NEW: MEDICARE OPIOID CARE COORDINATION SOFT EDIT IN 2019 AND 2020

NEW: OPIOID CARE COORDINATION SOFT EDIT was created to help initiate a conversation between pharmacist and prescriber regarding the patient's treatment. Unless an exemption applies or the pharmacist recently consulted with the prescriber and has sufficient clinical information, the pharmacist is expected to communicate with the prescriber, document the discussion, and then, if applicable, override the edit.
TIP: Override codes are either (1) plan provided in advance or (2) obtained by contacting plan at the point-of-dispensing.
NOTE: Part D plans have some flexibility in how the safety edits are designed, so you may see variability among plans.

EXEMPTIONS: CMS expects plans to implement exemptions. Plans may also create additional exemptions. However, plans may not always have information or systems to prevent alerts when an exemption exists. Pharmacists' awareness of the following exemptions is important because they can help certain patients seamlessly obtain medications:

- Long-term care residents
- Patients in hospice care
- Patients receiving palliative care or end-of-life care
- Patients being treated for active cancer-related pain
- Additional exceptions/exemptions dictated by the plan
- Prescriptions for medication-assisted treatment (e.g., certain buprenorphine products)
- Sickle cell disease (CMS recommended for 2020)

Trigger (1)	Pharmacist's Role and Options	Additional Tips
Total opioid prescriptions meet or exceed 90 MME/day. Optional additions (plan-dependent but CMS recommended) are multiple pharmacies and/or multiple prescribers (e.g. patient's medications meet or exceed 90 MME/day AND the patient receives prescriptions from 3 prescribers). *Note: This safety edit aligns with pharmacists' corresponding responsibility, in which the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescriber and the pharmacist who fills the prescription.* *Note: Regardless of whether the prescriber confirms intent or a prescription triggers the care coordination edit, a pharmacist retains the ability to not fill based on their clinical judgement.*	**Override** the edit at the point of dispensing in accordance with plan instructions, if pharmacist knows the patient is exempt	Know exemptions to help save time and reduce unnecessary calls to prescribers.
	OR	
	Override the edit after contacting the prescriber to **confirm intent** (i.e., medical necessity and clinical appropriateness of patient's opioid use). Then the pharmacist must: 1. Document communication with prescriber; AND 2. Override the edit based on either: (a) plan provided override code; or (b) contacting plan to obtain override code to indicate an exemption applies.	Override codes are not sufficient documentation to reflect communication with the prescriber.
		Plans may allow a variety of methods for pharmacist–prescriber communications.
		The pharmacist should only consult with a prescriber on a patient's prescription once for a plan year, unless the plan implements further restrictions
		Consultation with the prescriber, extends to include communication with physician office staff or a covering physician.
	OR	
	Override because the pharmacist recently consulted with the prescriber, has up-to-date clinical information (e.g., information from the prescriber, Prescription Drug Monitoring Program system, or other records) when making decision to dispense.	CMS does not have additional information regarding timeframes to consider for "up-to-date clinical information."
	OR	
	Distribute a copy of the standardized CMS pharmacy notice *Medicare Prescription Drug Coverage and Your Rights* to the patient if the issue is not resolved at the point of dispensing and the prescription cannot be filled as written, including when the full days' supply is not dispensed.	Reasons why the edit may not be resolved at the pharmacy include: the prescriber cannot be reached for care coordination edit consultation; prescriber consulted due to care coordination edit but does not confirm the medical necessity of the prescription; prescription not filled based on pharmacist's clinical judgment, other reasons, or hard edit reject

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Communication Starters for Talking to Prescribers: Opioid Care Coordination Edit

Direct Communications:

Introduction: *"Hello, Dr. NAME, I am NAME, [PATIENT NAME]'s pharmacist calling from PHARMACY NAME."*

Purpose of the call: *"I am calling about an opioid care coordination alert for [PATIENT NAME]'s prescription for [DRUG NAME]. I need to first review their prescription and opioid use with you to make sure it is safe and clinically appropriate."*

