



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association*

February 2018

Dear Member:

Thank you for being a valued BlueCross BlueShield of South Carolina member.

Why we are writing:

As you know, there is a national opioid crisis. Your health plan is dedicated to ensuring that opioids are prescribed safely and appropriately. For that reason, we are changing the amount of opioid medication your benefit plan will cover beginning April 1, 2018. **According to our records, you have had a prescription filled within the last 90 days for an opioid that is included in the new management program.**

Please refer to the document included with this letter to find the opioid drug you are taking. If your prescription is for more than the allowed quantity limit, your doctor will have to request and get prior authorization (PA) for your plan to continue to cover (pay for) that prescription.

What you need to do:

If your prescription is within the allowed quantities, there is nothing you need to do at this time. If your prescription is for more than the allowed quantity, please contact your doctor as soon as possible to discuss this information. If your doctor thinks it's appropriate for you to continue to take opioids in greater quantities than allowed, your doctor can request the required PA by calling CVS Caremark at 800-294-5979 or fax a request to 888-836-0730. CVS Caremark is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan.

If you are currently taking an opioid as part of treatment for cancer or sickle cell disease, or are under hospice care, you are exempt from these program requirements and do not need to take any action.

How to contact us:

If you have any questions or need additional information, you can contact us at the Customer Service number on the back of your ID card. You can also learn more by visiting www.SouthCarolinaBlues.com.

We look forward to continuing to serve you.

Sincerely,

Member Services

OPIOID QUANTITY MANAGEMENT

Please note: Quantity limits may be lower if member is taking multiple strengths of the same drug.

Immediate-Release Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
Codeine sulfate oral solution	30 mg/5 mL	210 mL
Codeine sulfate tablets	15 mg, 30 mg and 60 mg	42 tablets
Hydromorphone liquid	1 mg/mL	600 mL
Hydromorphone suppositories	3 mg	120 suppositories
Hydromorphone tablets	2 mg	180 tablets
	4 mg	150 tablets
	8 mg	60 tablets
Levorphanol tablets	2 mg	120 tablets
Meperidine oral solution	50 mg/5 mL	90 mL
Meperidine tablet	50 mg and 100 mg	18 tablets
Morphine sulfate (conc) oral solution	20 mg/mL (100 mg/5 mL)	135 mL
Morphine sulfate oral solution	10 mg/5 mL	900 mL
	20 mg/5 mL	675 mL
Morphine sulfate suppositories	5 mg and 10 mg	180 suppositories
	20 mg	120 suppositories
	30 mg	90 suppositories
Morphine sulfate tablets	15 mg	180 tablets
	30 mg	90 tablets

Immediate-Release Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
Oxycodone capsules	5 mg	180 capsules
Oxycodone oral concentrate	100 mg/5 mL (20 mg/mL)	90 mL
Oxycodone solution	5 mg/5 mL	900 mL
Oxaydo	5 mg and 7.5 mg	180 tablets
Oxycodone tablets	5 mg and 10 mg	180 tablets
	15 mg	120 tablets
	20 mg	90 tablets
	30 mg	60 tablets
oxymorphone tablets	5 mg	180 tablets
	10 mg	90 tablets
Pentazocine/naloxone	50/0.5 mg	120 tablets
RoxyBond	5 mg	180 tablets
	15 mg	120 tablets
	30 mg	60 tablets
Tapentadol	50 mg	120 tablets
	75 mg	90 tablets
	100 mg	60 tablets
Tramadol	50 mg	180 tablets

Combination Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
APAP/caffeine/ dihydrocodeine capsules/tablets	320.5/30/16 mg, 325/30/16 mg and 356.4/30/16 mg	300 capsules
	712.8/60/32 mg	150 tablets
APAP/codeine solution	120-12 mg/5 mL	2700 mL
APAP/codeine suspension	120-12 mg/5 mL	2700 mL
APAP/codeine tablets	300/15 mg	400 tablets
	300/30 mg	360 tablets
	300/60 mg	180 tablets
ASA/caffeine/ dihydrocodeine capsules	356.4/30/16 mg	300 capsules
Hydrocodone/APAP elixir	10/300 mg/15 mL	2025 mL
Hydrocodone/APAP solution	7.5/325 mg/15 mL , 7.5/500 mg/15 mL, 10/325 mg/15 mL and 10/500 mg/15 mL	2700 mL
Hydrocodone/APAP* tablets	2.5/325 mg	360 tablets
	2.5/500 mg, 5/300 mg, 5/325 mg, 5/400 mg, and 5/500 mg	240 tablets
	7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg, 7.5/650 mg	180 tablets
	7.5/750 mg	150 tablets

and Percocet

Combination Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
Hydrocodone/APAP tablets	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets
	10/660 mg and 750 mg	150 tablets
Hydrocodone/ibuprofen tablets	2.5/200 mg, 5/200 mg, 7.5/200 mg, 10/200mg	50 tablets
Oxycodone/APAP solution	5-325 mg/5 mL	1800 mL
Oxycodone/APAP** tablets	2.5/325 mg, 5/300 mg and 5/325 mg	360 tablets
	5/400 mg	300 tablets
	5/500 mg, 7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg,	240 tablets
Oxycodone/APAP** tablets	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets
	Oxycodone/ASA tablets	4.8355/325 mg
Oxycodone/ibuprofen tablets	5/400 mg	28 tablets
Pentazocine/APAP tablets	25/650 mg	180 tablets
Tramadol/APAP tablets	37.5/325 mg	40 tablets

