



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral ROXYBOND™ (oxycodone hydrochloride) oral

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral ROXYBOND™ (oxycodone hydrochloride) oral

Criteria:

- **Criteria for initial therapy:** Oxaydo (oxycodone) and RoxyBond (oxycodone) are considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual is 18 years of age or older
 2. A confirmed diagnosis of **ONE** of the following:
 - a. cancer related pain
 - b. confirmed diagnosis of pain severe enough to require an opioid analgesic for which other alternative treatments are inadequate
 3. Failure, contraindication, or intolerance to **at least 2** medications listed below:
 - a. Acetaminophen (APAP) with codeine
 - b. Hydrocodone with APAP
 - c. Hydromorphone immediate release
 - d. Morphine immediate release
 - e. Opana immediate release
 - f. Oxycodone immediate release
 - g. Tramadol immediate release
 4. Failure, contraindication, or intolerance to at least 2 Non-Opioid therapies as per diagnosis:
 - a. **MIGRAINES:**
 - i. PREVENTATIVE TREATMENTS
 1. Anticonvulsant (Topiramate)
 2. Beta-Blockers (Propranolol, Atenolol)
 3. TCAs (Amitriptyline, Imipramine)
 4. Calcium Channel Blockers (Amlodipine, Verapamil)
 5. Non pharmacological treatments (Cognitive behavioral therapy, Relaxation, Biofeedback, Exercise therapy)
 - ii. ACUTE TREATMENTS
 1. Aspirin, Acetaminophen, NSAIDS (Naproxen, Ibuprofen, Meloxicam, Diclofenac) may be combined with caffeine
 2. Anti-nausea medication (Ondansetron, Promethazine)
 3. Triptans - migraine-specific (Rizatriptan, Sumatriptan)
 - b. **NEUROPATHIC PAIN:**
 - i. TCAs (Amitriptyline, Imipramine)
 - ii. SNRIs (Duloxetine, Venlafaxine)
 - iii. Gabapentin/Lyrica
 - iv. Topical Aspercreme 4% cream or Patches
 - v. Non pharmacological treatments (Exercise, Weight loss, patient education)



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral ROXYBOND™ (oxycodone hydrochloride) oral

- c. **OSTEOARTHRITIS:**
 - i. **FIRST LINE**
 - 1. Acetaminophen
 - 2. Oral NSAIDs (Naproxen, Ibuprofen, Meloxicam, Diclofenac)
 - 3. Topical NSAIDs (Diclofenac Gel)
 - ii. **SECOND LINE**
 - 1. Capsaicin
 - d. **FIBROMYALGIA:**
 - i. Duloxetine
 - ii. Lyrica
 - iii. Gabapentin
 - iv. TCAs (Amitriptyline, Imipramine)
 - v. Non pharmacological treatments (Low impact aerobic exercise such as brisk walking, swimming, water aerobics or bicycling. Cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation)
- 5. **For non-cancer pain:** A **treatment plan**, including:
 - a. Pain intensity (scales or ratings)
 - b. Functional status (physical and psychosocial)
 - c. Patient's goal of therapy (level of pain acceptable and/or functional status)
 - d. Current non-pharmacological treatment
 - 6. **For non-cancer pain:** Physician-patient **pain management contract** must be provided
 - 7. **For non-cancer pain:** Documentation must be included for **random urine or blood tests** twice a year
 - 8. **For non-cancer pain:** Documentation of **PDMP reviewed** by the prescriber every time a prescription for controlled substance is provided
 - 9. **For non-cancer pain:** **One pharmacy (and another 24-hour closest pharmacy)** must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan*)
 - 10. **For non-cancer pain:** Individual has been evaluated and must **not** have an active addiction to illicit substances or prescription drugs or a drug seeking behavior
 - 11. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a plan to taper use and to coordinate care among all prescribers
 - 12. There is documentation that coordination of care will be performed between different prescribers for **ALL** controlled substances
 - 13. Absence of **ALL** contraindications and warnings



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral ROXYBOND™ (oxycodone hydrochloride) oral

Initial approval duration:

Oxaydo and RoxyBond will be approved at the requested dosage for 6 months for pain not related to cancer

Oxaydo and RoxyBond will be approved at the requested dosage for 12 months for pain related to cancer
For non-cancer pain, one pharmacy (and another 24-hour closest pharmacy) must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan*)

