

2019 Medicare Part D Opioid Policies: Information for Pharmacies

The Centers for Medicare & Medicaid Services (CMS) [finalized new opioid policies](#) for Medicare drug plans starting on January 1, 2019. The new policies include improved **safety edits** when opioid prescriptions are dispensed at the pharmacy and **drug management programs** for patients determined to be at-risk for misuse or abuse of opioids or other frequently abused drugs.

Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, and patients being treated for active cancer-related pain should be excluded from these interventions. These policies also should not impact patient’s access to medication-assisted treatment (MAT), such as buprenorphine.

Opioid Safety Edits

Important Note: Morphine Milligram Equivalent (MME) thresholds and days supply limits are not prescribing limits. The patient or their prescriber can request an expedited or standard coverage determination from the plan for approval of higher amounts or a longer days supply. This can be done in advance of the prescription.

Opioid Safety Edit	Pharmacist’s Role
<p>Seven-day supply limit for opioid naïve patients (hard edit)</p> <p>Medicare Part D patients who have not filled an opioid prescription recently will be limited to a supply of 7 days or less.</p> <p>Subsequent prescriptions filled during the plan’s review window (generally 60-90 days) will not be subject to the 7 days supply limit.</p> <p><i>This edit should not impact patients who already take opioids.</i></p>	<p>Provide information to the plan for override if known to pharmacist that patient has an exclusion (discussed above) or is not opioid naïve. Overrides may be communicated at point-of sale (POS) with a transaction code or by contacting the plan directly.</p> <p>Patient may receive up to a 7 days supply or request a coverage determination for full days supply as written.</p> <p>If the issue is not resolved at the POS and the prescription cannot be filled as written, including when the full days supply is not dispensed, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient.</p>
<p>Opioid care coordination edit at 90 morphine milligram equivalent (MME)</p> <p>This edit will trigger when a patient’s cumulative MME per day across his/her opioid prescription(s) reaches or exceeds 90 MME.</p> <p><i>Some plans use this alert only when the patient uses multiple opioid prescribers and/or opioid dispensing pharmacies.</i></p> <p>If the pharmacist recently consulted with the prescriber and has up to date clinical information (e.g., Prescription Drug Monitoring Program (PDMP) system or other records), additional consultation with the prescriber is not expected.</p>	<p>Provide information to the plan for override if known to pharmacist that patient has an exclusion (discussed above) or if prescriber has recently been consulted and the pharmacist has up to date clinical information. Overrides may be communicated at POS.</p> <p><i>Consult with the patient’s prescriber to confirm intent.</i> The consultation should be consistent with current pharmacy practice to verify the prescription and to validate its clinical appropriateness. This is an opportunity for pharmacists to inform the prescriber of other opioid prescribers or increasing amounts of opioids.</p> <p><i>Document the discussion and submit the appropriate override code.</i> The documentation may include the date, time, name of prescriber, and brief note that the prescriber confirmed intent, did not confirm intent, provided information on</p>

	<p>patient exclusion, or could not be reached after ‘X’ number of attempts.</p> <p>If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient.</p>
<p>Optional Hard Edit at 200 MME or more</p> <p>Some plans may implement a hard edit when a patient’s cumulative opioid daily dosage reaches 200 MME or more.</p> <p><i>Some plans use this alert only when the patient has multiple opioid prescribers and/ or opioid dispensing pharmacies.</i></p>	<p>Provide information to the plan for override if known to pharmacist that patient has an exclusion (discussed above). Overrides for exclusions from the safety edit may be communicated at POS with a transaction code or by contacting the plan directly.</p> <p>If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient.</p>
<p>Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy (soft edits)</p> <p>These soft edits will trigger when the patient is taking opioids and benzodiazepines concurrently or is taking multiple long-acting opioids.</p>	<p>Conduct additional safety review to determine if the patient’s opioid use is safe and clinically appropriate.</p> <p>If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient.</p>

Drug Management Programs (DMPs)

Medicare Part D plans may have a DMP that limits access to opioids and benzodiazepines for patients who are considered by the plan to be at risk for prescription drug abuse. The goal of a DMP is better care coordination for safer use. Patients are identified for the program by opioid use involving multiple doctors and pharmacies, and through case management conducted by the plan with the patients’ prescribers.

Coverage limitations under a DMP can include:

- Requiring the patient to obtain these medications from a specified prescriber and/or pharmacy, or
- Implementing an individualized POS edit that limits the amount of these medications that will be covered for the patient.

Before a limitation is implemented, the plan must give written notice to the patient, and an opportunity to tell the plan which prescribers or pharmacies they prefer to use or provide additional information if they disagree with the plan’s decision.

If the plan decides to limit coverage under a DMP, the patient and their prescriber have the right to appeal the plan’s decision. Pharmacies are not expected to distribute the standardized CMS pharmacy notice [Medicare Prescription Drug Coverage and Your Rights](#) to the patient in response to a rejected claim related to a limitation under a DMP. The patient or prescriber should contact the plan for additional information on how to appeal.