

**Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval (Opioids)**

Restricted Use Drug - A Prescription Medication or Drug that may require Prior Approval and/or be subject to a limited dispensing amount.

Key Definitions		
CE	Coverage Exception	For Qualified Health Plans (QHP), this is a Non-Formulary drug excluded from coverage. If seeking coverage, a Coverage Exception Form must be submitted for review. The coverage exception form can be found on the link below: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSND/COMMERCIAL/NDIVLDRUG/ND_HIM_Coverage_Exception.pdf OR https://www.myprime.com/en/coverage-exception-form.html
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data. See benefit plan Formulary
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug. See benefit plan Formulary
PA	Prior Approval	A drug that requires Prior Approval. Prior authorization form for pharmacy drugs can be found on the link below: https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html
QHP	Qualified Health Plan	BlueCare, BlueDirect, BlueEssential, BluePartner, BluePrime and SimplyBlue

The following List of Drugs represents the drugs requiring Prior Approval (PA)
<ul style="list-style-type: none"> • This entire list applies to the commercial population. • PA/CE prior authorization form for pharmacy drugs can be found on the link below: <ul style="list-style-type: none"> ○ https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html • Specific criteria must be met before medication is covered under the pharmacy benefit. Unless otherwise noted, if a prior approval is granted, the drug will be allowed at the Formulary benefit level. • Immediate-Release Opioids: BCBSND will require Prior Approval for opioid IR products if a patient meets a combination of the following conditions: <ul style="list-style-type: none"> ○ Patient is new to opioid therapy ○ Patient is using opioid therapy > 50 morphine milligram equivalents (MME) per day ○ Duration of therapy is ≥7 days of therapy. • Extended-Release Opioids: BCBSND will require Prior Approval for Opioid ER products. Patients that are currently on an extended-release will be allowed continuation of therapy for the same agent. Dispensing limits are currently in place for all opioid ER products

CATEGORY (Immediate release/Extended-release)	BRAND (generic) DRUG NAME	QHP
IMMEDIATE RELEASE	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	CE
IMMEDIATE RELEASE	acetaminophen/codeine	PA
IMMEDIATE RELEASE	acetaminophen/codeine #3	CE
IMMEDIATE RELEASE	acetaminophen/codeine phosphate	PA
IMMEDIATE RELEASE	APADAZ	CE

**Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval (Opioids)**

CATEGORY (Immediate release/Extended-release)	BRAND (generic) DRUG NAME	QHP
EXTENDED RELEASE	ARYMO ER	CE
IMMEDIATE RELEASE	ascomp/codeine	PA
EXTENDED RELEASE	BELBUCA	PA
IMMEDIATE RELEASE	BENZHYDROCODONE/ACETAMINOPHEN	CE
EXTENDED RELEASE	buprenorphine	PA
IMMEDIATE RELEASE	butalbital/acetaminophen/caffeine/codeine	PA
IMMEDIATE RELEASE	butalbital/aspirin/caffeine/codeine	PA
IMMEDIATE RELEASE	BUTORPHANOL TARTRATE	PA, CE (brand only)
EXTENDED RELEASE	BUTRANS	PA
IMMEDIATE RELEASE	CODEINE SULFATE	PA, CE (brand only)
IMMEDIATE RELEASE	codeine/acetaminophen	CE
EXTENDED RELEASE	CONZIP	CE
IMMEDIATE RELEASE	DEMEROL	CE
IMMEDIATE RELEASE	DILAUDID	CE
EXTENDED RELEASE	DURAGESIC	CE
IMMEDIATE RELEASE	duramorph	CE
IMMEDIATE RELEASE	dvorah	CE
IMMEDIATE RELEASE	endocet	PA
EXTENDED RELEASE	fentanyl	PA
IMMEDIATE RELEASE	FIORICET/CODEINE	CE
IMMEDIATE RELEASE	FIORINAL/CODEINE #3	CE
EXTENDED RELEASE	hydrocodone bitartrate ER	PA (brand and generic)
IMMEDIATE RELEASE	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PA, CE (brand only)
IMMEDIATE RELEASE	hydrocodone/acetaminophen	PA
IMMEDIATE RELEASE	hydrocodone/ibuprofen	PA (brand and generic)
IMMEDIATE RELEASE	hydromorphone hydrochloride	PA
EXTENDED RELEASE	hydromorphone hcl er	PA
IMMEDIATE RELEASE	hydromorphone hydrochloride	CE
EXTENDED RELEASE	hydromorphone hydrochloride er	PA

**Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval (Opioids)**

CATEGORY (Immediate release/Extended-release)	BRAND (generic) DRUG NAME	QHP
EXTENDED RELEASE	HYSINGLA ER	CE
EXTENDED RELEASE	KADIAN	CE
IMMEDIATE RELEASE	levorphanol tartrate	CE
IMMEDIATE RELEASE	lorcet	PA
IMMEDIATE RELEASE	lorcet hd	PA
IMMEDIATE RELEASE	lorcet plus	PA
IMMEDIATE RELEASE	LORTAB	CE
IMMEDIATE RELEASE	MEPERIDINE HCL	CE (brand and generic)
IMMEDIATE RELEASE	METHADONE HCL	PA, CE (brand only)
IMMEDIATE RELEASE	methadone hydrochloride	PA
IMMEDIATE RELEASE	methadone hcl intensol	PA
IMMEDIATE RELEASE	METHADOSE	PA, CE (brand only)
IMMEDIATE RELEASE	METHADOSE SUGAR-FREE	CE
EXTENDED RELEASE	MORPHABOND ER	CE
IMMEDIATE RELEASE	MORPHINE SULFATE	PA (brand and generic)
EXTENDED RELEASE	morphine sulfate cr	CE
EXTENDED RELEASE	MORPHINE SULFATE ER	PA (brand and generic)
IMMEDIATE RELEASE	MORPHINE SULFATE/SODIUM CHLORIDE	CE
EXTENDED RELEASE	MS CONTIN	CE
IMMEDIATE RELEASE	NALOCET	CE
IMMEDIATE RELEASE	NORCO	CE
IMMEDIATE RELEASE	NUCYNTA	CE
EXTENDED RELEASE	NUCYNTA ER	PA
IMMEDIATE RELEASE	OPANA	CE
IMMEDIATE RELEASE	OXAYDO	CE
IMMEDIATE RELEASE	OXYCODONE AND ACETAMINOPHEN	CE
IMMEDIATE RELEASE	oxycodone hcl	PA
EXTENDED RELEASE	OXYCODONE HCL ER	CE
IMMEDIATE RELEASE	oxycodone hydrochloride	PA

**Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval (Opioids)**

CATEGORY (Immediate release/Extended-release)	BRAND (generic) DRUG NAME	QHP
EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE ER	CE
IMMEDIATE RELEASE	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	CE
IMMEDIATE RELEASE	OXYCODONE/ACETAMINOPHEN	PA, CE (brand only)
IMMEDIATE RELEASE	OXYCODONE/ASPIRIN	PA
IMMEDIATE RELEASE	OXYCODONE/IBUPROFEN	PA
EXTENDED RELEASE	OXYCONTIN	PA
IMMEDIATE RELEASE	oxymorphone hydrochloride	PA
EXTENDED RELEASE	OXYMORPHONE HYDROCHLORIDE ER	PA
IMMEDIATE RELEASE	pentazocine/naloxone hcl	CE
IMMEDIATE RELEASE	PERCOCET	CE
IMMEDIATE RELEASE	PRIMLEV	CE
IMMEDIATE RELEASE	PROLATE	CE
IMMEDIATE RELEASE	QDOLO	CE
IMMEDIATE RELEASE	ROXICODONE	CE
IMMEDIATE RELEASE	SEGLENTIS	CE
IMMEDIATE RELEASE	tramadol hcl	PA
EXTENDED RELEASE	TRAMADOL HCL ER	PA, CE (brand only)
IMMEDIATE RELEASE	TRAMADOL HYDROCHLORIDE	PA, CE (brand only)
EXTENDED RELEASE	tramadol hydrochloride er	CE
IMMEDIATE RELEASE	tramadol hydrochloride/acetaminophen	PA
IMMEDIATE RELEASE	TREZIX	CE
IMMEDIATE RELEASE	TYLENOL/CODEINE #2	CE
IMMEDIATE RELEASE	TYLENOL/CODEINE #3	CE
IMMEDIATE RELEASE	TYLENOL/CODEINE #4	CE
IMMEDIATE RELEASE	ULTRACET	CE
IMMEDIATE RELEASE	ULTRACET	CE
IMMEDIATE RELEASE	ULTRAM	CE
IMMEDIATE RELEASE	XODOL	CE
EXTENDED RELEASE	XTAMPZA ER	CE

Blue Cross Blue Shield of North Dakota
Restricted Use List – Prior Approval (Opioids)

CATEGORY (Immediate release/Extended-release)	BRAND (generic) DRUG NAME	QHP
EXTENDED RELEASE	ZOHYDRO ER	CE



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)