg/325 mg tablet  | oxycodone 5 mg/5mL solution  |
| hydrocodone/acetaminophen solution 10 mg/325 mg/15 mL solution                                    | pentazocine/naloxone 50 mg/0.5 mg tablet   |
| levorphanol 2 mg tablet   | oxycodone 20 mg/mL concentrate   |
| levorphanol 3 mg tablet   | <b>Percocet®, Endocet®</b> (oxycodone/acetaminophen) 2.5 mg/325 mg tablet                                  |
| meperidine 50 mg tablet   | <b>Panlor®</b> (acetaminophen/caffeine/dihydrocodeine) 325 mg/30 mg/16 mg tablet                           |
| meperidine 50 mg/5 mL solution  | <b>Percocet®, Endocet®, Roxicet™</b> (oxycodone/acetaminophen) 5 mg/325 mg tablet                          |
| methadone 5 mg/5mL solution   | <b>Percocet®, Endocet®</b> (oxycodone/acetaminophen) 7.5 mg/325 mg tablet                                  |
| methadone 10 mg/mL concentrate  | <b>Percocet®, Endocet®</b> (oxycodone/acetaminophen) 10 mg/325 mg tablet                                   |
| methadone 10 mg/5 mL solution   | <b>Percodan®, Endodan®</b> (oxycodone/aspirin) 4.8355 mg/325 mg tablet                                     |
| <b>Methadose™</b> (methadone) 40 mg soluble tablet  | <b>Primlev™</b> (oxycodone/acetaminophen) 5 mg/300 mg tablet   |
| morphine 15 mg tablet   | <b>Primlev™</b> (oxycodone/acetaminophen) 7.5 mg/300 mg tablet   |
| morphine 30 mg tablet   | <b>Primlev™</b> (oxycodone/acetaminophen) 10 mg/300 mg tablet  |
| morphine 10 mg/5 mL solution  | <b>Reprexain™</b> (hydrocodone/ibuprofen) 2.5 mg/200 mg tablet   |
| morphine 20 mg/5 mL solution  | <b>Reprexain™, Ibudone®</b> (hydrocodone/ibuprofen) 5 mg/200 mg tablet                                     |
| morphine 20 mg/mL concentrate   | <b>Reprexain™, Ibudone®, Xylon™</b> (hydrocodone/ibuprofen) 10 mg/200 mg tablet                            |
| <b>Nalocet®</b> (oxycodone/ acetaminophen) 2.5 mg/300 mg tablet                                   | <b>Roxicodone®</b> (oxycodone) 5 mg tablet   |
| <b>Norco®</b> (hydrocodone/acetaminophen) 5 mg/325 mg tablet                                      | <b>Roxicodone®</b> (oxycodone) 15 mg tablet  |
| <b>Norco®</b> (hydrocodone/acetaminophen) 7.5 mg/325 mg tablet                                    | <b>RoxyBond™</b> (oxycodone) 15 mg tablet  |
| <b>Norco®</b> (hydrocodone/acetaminophen) 10 mg/325 mg tablet                                     | <b>RoxyBond™</b> (oxycodone) 30 mg tablet  |
| <b>Nucynta®</b> (tapentadol) 50 mg tablet   | <b>Roxicet™</b> (oxycodone/acetaminophen) 5 mg/325 mg/5 mL solution  |
| <b>Nucynta®</b> (tapentadol) 75 mg tablet   | <b>Roxicodone®</b> (oxycodone) 30 mg tablet  |
| <b>Nucynta®</b> (tapentadol) 100 mg tablet  | <b>Synalgos®-DC</b> (aspirin/caffeine/dihydrocodeine) 356.4 mg/30 mg/16 mg capsule                         |
| <b>Opana®</b> (oxymorphone) 5 mg tablet   | <b>Zolvit™/Lortab®</b> (hydrocodone/acetaminophen) 10 mg/300 mg/15 mL solution                             |

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| <b>Opana</b> <sup>®</sup> (oxymorphone) 10 mg tablet                              | <b>Trezip</b> <sup>™</sup> (acetaminophen/caffeine/dihydrocodeine) 320.5 mg/30 mg/16 mg capsule |
| <b>Oxaydo</b> <sup>®</sup> , <b>RoxyBond</b> <sup>™</sup> (oxycodone) 5 mg tablet | <b>Tylenol</b> <sup>®</sup> w/ <b>Codeine</b> (acetaminophen/codeine) 300 mg/15 mg tablet       |
| <b>Oxaydo</b> <sup>®</sup> (oxycodone) 7.5 mg tablet                              | <b>Tylenol</b> <sup>®</sup> w/ <b>Codeine</b> (acetaminophen/codeine) 300 mg/30 mg tablet       |
| oxycodone 5 mg capsule  | <b>Tylenol</b> <sup>®</sup> w/ <b>Codeine</b> (acetaminophen/codeine) 300 mg/60 mg tablet       |
| oxycodone/ibuprofen 5 mg/400 mg tablet  | <b>Ultracet</b> <sup>®</sup> (tramadol/acetaminophen) 37.5 mg/325 mg tablet                     |
| <b>Ultram</b> <sup>®</sup> (tramadol) 50 mg tablet                                | <b>Xodol</b> <sup>®</sup> (hydrocodone/acetaminophen) 7.5 mg/300 mg tablet                      |
| <b>Vicoprofen</b> <sup>®</sup> (hydrocodone/ibuprofen) 7.5 mg/200 mg tablet       | <b>Xodol</b> <sup>®</sup> (hydrocodone/acetaminophen) 10 mg/300 mg tablet                       |
| <b>Xodol</b> <sup>®</sup> (hydrocodone/acetaminophen) 5 mg/300 mg tablet          |   |

a – all target agents are subject to a ≤ 7 days of therapy and <50 morphine milligram equivalents per day if no prior opioid or oncology claims are found in the past 120 days

### Products Impacted

This notice applies to commercial lines of business.

New criteria will be posted by June 1, 2019 and may be accessed using the Blue Cross provider link.

- Access **providers.bluecrossmn.com**
- Under Tools and Resources, select Medical policy, then acknowledge the Acceptance statement
- Select View All Active Policies
- Select Pharmacy Utilization Management Programs

### CoverMyMeds prior authorization request service

Prescribers can submit ePA drug requests for Blue Cross subscribers who have pharmacy benefits through Blue Cross by either submitting a request through CoverMyMeds's (CMM) free web portal or by sending an electronic NCPDP file to Prime through an integrated Electronic Medical Record (EMR) system during the e-prescribing process.

- To access CMM, go to [www.covermymeds.com](http://www.covermymeds.com)
- The first time you use the portal to submit a PA, you will need to create a CMM account.
- For help using the CMM site select Support (top of the web page) to view FAQs, CMM physician training webinar offerings, and support options to help you get started.

### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.