

PROVIDER BULLETIN

PROVIDER INFORMATION



October 17, 2014

Universal Pharmacy Policy for Minnesota Health Care Programs Subscribers

Background

Earlier this year, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) along with pharmacy policy experts from the Minnesota Department of Human Services (DHS), UCare, Health Partners, IMCare, Medica, PrimeWest, South Country Health Alliance, and Metropolitan Health Plan formed the Universal Pharmacy Policy Workgroup.

Universal Pharmacy Policy Workgroup (UPPW)

Members of the UPPW include state licensed pharmacists and physicians, as well as individuals with significant pharmacy policy expertise. The UPPW meets twice a month to develop Universal Pharmacy Policy (UPP) for high risk and controlled substance medications. The UPPW set the minimum formulary requirements for contracted health plans serving the Minnesota Health Care Programs population.

Products Impacted

- Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare

Contractual Requirements for Health Plans

In order to achieve compliance with the UPP provisions, on January 1, 2015, Blue Cross shall adopt the following **minimum requirements** for high risk and controlled substance medications recommend by the UPPW.

1. OxyContin[®] (oxycodone ER) will require prior authorization, and all patients prescribed OxyContin[®] (oxycodone ER) must demonstrate intolerance or treatment failure to morphine at equipotent dosing.
2. There will be a limit on the amount of opiates a patient may have consecutively. Long-term opiate use (all products) will be limited to a morphine equivalent dose of 120 morphine equivalents dose (MED) per day over an average of 90 days. If a patient requires greater than 120 MEDs, a prior authorization for medical necessity must be requested.
3. Controlled substances of Drug Enforcement Schedule (DEA) schedule IV, III, and II will be subject to refill-too-soon criteria that require that 85 percent of the previous fill be used before the next fill will be paid.
4. Promethazine with codeine cough syrup, which is already non-formulary, will not be allowed overrides for any purpose.

The MN Prescription Monitoring Program (PMP)

The MN PMP collects prescription data on all schedule II-V controlled substances. Reporting is required from all in-state pharmacies and other dispensers as well as from those out-of-state pharmacies that ship controlled substances to Minnesota residents. This program allows qualified prescribers to request patient profile information 24 hours a day, 7 days a week. These profiles are intended to be used to supplement an evaluation of a patient, to confirm a patient's drug history, or to document compliance with a therapeutic regimen. The program is meant to improve patient care and to reduce the misuse of controlled substances. For additional information on PMP and/or to register, please go to:

Website: <http://pmp.pharmacy.state.mn.us/>

Email: Minnesota.pmp@state.mn.us

Telephone: (651) 201-2836

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Distribution: All participating providers impacted by the information in this bulletin
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What can you do to prepare?

- As your patient(s) who are using OxyContin[®] (oxycodone ER) return for refills, if they have not tried and failed or are not intolerant of morphine-sustained release, transition them to morphine-sustained release products, if possible. The table below shows approximate morphine equivalent dosing to OxyContin[®] (oxycodone ER).
- For your patients who have tried and failed morphine sustained release products and/or have a true allergy or intolerance, and who continue to need long-term pain relief from opiates:
 - Proactively request prior authorizations for these patients.
 - We encourage you to make your request before January 1, 2015, so the subscriber does not experience any lapse in coverage for the drug.
 - Review the utilization patterns of patients who are on long-term opiates for chronic pain and consider creating an opiate contract with each of your patients who are using an opiate-containing drug on a long-term basis.
- Create an account with the MN Prescription Monitoring Program, so that you have access to follow all the prescribers and pharmacies your patient may be using to obtain controlled substances.
- Familiarize yourself with addiction specialists (for patient referral, if necessary).

Morphine equivalent dosing to OxyContin[®] (oxycodone ER)

	OxyContin [®] (oxycodone ER) total daily dose	Morphine daily dose range
Strengths available	10, 15, 20, 30, 40, 60, 80 mg	15, 30, 60, 100 mg
Dosing frequency	Twice daily	Twice daily
Expected equianalgesic dosing (represents total daily dose)	20 mg	30 – 40 mg
	30 mg	45 – 60 mg
	40 mg	60 – 80 mg
	60 mg	90 – 120 mg
	80 mg	120 – 160 mg
	100 mg	150 – 200 mg

Questions?

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