

## **Revisions of BWC Opioid Coverage – Effective Jan. 1, 2017**

### **1. Immediate release opioids**

- a. Effective Jan. 1, 2017, initial coverage of any opioid for use in a non-post operative condition is limited to seven days of coverage or 30 doses, whichever is less.
- b. Effective Oct. 1, 2016, all prescriptions for opioids in new claims, and effective Jan. 1, 2017, for all new opioid prescriptions in all claims, BWC's pharmacy department will review after 42 and 84 days of use. Review will look for compliance with the appropriate sections of Ohio Administrative Code 4123-6-21.7 (opioid prescribing rule).
  - i. Prescribers who have not submitted documentation in keeping with the requirements of the opioid prescribing rule will receive a letter from BWC after eight and 14 weeks. Letters will request missing documentation.
  - ii. BWC will notify injured workers after 12 weeks, informing them that BWC will stop covering opioid prescriptions from their prescriber if it does not receive requested documentation.
  - iii. If documentation is not present in the claim after 120 days, BWC will block opioid prescriptions from the prescriber in the claim.
  - iv. If BWC blocks opioid prescriptions from a prescriber in three or more claims in a period of six months or less, BWC will refer the prescriber for utilization review.
- c. Effective Jan. 1, 2017, BWC will not cover concurrent use of more than one immediate release opioid agent without a prior authorization (PA).
  - i. In current claims where concurrent immediate release opioids are prescribed, BWC will require the provider to submit a prior authorization.
- d. Effective Jan. 1, 2017, BWC will implement a quantity limit of 180 doses (six doses per day) for any immediate release opioid, in all claims.
  - i. Current claims exceeding this limit will be limited to their current daily dose.
- e. Effective Jan. 1, 2017, BWC will no longer consider methadone an immediate release opioid.
  - i. BWC will limit current claims where methadone is used concurrently with a sustained release opioid to the current quantity and dose.
- f. Effective Jan. 1, 2017, BWC's pharmacy department will review prescribing of an immediate release opioid in new claims after 90 and 180 days of concurrent treatment with a sustained release opioid.
  - i. The daily opioid load (Mg MED/Day) for immediate release opioids drops by 25 percent within 90 days of initiating a sustained release opioid and by 50 percent within 180 days of initiating the sustained release opioid.
  - ii. Prescribers who have not reduced the daily opioid load (MED/Day) of immediate release opioids by 25 percent within the first 90 days will receive a letter from BWC informing them of this requirement.
  - iii. If the daily opioid load has not decreased by at least 50 percent within 180 days of initiation of a sustained release opioid, BWC will send a second advisory letter to the prescriber.
  - iv. BWC will also send a letter to the injured worker.
  - v. The letters will indicate that within 30 days BWC will place a quantity limit that reduces the daily opioid load to 50 percent on all immediate release opioids in the claim.

Approved by P&T Committee: June 8, 2016

**2. Sustained Release Opioids (Effective Jan. 1, 2017)**

- a. BWC will not permit coverage for concurrent treatment of multiple SR opioids (Including methadone).
- b. BWC will not cover concurrent use of any SR opioid, oral or transdermal, with any parenteral pain management medications (e.g. IM, SC, IV, IT analgesic medications).
- c. BWC will not cover sustained release opioids in post-operative conditions unless the injured worker was being treated with the sustained release drug prior to surgery.
- d. For an opioid in Tiers 2 – 3 to be covered, a PA is required (excluding Methadone). There must be documentation in the claim of a therapeutic failure or systemic allergic reaction to at least one of the agents in the preceding Coverage Tier.
  - i. For all SR opioids, a therapeutic failure requires actual treatment for a minimum of 15 days with a documented increase in dose, before BWC will grant an escalation to an SR drug in a higher treatment tier.
- e. BWC will require a PA to exceed the daily quantity limits for oral sustained release opioids listed below.
  - i. Tramadol ER Tablets will have a total quantity limit of one dose per day or a maximum dose of 300mg, whichever is less.
  - ii. Nucynta ER® Tablets will have a total quantity limit of two doses per day or a maximum dose of 500mg per day, whichever is less.
  - iii. Morphine ER Tablets will have a total quantity limit of three doses per day for all doses.
  - iv. Hysingla ER® will have a total quantity limit of one dose per day for all doses.
  - v. Embeda® will have a total quantity limit of two doses per day for all doses.
  - vi. Oxycodone ER tablets will have a total quantity limit of three doses per day for all doses.
  - vii. Oxymorphone SR tablets will have a total quantity limit of two doses per day for all doses.
  - viii. Methadone tablets will have a total quantity limit of nine doses per day or a maximum dose of 90mg per day. whichever is less.
  - ix. Hydromorphone ER tablets will have a total quantity limit of one dose per day for all doses.
- f. BWC will consider Methadone a sustained release opioid and placed in proposed coverage TierII.
  - i. Methadone prescriptions will require documentation of a 12 lead EKG within the previous six months, before initiation of therapy and at least annually thereafter.
- g. In claims with a documented swallowing or gastrointestinal absorption condition allowed in the claim, BWC will cover fentanyl patches without previous trial of another sustained release opioid.
- h. BWC will not cover Buprenorphine patches in a claim with a total daily MED of 80mg or above.

Approved by P&T Committee: June 8, 2016

**3. Sustained release opioid coverage tiers (Current)**

- a. Note: Tramadol ER is not addressed in the current Tiers.
- b. Tier One - No PA required for coverage (other than Buprenorphine and Fentanyl patches).
  - i. Morphine Sulfate Extended Release Tablets
  - ii. Morphine/Naltrexone (Embeda®) Capsules
  - iii. Hydrocodone ER (Hysingla ER®) Tablets
  - iv. Buprenorphine (Butrans®) patches (as allowed by section 2 (g) above)
  - v. Fentanyl Patches (as allowed by section 2 (g) above)
- c. Tier Two - PA required for any agent
  - i. Oxycodone ER
  - ii. Nucynta ER®
  - iii. Butrans® Patch
  - iv. Fentanyl Patch
- d. Tier Three – PA required for either agent
  - i. Oxymorphone ER
  - ii. Hydromorphone ER

**4. Sustained release opioid coverage tiers (Effective Jan. 1, 2017)**

- a. **Tier one**  
**No PA required for coverage.**
  - i. Tramadol ER Tablets
  - ii. Tapentadol (Nucynta ER®) Tablets
  - iii. Buprenorphine (Butrans®) patches
  - iv. Morphine Sulfate Extended Release Tablets
  - v. Morphine/Naltrexone (Embeda®) Capsules
  - vi. Hydrocodone ER (Hysingla ER®) Tablets
- b. **Tier Two**  
**PA required for Oxycodone SR Tablets or Fentanyl Patches.**
  - i. Oxycodone SR Tablets
  - ii. Fentanyl Patches (as allowed by section 2 (g) above)
  - iii. Methadone Tablets (PA not required but 12 lead EKG is required)
- c. **Tier Three**  
**PA required for either drug.**
  - i. Oxymorphone SR Tablets
  - ii. Hydromorphone ER Tablets