- **Criteria for continuation of coverage (renewal request):** Oxaydo (oxycodone) and RoxyBond (oxycodone) are considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual's pain is controlled with these products
 2. The condition has not progressed or worsened while on therapy and no development of severe side effects like:
 - a. Apnea, dyspnea, epistaxis, hemoptysis, hyperventilation, hypoxia, upper respiratory infection etc.
 - b. Confusion/speech disturbance
 - c. Dehydration
 - d. Atrial fibrillation/arrhythmia/chest pain
 - e. Ascites
 3. **For non-cancer pain:** A **treatment plan**, including:
 - a. Pain intensity (scales or ratings)
 - b. Functional status (physical and psychosocial)
 - c. Patient's goal of therapy (level of pain acceptable and/or functional status)
 - d. Current non-pharmacological treatment
 4. **For non-cancer pain:** Physician-patient **pain management contract** must be provided
 5. **For non-cancer pain:** Documentation must be included for **random urine or blood tests** twice a year
 6. **For non-cancer pain:** Documentation of **PDMP reviewed** by the prescriber every time a prescription for controlled substance is provided
 7. **For non-cancer pain:** **One pharmacy (and another 24-hour closest pharmacy)** must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan*)
 8. **For non-cancer pain:** Individual has been evaluated and must **not** have an active addiction to illicit substances or prescription drugs or a drug seeking behavior
 9. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a plan to taper use and to coordinate care among all prescribers



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral ROXYBOND™ (oxycodone hydrochloride) oral

10. There is documentation that coordination of care is being performed between different prescribers for ALL controlled substances

Renewal duration:

Oxaydo and RoxyBond will be approved at the requested dosage for 12 months for pain not related to cancer

Oxaydo and RoxyBond will be approved at the requested dosage for 12 months for pain related to cancer
For non-cancer pain, one pharmacy (and another 24-hour closest pharmacy) must be selected for all the controlled substances prescription services (limitation may vary by specific member's benefit plan*)

*For Qualified Health Plans (QHP) for Individuals/Families and Small Groups:

"Narcotics Designated Network Program" is a program that requires certain members taking narcotic medications to obtain prescriptions for all covered narcotic medications from one designated eligible physician or other provider and to obtain all covered narcotic medications from one network pharmacy designated by BCBSAZ and/or the PBM.

Description:

Oxaydo and RoxyBond (oxycodone hydrochloride) are opioid agonist indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Oxycodone is a full opioid agonist and is relatively selective for the mu-opioid receptor, although it can bind to other opioid receptors at higher doses. The principal therapeutic action is analgesia.

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Oxaydo and RoxyBond (oxycodone hydrochloride) for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or non-opioid combination products) have not been tolerated or are not expected to be tolerated, or have not provided adequate analgesia or are not expected to provide adequate analgesia.

Pain is a subjective episode described as an unpleasant, multi-dimensional, sensory, and emotional experience associated with actual or potential tissue damage or described in relation to such damage. The perception of pain is further influenced by physical, psychological, social, cultural, and hereditary factors. Persistent pain will often require treatment with regularly scheduled analgesics and supplemental analgesics for breakthrough periods.

Opioid analgesic medications relieve a wide variety of pain syndromes and are generally accepted for the treatment of severe acute pain. There are many agents available with brand and generic options for the treatment of pain. Several of these are available as both immediate- (or short-) acting and long-acting formulations. There are clinically meaningful differences in potency, time to onset, elimination and duration of action among the various compounds. There is no reliable comparative evidence demonstrating that one opioid is more effective than another opioid analgesic.

Specific central nervous system (CNS) opiate receptors and endogenous compounds with morphine-like activity have been identified throughout the brain and spinal cord and are likely to play a role in the expression and perception of pain. Opioid receptors have also been identified within the peripheral nervous system (PNS). The



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral **ROXYBOND™ (oxycodone hydrochloride) oral**

primary site of therapeutic action of opioids is within the CNS. Opioid agonists are thought to reduce pain by acting primarily through interaction with opioid mu-receptors located in the brain, spinal cord, and smooth muscle.

In theory, opioids have no maximum or ceiling dose; however recent guidelines suggest close evaluation of individuals using large doses of opioid medications to identify unique opioid related adverse effects.

Opioid agonists produce respiratory depression by direct action on the brain stem respiratory center. All opioids have the potential to cause respiratory depression, abuse and physical dependence. None have been proven to be safer than another. One method employed by manufacturers to mitigate abuse of opioids has been formulating products that are difficult to extract the main opioid ingredient from the original form. No opioid formulation or reformulation prevents use of large dosage units which is the most common method of abuse. There is concern that use of abuse deterrent formulations may shift use to other opioids, including heroin.

Providers should individualize treatment of pain in every case, using non-opioid analgesics, opioids on an as needed basis, combination products, and when appropriate chronic opioid therapy in a progressive comprehensive plan of pain management. The World Health Organization's (WHO) guidelines for cancer pain management recommends a three-stepped approach with consideration for the type of pain and response to therapy. Initial therapy includes non-opioid analgesics such as non-steroidal anti-inflammatory drugs (NSAIDs). For mild to moderate pain, oral combinations of acetaminophen and NSAIDs with opioids are recommended. For moderate to severe pain, opioid analgesics are recommended. Titration of dose and frequency is individualized to the patient's response and development of adverse effects. For patients with inadequate pain relief and intolerable opioid-related toxicity/adverse effects, a switch to an alternative opioid may be an option for obtaining symptomatic relief.

