



To: AmeriHealth Caritas Louisiana Providers

Date: February 21, 2017

Subject: Louisiana Department of Health Opioid Prescriptions Limits

Summary: Effective March 22, 2017, the Louisiana Department of Health (LDH) is requiring all Healthy Louisiana Managed Care Organizations (MCO's) to implement quantity limits for opioid naïve recipients.

Effective March 22, 2017, the Louisiana Department of Health (LDH) is requiring AmeriHealth Caritas Louisiana and all other Healthy Louisiana Managed Care Organizations (MCOs) to implement a quantity limit at the Point of Sale (POS) for opioid naïve recipients enrolled in Healthy Louisiana Managed Care Organizations (MCOs). An opioid naïve recipient is a recipient who has not been prescribed opioids in the last 90 days. The attached list outlines medications affected by these new quantity limits. Also, attached is the LDH Health Plan Advisory 16-35.

What do you need to do?

If you determine it is medically necessary to prescribe an amount over LDH's quantity limit, fax the Opioid Analgesic Treatment Worksheet to PerformRx Pharmacy Provider Services at 1-855-452-9131 to request a prior authorization. PerformRx will approve the prior authorization request if all the information for the prior authorization is provided and the request meets medical necessity. The Opioid Analgesic Treatment Worksheet can be found on our website at www.amerhealthcaritasla.com under Pharmacy Prior Authorizations on the Pharmacy page.

Note: Prior authorization is not required for members who are terminally ill, under hospice care or undergoing cancer treatment if the appropriate diagnosis code is written on the prescription.

If you have any questions about this change, please call Pharmacy Provider Services at 800-684-5502.

Additional changes coming in July

Effective July 10, 2017 LDH plans to implement morphine equivalent limits of 120mg/day for all opioid users, both naïve and chronic, enrolled in Healthy Louisiana Managed Care Organizations (MCOs). Prior to the implementation date, we will be sending you information regarding members in your practice who may be impacted by this change.

AmeriHealth Caritas Louisiana is committed to keeping our providers informed on changes in policies and processes. Therefore, we will be conducting educational seminars on the new prescription limits and the effects of opioid usage across our state. More information on these seminars and the process for requesting prior authorization will be coming in the near future.

You can obtain additional information about the Opioid Epidemic in Louisiana and access the Opioid Prescribing Lunch and Learn on the Behavioral Health page of LDH's website at www.ldh.louisiana.gov under Addictive Disorders.

Opioid Quantity Limits, Units per 30-day period			
Description	Dosage Form	Units / 15 days	Representative Brand
Hydrocodone Bitartrate	Capsule ER 12 hr	30 units	Zohydro ER®
Hydrocodone/Ibuprofen	Tablet	30 units	Vicoprofen®
Hydrocodone Bitartrate	Tablet ER 24 hr	15 units	Hysingla ER®
Hydrocodone/ Acetaminophen	Short Acting Tablet/Capsule	45 units	Lortab®, Vicodin®
Hydromorphone HCl	Short Acting Tablet	45 units	Dilaudid®
Hydromorphone HCl	Tablet ER 24 hr	15 units	Exalgo®
Meperidine	Tablet	45 units	Demerol®
Methadone	Tablet	45 units	
Morphine Sulfate	Tablet	45 units	
Morphine Sulfate	Capsule ER 24 hr	15 units	Avinza®
Morphine Sulfate	Capsule SR Pellet, Tablet SA	30 units	Kadian®, MS Contin®
Morphine Sulfate/Naltrexone	Capsule SR Pellet	30 units	Embeda®
Oxycodone HCl, Oxycodone, Oxycodone/ Acetaminophen	Tablet SR 12 hr Capsule ER 12 hr Tablet ER 12 hr	30 units	Oxycontin® Xtampza ER® Xartemis XR®
Oxycodone HCl, Oxycodone/ Acetaminophen, Oxycodone/Aspirin	Tablet/Capsule	45 units	Roxicodone®, Endocet®, Percocet®, Roxicet®
Oxycodone/Ibuprofen	Tablet	14 units	
Oxymorphone HCl	Tablet	45 units	Opana®
Oxymorphone HCl	Tablet SR 12 hr	30 units	Opana ER®
Tapentadol	Tablet	45 units	Nucynta®
Tapentadol	Tablet ER 12 hr	30 units	Nucynta ER®
Tramadol HCl	Tablet	45 units	Ultram®
Tramadol HCl	Tablet ER 24 hr Capsule ER 24 hr	15 units	Ultram ER® ConZip®
Tramadol/Acetaminophen	Tablet	40 units	Ultracet®

Quantity Limits: Fentanyl Products, Units within a 30 day period					
Description	Dosage Form	Route	Units	Limit	Representative Brand
Fentanyl	Patch 12, 25, 50 mcg/hr	Transdermal	10 units	30 days	Duragesic®
Fentanyl	Patch 75, 100 mcg/hr	Transdermal	20 units	30 days	Duragesic®

Quantity Limits: Only payable for Cancer Diagnosis (C00.*-C98.*)					
Fentanyl Citrate Immediate Release*	Tablet Sublingual, Lozenge HD, Tab Effervescence, Film	Sublingual, Buccal	120 units	30 days	Abstral®, Actiq®, Fentora®, Onsolis®

Dose Limits: Buprenorphine transdermal		
Description	Units / Limit	Sample Brand Name
Buprenorphine Transdermal Patches	20 mcg/hr (480 mcg/24 hr). Each buprenorphine patch is intended to be worn for 7 days.	Butrans®

Note: Some opioid agents are not indicated for use in opioid naïve recipients. Please consult prescribing information.

In addition to the use of a standard form, LDH is also requiring AmeriHealth Caritas Louisiana and the other Healthy Louisiana MCOs to implement Point of Sale overrides to eliminate the need for prescribing providers to submit Prior Authorizations requests for exemption to these quantity limits for select medical conditions. Pharmacy claims for all opioids except fentanyl immediate release should process at Point of Sale when the pharmacist enters appropriate diagnosis codes for the conditions listed below.

Diagnosis Code	Description
C00.* - C96.*	Cancer
Z51.5	Palliative Care
*-any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code	

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana’s Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.