



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017  
LAST REVIEW DATE: 5/20/2021  
LAST CRITERIA REVISION DATE: 5/20/2021  
ARCHIVE DATE:

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

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](http://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](mailto:Pharmacyprecert@azblue.com). **Incomplete forms or forms without the chart notes will be returned.**

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

### Criteria:

➤ An **exception** request on an opioid medication limitation for quantity, or dosage greater than **21 days** may be 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 pain severe enough that is not controlled by the current quantity or dosage
3. 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)

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)



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017  
LAST REVIEW DATE: 5/20/2021  
LAST CRITERIA REVISION DATE: 5/20/2021  
ARCHIVE DATE:

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

- v. Non pharmacological treatments (Low impact aerobic exercise such as brisk walking, swimming, water aerobics or bicycling. Cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation)
- e. **OTHER CHRONIC PAIN INDICATION:**
  - i. Acetaminophen
  - ii. NSAIDs (e.g., naproxen, ibuprofen, meloxicam, diclofenac, etc.)
  - iii. Gabapentin
- 4. Documentation of the treatment plan and diagnosis that provides the rationale for the exception on medication limitation for quantity or dosage
- 5. Coordination of care will be performed between different prescribers for **ALL** controlled substances
- 6. **For non-cancer pain:** For **morphine equivalent dosing (MED) greater than 180mg/day:**
  - a. A dosing schedule to bring individual to a lower dosage of MED less than 180mg/day (titration schedule required)
- 7. **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
- 8. **For non-cancer pain:** Physician-patient **pain management contract** must be provided
- 9. **For non-cancer pain:** Individual must **NOT** be actively using **illicit substances** **OR** have a history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous or a problem (i.e.; multiple providers, multiple pharmacy or multiple controlled substances)
- 10. **For non-cancer pain:** Documentation must be included for **random urine or blood tests** twice a year
- 11. **For non-cancer pain:** Documentation of **PDMP (Prescription Drug Monitoring Program) reviewed** by the prescriber every time a prescription for controlled substance is provided
- 12. **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\*)
- 13. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a treatment plan to taper use and to coordinate care among all prescribers
- 14. Absence of **ALL** contraindications
  - a. **Contraindications:**
    - i. Significant Respiratory depression
    - ii. Acute or severe bronchial asthma



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017  
LAST REVIEW DATE: 5/20/2021  
LAST CRITERIA REVISION DATE: 5/20/2021  
ARCHIVE DATE:

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

- iii. Known or suspected paralytic ileus or other GI obstruction
- iv. Moderate to severe hepatic impairment
- v. Allergic reaction to opioid medication prescribed

\*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.

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** is considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. **ONE** of the following:
    - a. Individual's pain is controlled with these products
    - b. Medication Assisted Treatment (MAT)
  2. There is documentation that coordination of care is being performed between different prescribers for **ALL** controlled substances
  3. 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
  4. **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
  5. **For non-cancer pain:** Physician-patient **pain management contract** must be provided
  6. **For non-cancer pain:** Documentation must be included for **random urine or blood tests** twice a year
  7. **For non-cancer pain:** Documentation of **PDMP reviewed** by the prescriber every time a prescription for controlled substance is provided



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017  
LAST REVIEW DATE: 5/20/2021  
LAST CRITERIA REVISION DATE: 5/20/2021  
ARCHIVE DATE:

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

8. **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\*)
9. **For non-cancer pain:** Individual has been evaluated and must **not** have an active addiction to illicit substances or prescription drugs **OR** a history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous or a problem (i.e.; multiple providers, multiple pharmacy or multiple controlled substances)
10. There is **NO** concomitant use with benzodiazepines-ex. clonazepam, lorazepam, diazepam etc. **OR** there is a treatment plan to taper use and to coordinate care among all prescribers

**Renewal approval duration:** 12 months

---

### **Description:**

Medications are subject to limitations, including but not limited to, quantity, age, gender, and dosage. BCBSAZ determines which medications are subject to limitations based upon medication product labeling, nationally recognized compendia or guidelines, and established clinical trials that have been published in peer reviewed professional medical journals. Medication limitations are subject to change at any time without prior notice.

