

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



June 11, 2018

### Pharmacy Benefit Update – New Drug-Related Prior Authorization (PA) with Quantity Limit (QL) Criteria: Opioids Extended Release (ER)

Effective July 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require PA with QL for Opioids Extended Release (ER) agents.

The intent of the Opioids ER PA and QL program is to ensure appropriate selection of patients for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment (for which alternative treatment options are inadequate) based on product labeling and/or clinical practice guidelines and/or clinical studies. The program will allow for approval for the following:

- Patients with diagnosis of pain due to active malignancies or who are in hospice care.
- Patients with chronic non-cancer pain when the following are met:
  - The prescriber has provided documentation for a formal consultative evaluation which includes diagnosis and complete medical history; and
  - The requested agent is not prescribed as an as-needed (prn) analgesic; and the patient’s medication history includes the use of an immediate acting opioid or the patient has a documented intolerance, Food and Drug Administration (FDA) labeled contraindication(s), or hypersensitivity to immediate-acting opioid; and
  - The prescriber has confirmed that a patient-specific pain management plan is on file; and
  - The prescriber has confirmed that the patient is not diverting.

In addition, the program will check for concurrent use of target agents and buprenorphine or buprenorphine/naloxone products used for treatment of opioid dependence. If concurrent use is found, the program will approve concurrent use only when the prescriber provides documentation in support of the concurrent use. The program will not be approved for those with FDA labeled contraindication(s) to the requested agent.

Please note: QLs are currently in place with Opioid ER agents.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence-based care. One method for doing so is through PA with QL process. The primary purpose is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

#### Opioid Extended-Release Prior Authorization with Quantity Limit

<b>BRAND NAME (generic name - if available). Generic drug is also subject to prior authorization and quantity limit.</b>	<b>Quantity Limit (per 30 days)</b>
ARYMO ER	90 tabs
BELBUCA	60 films
BUPRENORPHINE transdermal patch weekly	4 systems/week
BUTRANS	4 systems/week

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

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<b>BRAND NAME (generic name - if available). Generic drug is also subject to prior authorization and quantity limit.</b>	<b>Quantity Limit (per 30 days)</b>
CONZIP	30 caps
DURAGESIC (fentanyl transdermal patch) 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	15 patches
EMBEDA	60 caps
EXALGO (hydromorphone ext-release 24 hr) 8 mg, 12 mg, 16 mg, 32 mg fentanyl transdermal patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	30 tabs 15 patches
HYSINGLA ER	30 tabs
KADIAN (morphine sulfate ext-release) 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	60 caps
KADIAN 40 mg, 200 mg	60 caps
MORPHABOND ER	60 tabs
MORPHINE SULFATE BEADS EXT-RELEASE	30 caps
MS CONTIN (morphine sulfate ext-release)	90 tabs
NUCYNTA ER	60 tabs
OPANA ER, OPANA ER (CRUSH RESISTANT)	60 tabs
OXYCODONE ER, OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tabs
OXYCODONE ER, OXYCONTIN 60 mg, 80 mg	120 tabs
OXYMORPHONE ER	60 tabs
TRAMADOL BIPHASIC RELEASE caps	30 caps
ULTRAM ER (tramadol ext-release)	30 tabs
XARTEMIS XR	120 tabs
XTAMPZA ER	60 caps
ZOXYDRO ER	60 caps

### Products Impacted

This PA program applies to commercial lines of business.

New PA criteria is posted 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

As a reminder, CoverMyMeds (CMM) is a free service to providers which allows quick and easy submission of PA requests. Experience with CMM by other plans has demonstrated marked reductions in physician office call-backs regarding PA requests, after CMM is implemented. PA requests may also continue to be faxed to their review destination external to the CMM portal, as is the current practice.

You may access CMM at [www.covermymeds.com](http://www.covermymeds.com). Select Help (top right of the web page) to view FAQs and Support tutorials (3-5 minutes), including live online chat support to help you get started. You will need to open a CMM account to submit requests using the portal.

### Questions?

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