Description of the safety edit trigger: *"I'm calling today because [PATIENT NAME]'s total daily opioid dose is at least 90 morphine milligram equivalents [and that he/she has multiple opioid prescribers, if applicable], and I am working with his/her Medicare drug plan to perform additional safety checks.*

Gaining information: *I know you follow this patient closely and have access to more complete clinical records than I do. Before the patient's prescription can be provided, I need to validate the prescription and confirm that [PATIENT NAME]'s prescription is clinically appropriate.*

Collaboration: *I also want to see if there is anything I can do to assist in minimizing risk to the patient, such as checking in with the patient when he/she gets prescriptions to help monitor for signs of risk or provide naloxone. I'm also very happy to provide information about medications that [PATIENT NAME] is getting from other prescribers if needed."*

Request for follow-up: *"It may seem like we're calling frequently, especially at the beginning of the year to perform safety checks, but once we complete this patient's prescription verification, it should not be required again this year unless we or the Medicare drug plan identifies a different safety issue or there is a significant gap between opioid prescriptions. Also, it would be helpful to know if you have a preferred mechanism for me to contact you to make this process as efficient as possible for both of us and make sure the patient can access his/her medication."*

Suggested Voicemail:

Introduction: *"Hello, Dr. NAME, I am NAME, [PATIENT NAME]'s pharmacist calling from PHARMACY NAME."*

Purpose of the call: *"I am calling about an opioid care coordination alert for [PATIENT NAME]'s prescription for [DRUG NAME]. I need to first review their prescription and opioid use with you to make sure it is safe and clinically appropriate."*

Description of the safety edit trigger: *"I am calling about an opioid care coordination alert for [PATIENT NAME]'s prescription for [DRUG NAME]. I need to first review their prescription and opioid use with you to make sure it is safe and clinically appropriate."*

Request for follow-up: *"Please call me or have someone from the office return my call at [PHONE NUMBER] to confirm [PATIENT NAME]'s X opioid prescription(s) and the clinical appropriateness of their most recent prescription because their daily MME is above 90. I cannot fill the prescription for your patient until I hear back from you. [If applicable: In case you aren't aware, [PATIENT NAME] is also receiving opioid prescriptions from Y other prescribers.] I'm happy to discuss this further with you and look forward to getting this information to provide [PATIENT NAME] access to his/her medication if appropriate."*

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Be aware that plans are also implementing Drug Management Programs and coverage limitations may be implemented at point of dispensing for those beneficiaries.

Ways you can prepare for opioid prescriptions:

- Know exemptions to help save time and reduce unnecessary calls to prescribers.
- Be aware that differences exist between drug plans, and pharmacists will be the health care practitioner most aware of these differences.
- FYI: Feel free to also share link to the patient handout: https://www.medicare.gov/Pubs/pdf/12033-safer-use-of-opioid-pain-medication.pdf
- Use a consistent process to document communications with prescribers or if any exemptions apply.
- These edits are new to prescribers, too. Pharmacists may need to spend more time explaining why they are calling. Consider proactively contacting local prescribers to let them know about upcoming changes, identify the best ways to communicate (e.g., phone calls, e-mail, particular times of day), and identify information that could be included on the prescription (e.g., diagnosis) to help inform the pharmacist's dispensing decision.
- Review and keep written copies of the standardized CMS pharmacy notice to the enrollee, *"Medicare Prescription Drug Coverage and Your Rights,"* on hand to provide to patients whose medications are not filled (also available at: *www.cms.gov/Outreach-and-Education/Outreach/Partnerships/downloads/yourrightsfactsheet.pdf*).
  - This standardized CMS pharmacy notice helps guide patients on how to get their medications covered after the patient learns their plan will not cover their prescription or if the cost-sharing amount is different than the patient expects. Consider describing the fact sheet when providing it to patients. Provide a copy of the notice even when the beneficiary does not receive a covered fill of the full days supply as written on the prescription.
- Contact the Part D plan if you have any questions or concerns about these edits.
- Since 2019, plans have been implementing Drug Management Programs; and additional safety edits may be implemented for those beneficiaries.