Managing Opioid Coverage
Reasons for Change

- Louisiana has the 6th highest opioid prescription per capita rate, making the state one of only 8 that have more opioid prescriptions dispensed in a year than they have residents.

- More than 800 Louisiana residents died from opioid overdoses, both prescription and illicit, in 2015.

- The Louisiana legislature passed two laws during the 2017 Regular Session that address the opioid epidemic:
  - Act 82, effective Aug. 1, 2017, implements a 7-day prescription limit for first-time fills on opioid drugs to treat pain, with certain exemptions.
  - Act 76, provisions effective beginning Jan. 1, 2018, tightens Louisiana’s Prescription Monitoring Program, a database doctors and pharmacists check to make sure patients do not have dispensing records that indicate potential abuse.

- Blue Cross and Blue Shield of Louisiana will implement a new opioid over-utilization policy starting Jan. 1, 2018.
Opioids in the Workplace

- Opioid abuse costs employers approximately $10 billion/year due to workers’ absenteeism and lost productivity.

- More than 70% of United States employers say they are feeling the direct impact of prescription drug misuse in their workplaces.

- Employers also reported they have had the following problems in the workplace related to drug use:
  - Absenteeism: 39%
  - Decreased employee performance: 29%
  - Employee overdose: 10%
Blue Cross 2018 Opioid Policy

In order to set appropriate coverage guidelines, Blue Cross developed this policy after considering a breadth of:

• clinical guidelines,
• industry best practices,
• state regulatory requirements, and
• our own member population.

The policy:

• places safety edits for acetaminophen, ibuprofen and aspirin on all short-acting opioid prescriptions
• requires prior authorization for short-acting opioids more than a certain days’ supply, within a set period of time, and
• requires prior authorization for new users of long-acting opioids.

Certain exceptions or adjusted limitations will apply for existing users within a set time and members with cancer or receiving end-of-life care based on claims history and/or provider information.

OUR GOALS:

1) Decrease the amount of opioids in the community.
2) Minimize the number of patients becoming chronic opioid users.
## Blue Cross 2018 Opioid Policy

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<tr>
<th>DRUG CLASS</th>
<th>POLICY</th>
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| **Acetaminophen (Tylenol) Safety Edit**  | - Limit all short-acting opioid fills to include 3 grams or less Tylenol per day.  
- No exceptions.  
- Applies to opioid and non-opioid drugs. |
| **Ibuprofen Safety Edit**                | - Limit all short-acting opioid fills to include 5 tabs or less ibuprofen per day.  
- No exceptions. |
| **Aspirin Safety Edit**                  | - Limit all short-acting opioid fills to include 4 grams or less aspirin per day.  
- No exceptions. |
| **Short-acting Opioids**                 | - Prior authorization required for fills longer than 7-day supply.  
- Prior authorization required for fills longer than 21-day supply within 60 days’ time.  
- Existing users who filled prescriptions for a preferred opioid in the previous 130 days may be grandfathered.  
- Certain exceptions or adjusted limitations will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information. |
| **Long-acting Opioids**                  | - Prior authorization required for new users.  
- Existing users who filled prescriptions for a preferred opioid in the previous 130 days may be grandfathered.  
- Certain exceptions or adjusted limitations will apply for members with cancer or receiving end-of-life care based on claims history and/or provider information. |
Short Acting Opioid PA 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 Opioid PA Requirements

• Requested opioid is utilized to treat cancer pain OR end of life care; OR
• ALL of the following are met:
  1) Patient has been treated with a short-acting opioid within the previous 60 days AND 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 non-preferred, the patient must have tried and failed at least TWO preferred long-acting opioids.
Physician Education: Opioid Prescribing Toolkit

Dear Provider,

Thank you for our state, it is our patients – we are proud to be a part of it.

Louisiana has prescriptions according to the New Law in the opioid epidemic.
- Act 82 (H) fills on opioid or not necessarily.
- Act 86 (S) monitors not to check prescriptions and createing a

Louisiana Mc.
Throughout 2 opioid prescribers.

New Blue Cross Blue Shield is our opioid of choice and population in
among our

PHARMACY SERVICES

Physician Help Line
866-261-2942 Prompt 4
Case Management Referrals
877-261-3069
ndbh.com
Member Education

• Direct Customer Communication and Broad Education

• Engage Health Coaches

• Support Community and Statewide Initiatives

• And More as Needed.