(OVER)

*Hydrocodone/APAP products may be marketed under the brands of Lorcet, Lortab, Norco or Vicodin

**Oxycodone/APAP products may be marketed under the brand of Endocet

OPIOID QUANTITY MANAGEMENT

Please note: Quantity limits may be lower if member is taking multiple strengths of the same drug.

Extended-Release Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
Avinza (morphine extended-release capsules)	30 mg, 45 mg, 60 mg, 75 mg and 90 mg	30 capsules
	120 mg	Requires PA
Belbuca	75 mcg, 150 mcg, 300 mcg and 450 mcg	60 films
	600 mcg, 750 mcg and 900 mcg	Requires PA
Butrans (buprenorphine transdermal patch)	5 mcg/hr, 7.5 mcg/hr and 10 mcg/hr	4 patches
	15 mcg/hr and 20 mcg/hr	Requires PA
Conzip (tramadol extended-release capsules)	100 mg	30 capsules
	200 and 300 mg	Requires PA
Dolophine (methadone tablets)	5 mg	90 tablets
	10 mg	60 tablets
Duragesic (fentanyl transdermal patch)	12 mcg, 25 mcg and 37.5 mcg	10 patches
	50 mcg, 62.5 mcg, 75 mcg, 87.5 mcg and 100 mcg	Requires PA
Embeda	20/0.8 mg and 30/1.2 mg	60 capsules
	50/2 mg, 60/2.4 mg and 80/3.2 mg	30 capsules
	100/4 mg	Requires PA
Exalgo (hydromorphone extended-release tablets)	8 mg, 12 mg and 16 mg	30 tablets
	32 mg	Requires PA
Hysingla ER	20 mg, 30 mg, 40 mg, 60 mg and 80 mg	30 tablets
	100 mg and 120 mg	Requires PA
Kadian (morphine extended-release capsules)	10 mg, 20 mg, 30 mg and 40 mg	60 capsules
	50 mg, 60 mg, 70 mg and 80 mg	30 capsules
	100 mg, 130 mg, 150 mg and 200 mg	Requires PA
Methadone	10 mg/mL Intensol solution	60 mL
	5 mg/5 mL Oral solution	450 mL
	10 mg/5mL Oral solution	300 mL

Extended-Release Products		
DRUG NAME	DRUG STRENGTH	MONTHLY QUANT. LIMIT
Methadone	200 mg/20 mL injection	20 mL (1 multidose vial)
Methadose	5 mg	90 tablets
	10 mg	60 tablets
MS Contin (morphine extended-release tablets)	15 mg and 30 mg	90 tablets
	60 mg, 100 mg and 200 mg	Requires PA
Nucynta ER	50 mg and 100 mg	60 tablets
	150 mg, 200 mg and 250 mg	Requires PA
OxyContin (oxycodone extended-release tablets)	10 mg, 15 mg, 20 mg and 30 mg	60 tablets
	40 mg, 60 mg and 80 mg	Requires PA
Oxymorphone HCL	5 mg, 7.5 mg, 10 mg and 15 mg	60 tablets
	20 mg, 30 mg and 40 mg	Requires PA
Targiniq ER	10 mg/5 mg and 20 mg/10 mg	60 tablets
	40 mg/20 mg	Requires PA
Tramadol ER	100 mg	30 tablets
	150 mg	30 capsules
	200 mg and 300 mg	Requires PA
Troxyca ER	10 mg/1.2 mg, 20 mg/2.4 mg, 30 mg/3.6 mg	60 capsules
	40 mg/4.8 mg, 60 mg/7.2 mg, 80 mg/9.6 mg	Requires PA
Ultram ER (tramadol extended-release tablets)	100 mg	30 tablets
	200 mg and 300 mg	Requires PA
Vantrela ER	15 mg, 30 mg and 45 mg	60 tablets
	60 mg and 90 mg	Requires PA
Xtampza ER	9 mg, 13.5 mg, 18 mg and 27 mg	60 capsules
	36 mg	Requires PA
Zohydro ER	10 mg, 15 mg, 20 mg, 30 mg and 40 mg	60 capsules
	50 mg	Requires PA

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshjį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į́ ha desdzhíh nínízingo, kojį́ bécsh bec hółne' 1-844-516-6328. (Navajo)