

## BUPRENORPHINE AND METHADONE POWDERS

### Pre - PA Allowance

***Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months***

None

---

### Prior-Approval Requirements

***Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months***

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe pain

**AND ALL** of the following:

- a. **NO** dual therapy with other short acting opioid analgesic(s)
- b. Alternative treatment options have been ineffective, not tolerated or inadequate for controlling the pain (i.e., non-opioid analgesics and immediate release analgesics)
- c. Prescriber agrees to assess the benefits of pain control (i.e., care plan, signs of abuse, severity of pain) after 3 months of therapy
- d. Prescriber agrees to evaluate patient's response to therapy before changing dose or adding additional opioid medications
- e. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
- f. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary (<https://opioidanalgesicrems.com>)
- g. **NO** dual therapy with opioid addiction treatment or methadone
- h. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)



## **BUPRENORPHINE AND METHADONE POWDERS**

- v. Oxazepam (Serax)
- vi. Chlordiazepoxide (Librium)
- vii. Clorazepate dipotassium (Tranxene)
- i. **NO** cumulative morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

### **2. Opioid dependence**

#### **AND ALL** of the following:

- a. Patient will **NOT** be receiving other opioids
  - i. Patients currently on opioid therapy must be tapered off within 30 days
- b. Patient will receive counseling and psychosocial support
- c. Patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others
- d. Patient is **NOT** taking **exclusively** for pain control
- e. **NO** morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

#### **AND ALL** of the following for **BOTH** indications:

- 1. The requested dosage form is oral use only
- 2. The requested dose is **NOT** commercially available
- 3. The requested dose/ strength does **NOT** exceed 90 MME for the requested ingredient (e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

## **Prior - Approval Limits**

### **Quantity**

- **Maximum daily limit of any combination of opioid medications with a PA is 200 MME/day.**

**Duration**      6 months



**BlueCross  
BlueShield**

Federal Employee Program.

## **BUPRENORPHINE AND METHADONE POWDERS**

---

### **Prior – Approval *Renewal* Requirements**

Same as above

### **Prior - Approval *Renewal* Limits**

#### **Quantity**

- **Maximum daily limit of any combination of opioid medications with a PA is 200 MME/day.**

**Duration**     12 months