

New Opioid Overutilization Policies for Medicare Drug Plans Begin January 1, 2019

Effective January 1, 2019, new policies established by the Centers for Medicare & Medicaid (CMS) aimed at identifying and managing potential opioid overutilization in the Medicare Part D population will be implemented. These policies consist of improved safety alerts when opioid prescriptions are dispensed at the pharmacy, and drug management programs to better coordinate care when chronic high-risk opioid use is present.

As a provider, you are in the best position to identify and manage potential opioid overutilization in your Medicare Part D population. We will do our part by alerting you to unusual utilization patterns in prescription claims. This information is being provided to assist you with addressing potential opioid overuse while still providing access to medically necessary drug regimens. It is not intended to interfere with your clinical judgement or provider/patient relationship. Please share this information with the appropriate office staff.

Below is information on the new Medicare Part D policies:

Real-Time Safety Alerts at the Time of Dispensing

Florida Blue will employ the following new safety alerts at the pharmacy beginning January 1, 2019:

- **Seven-Day Supply Limit for Opioid-Covered Persons**

The seven-day supply hard edit for opioid prescriptions restricts initial dispensing to a supply of seven days or less for opioid naïve patients. Opioid naïve is defined as patients who have not filled an opioid prescription (long-acting or short-acting) within the previous 90 days. A safety edit stops the pharmacy from processing a prescription until an override is entered by the pharmacist.

This policy affects Medicare Part D opioid naïve patients when they present a prescription at the pharmacy for an opioid pain medication for greater than a seven-day supply. CMS' goal with this policy is to reduce the potential for chronic opioid misuse through closer management of opioid naïve patients. Limiting the amount of opioid pain medication with the first opioid prescription may reduce the risk of patients developing a future dependency or overuse of these drugs.

If you, as the prescriber, believe that an opioid naïve patient will initially need more than a seven-day supply, you can proactively request a coverage determination on behalf of the patient attesting to the medical need.

- **Opioid Care Coordination Alert**

This policy affects Medicare patients when they present an opioid prescription at the pharmacy and their cumulative morphine milligram equivalent (MME) per day across the submitted claim and selected historical claims reaches or exceeds 90 MME.

This edit includes thresholds for maximum number of prescribing providers and maximum number of pharmacies which must be exceeded for potential drug misuse to be reported. If a patient submits a prescription with a calculated daily MME of 90 mg or more and the patient has utilization from more than two pharmacies and two prescribing providers, the claim will reject at the pharmacy. When reviewing the alert, the pharmacist may need to consult with the prescriber to confirm medical need for the higher MME. Once the prescriber is contacted, the pharmacist can indicate that the prescriber was consulted so the prescription claim can pay. Pharmacy outreach will go to the provider who writes the prescription that triggers the alert even if that prescription itself is below the 90 MME threshold.

This safety alert will assist with identifying potentially high-risk patients who may benefit from closer monitoring and care coordination.

- **Opioid Safety Alerts for Concurrent Use of Duplicate or Key Potentiator Drugs**

The goal of this policy is better care coordination for safer opioid use. It is geared toward reducing the concurrent use of potentially problematic medications through the use of point-of-service safety edits. With this program, the pharmacist will receive an alert for the following:

- Concurrent opioid and benzodiazepine use
- Duplicative therapy between long-acting opioids

These edits are designed to prompt an additional safety review at the time of dispensing. The pharmacist has the ability to override this edit if deemed appropriate. If one of your patients is identified as a potentially at-risk patient, the pharmacist will contact you to review the patient's utilization pattern of frequently abused drugs.

It is important to note that all edits described above may require consultation with the prescribing doctor. Therefore, timely responses to the pharmacists if they call you will help with faster resolution of the concern, leading to quicker access to needed medications by the patient.

What We are Doing

The opioid epidemic is a top priority for both CMS and Florida Blue. We will continue to work with regulators, pharmacists and you to reduce the negative impacts of the opioid epidemic on our communities and members. These new Medicare Part D opioid overutilization policies encourage care coordination among Medicare Part D plans, pharmacies, providers and patients in improving opioid utilization management, preventing opioid misuse, reducing serious adverse risks and promoting safer prescribing practices, while minimizing disruption for your patients.

In addition to our provider communication, all Florida Blue participating pharmacists and pharmacies received detailed information from Prime Therapeutics on these new policies in early December. If you have questions regarding claims processing, please call Prime Therapeutics at 800-821-4795. More information on these changes can be found in this CMS Medicare Learning Network (MLN) Matters [article](#) for prescribers.