

## **Policy update for lumbar laminectomies, effective September 16, 2018**

We will update our Omnibus Reimbursement Policy (R24) and no longer reimburse claims for a lumbar laminectomy when billed with a posterior lumbar interbody fusion (PLIF) with or without a modifier. A lumbar laminectomy is considered incidental to the PLIF and is not separately reimbursable.

This update is effective for claims processed on or after September 16, 2018.

An article about this policy update will be included in a July 2018 Network News.

## **Drug formulary updates for Doxepin 5% cream, effective September 1, 2018**

Effective September 1, 2018, we will remove the brand name Doxepin 5% cream from our Standard, Performance, Value, and Advantage formularies and offer a generic topical steroid (e.g., betamethasone) or topical tacrolimus. For customers who are covered by our Legacy formulary, we will institute quantity limits for Doxepin 5% cream.

We will send letters to affected providers on June 8, 2018. We will send letters to affected customers on June 8, 2018 as well.

## **Opioid prescribing requirement changes**

As part of the July 1, 2018 formulary changes, we will continue to build on our commitment to promote the safe use of opioids. We will make the following changes:

- Implement a morphine milligram equivalents (MME) program and require prior authorization for patients receiving very high- ( $\geq 120$ mg/day) and extremely high doses of opioids ( $\geq 200$  mg/day).
- Implement a prior authorization requirement for methadone when used for chronic pain management when prescribed for dispensing by a pharmacy<sup>2</sup>, and apply stricter prior authorization criteria for fentanyl patches.
- Apply more restrictive quantity limits on new prescriptions for short-action opioids, from a 15-day to a 7-day supply. The goal is to promote the use of alternative treatment options, when clinically appropriate, to minimize first-time exposures to these highly addictive drugs. We will send a letter on June 8, 2018 to providers who prescribed two or more prescriptions for opioids in a recent 120-day period notifying them of these changes. #