Oxaydo and RoxyBond (oxycodone hydrochloride) are formulated with inactive ingredients that make the tablet more difficult to manipulate for misuse and abuse even if the tablet is subjected to physical manipulation and/or chemical extraction. The tablets are resistant to cutting, crushing, grinding, or breaking. In addition, intact, manipulated tablets resist extraction from use of selected household and laboratory solvents. Other oxycodone immediate-release products are available. Oral formulations include immediate-release capsule and tablet, oral solution, and an oral abuse deterrent 5 mg and 7.5 mg tablets. Oxaydo (oxycodone hydrochloride) is available in 5 mg and 7.5 mg strengths. RoxyBond (oxycodone hydrochloride) is available in 5 mg, 15 mg, and 30 mg strengths. Relative to other oxycodone immediate-release tablets, RoxyBond (oxycodone hydrochloride) formulation forms a viscous material that resists passage through a needle, making it more difficult to prepare solutions for intravenous injection.

Definitions:

CDC Recommendations for Opioid Prescribing for Chronic Pain:

A. Determining when to initiate or continue opioids for chronic pain

1. Opioids are not first-line or routine therapy for chronic pain
2. Establish and measure goals for pain and function
3. Discuss benefits and risks and availability of non-opioid therapies with patient



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral **ROXYBOND™ (oxycodone hydrochloride) oral**

B. Opioid selection, dosage, duration, follow-up, and discontinuation

1. Use immediate-release opioids when starting
2. Start low and go slow - Use caution at any dose and avoid increasing to high dosages
3. When opioids are needed for acute pain, prescribe no more than needed
 - a. Do NOT prescribe ER/LA opioids for acute pain
4. Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if opioids cause harm or are not helping

C. Assessing risk and addressing harms of opioid use

1. Evaluate risk factors for opioid-related harms
2. Check CSPMP for high dosages and prescriptions from other providers at the beginning of the treatment and at least quarterly while on the opioid treatment
3. Use urine drug testing to identify prescribed substances and undisclosed use
4. Avoid concurrent benzodiazepine and opioid prescribing
5. Arrange treatment for opioid use disorder if needed

Prescriber Education:

A. Guidelines for Prescribing Opioids for Chronic Pain

https://www.cdc.gov/drugoverdose/pdf/TurnTheTide_PocketGuide-a.pdf
http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline_FINAL.pdf
https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

B. Checklist for prescribing opioids for chronic pain

https://www.cdc.gov/drugoverdose/pdf/PDO_Checklist-a.pdf

C. Tapering Opioids for Chronic Pain

https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf

D. Non-Opioid Treatments

https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf

E. Assessing Benefits and Harms of Opioid

https://www.cdc.gov/drugoverdose/pdf/Assessing_Benefits_Harms_of_Opioid_Therapy-a.pdf

F. Calculating Total Daily Dose of Opioids for Safer Dosage

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

G. Checking Controlled Substances Prescription Monitoring Program (CSPMP)

<https://arizona.pmpaware.net/login>
<https://pharmacympm.az.gov/>

H. Educational Webinar Series for Prescribers

<https://www.cdc.gov/drugoverdose/pdf/COCA-webinar-series-allslides-a.pdf>
<https://www.cdc.gov/drugoverdose/prescribing/trainings.html>
<http://www.coperems.org/>



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral
ROXYBOND™ (oxycodone hydrochloride) oral

- I. CDC Guideline for Prescribing Opioids for Chronic Pain**
<https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>
- J. Washington State Opioid Taper Plan Calculator**
www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
- K. Tapering Long-Term Opioid Therapy in Chronic Non-Cancer Pain**
[www.mayoclinicproceedings.org/article/S0025-6196\(15\)00303-1/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext)
- L. UpToDate**
https://www.uptodate-com.mwu.idm.oclc.org/contents/overview-of-the-treatment-of-chronic-non-cancer-pain?source=search_result&search=non-cancer%20pain&selectedTitle=1~150

Opioid Risk Assessment Tool:

Score each that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16-45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disorders		
ADD,OCD, Bipolar, Schizophrenia	2	2
Depression	1	1
Total score		
Assessment of risk		
Low risk for abuse	< 3	
Moderate risk for abuse	4-7	
High risk for abuse	> 8	
Definitions of risk		
Low = unlikely to abuse		
Moderate = as likely will as will not abuse		
High = likely to abuse		



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017
LAST REVIEW DATE: 8/20/2020
LAST CRITERIA REVISION DATE: 8/20/2020
ARCHIVE DATE:

OXAYDO® (oxycodone hydrochloride) oral
ROXYBOND™ (oxycodone hydrochloride) oral

Resources:

Oxaydo (oxycodone hydrochloride) Package Insert, revised by manufacturer 10-2019, accessed 07-06-20 at DailyMed

RoxyBond (oxycodone hydrochloride) Package Insert, revised by manufacturer 12-2018, accessed 07-06-20 at DailyMed

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.