Providers may submit an exception request when medication limitations are exceeded or not met. However, a request is not a guarantee of coverage. Applicable benefit limitations and exclusions of the member's specific benefit plan may apply.

---

### **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

##### **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
  - 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



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 9/21/2017  
LAST REVIEW DATE: 5/20/2021  
LAST CRITERIA REVISION DATE: 5/20/2021  
ARCHIVE DATE:

---

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

---

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:

- Guidelines for Prescribing Opioids for Chronic Pain  
[https://www.cdc.gov/drugoverdose/pdf/TurnTheTide\\_PocketGuide-a.pdf](https://www.cdc.gov/drugoverdose/pdf/TurnTheTide_PocketGuide-a.pdf)  
[http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline\\_FINAL.pdf](http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline_FINAL.pdf)  
[https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf)
- Checklist for prescribing opioids for chronic pain  
[https://www.cdc.gov/drugoverdose/pdf/PDO\\_Checklist-a.pdf](https://www.cdc.gov/drugoverdose/pdf/PDO_Checklist-a.pdf)
- Tapering Opioids for Chronic Pain  
[https://www.cdc.gov/drugoverdose/pdf/Clinical\\_Pocket\\_Guide\\_Tapering-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf)
- Non-Opioid Treatments  
[https://www.cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)
- Assessing Benefits and Harms of Opioid  
[https://www.cdc.gov/drugoverdose/pdf/Assessing\\_Benefits\\_Harms\\_of\\_Opioid\\_Therapy-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Assessing_Benefits_Harms_of_Opioid_Therapy-a.pdf)
- Calculating Total Daily Dose of Opioids for Safer Dosage  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf)
- Checking Controlled Substances Prescription Monitoring Program (CSPMP)  
<https://arizona.pmpaware.net/login>  
<https://pharmacypmp.az.gov/>
- 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/>
- CDC Guideline for Prescribing Opioids for Chronic Pain  
<https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>
- Washington State Opioid Taper Plan Calculator  
[www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf](http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf)
- 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)

## OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE

- 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](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 |
|---|--------|------|
| <b>Family history of substance abuse</b>    |        |      |
| Alcohol                                     | 1      | 3    |
| Illegal drugs                               | 2      | 3    |
| Rx drugs                                    | 4      | 4    |
| <b>Personal history of substance abuse</b>  |        |      |
| 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    |
| <b>Psychological disorders</b>              |        |      |
| ADD,OCD, Bipolar, Schizophrenia             | 2      | 2    |
| Depression                                  | 1      | 1    |
| Total score                                 |        |      |
| <b>Assessment of risk</b>                   |        |      |
| Low risk for abuse                          | < 3    |      |
| Moderate risk for abuse                     | 4-7    |      |
| High risk for abuse                         | ≥ 8    |      |
| <b>Definitions of risk</b>                  |        |      |
| Low = unlikely to abuse                     |        |      |
| Moderate = as likely will as will not abuse |        |      |
| High = likely to abuse                      |        |      |

### ➤ **Warnings and Precautions:**

- Simultaneous use with another long-acting opioid drug
- Used on an as needed basis
- Used during immediate post-operative period
- Used for the treatment of mild pain
- Used for pain not expected to persist for an extended period of time
- Simultaneous use with opioid antagonist or opioid agonist-antagonist
- Simultaneous use with monoamine oxidase inhibitors (MAOIs) or within 14 days of stopping an MAOI
- Woman who is breast feeding an infant or child



An Independent Licensee of the Blue Cross Blue Shield Association

**PHARMACY COVERAGE GUIDELINES**  
**SECTION: DRUGS**

**ORIGINAL EFFECTIVE DATE: 9/21/2017**  
**LAST REVIEW DATE: 5/20/2021**  
**LAST CRITERIA REVISION DATE: 5/20/2021**  
**ARCHIVE DATE:**

---

## **OPIOIDS LIMITATION FOR QUANTITY AND DOSAGE**

---

### **Resources:**

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.

---