

# MEDICARE PART D OPIOID SAFETY EDITS 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 policies are implemented, 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
<p><b>Total opioid prescriptions meet or exceed 90 MME/day.</b></p> <p>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).</p> <p><i>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.</i></p> <p><i>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.</i></p>	<p><b>Override</b> the edit at the point of dispensing in accordance with plan instructions, if pharmacist knows the patient is exempt</p>	<p>Know exemptions to help save time and reduce unnecessary calls to prescribers.</p>
	OR	
	<p><b>Override</b> the edit after contacting the prescriber to <b>confirm intent</b> (i.e., medical necessity and clinical appropriateness of patient’s opioid use). Then the pharmacist must:</p> <ol style="list-style-type: none"> <li>1. Document communication with prescriber;</li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>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.</li> </ol>	<p>Override codes are not sufficient documentation to reflect communication with the prescriber.</p> <p>Plans may allow a variety of methods for pharmacist–prescriber communications.</p> <p>The pharmacist should only consult with a prescriber on a patient’s prescription once for a plan year, unless the plan implements further restrictions</p> <p>Consultation with the prescriber, extends to include communication with physician office staff or a covering physician.</p>
	OR	
	<p><b>Override</b> 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.</p>	<p>CMS has not provided additional information regarding timeframes to consider for “up-to-date clinical information.”</p>
	OR	
	<p><b>Distribute</b> a copy of the standardized CMS pharmacy notice <a href="#"><i>Medicare Prescription Drug Coverage and Your Rights</i></a> 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.</p>	<p>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</p>



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**OTHER SOFT EDITS** make the pharmacist aware of a potential safety concern. Pharmacists are not required to contact the plan or prescribers to resolve the edit. Soft edits can be overridden by the pharmacist based on their professional judgment.

Triggers (3)	Pharmacist's Role and Options
<p><b>Duplicative long-acting opioid therapy:</b> Plans have flexibility to define duplicative therapy at the drug or class level and should, when possible, consider situations when beneficiaries switch between doses. Optional additional criteria, determined by the plan, are multiple prescribers.</p> <p><b>Concurrent use of opioids and benzodiazepines:</b> Plans may add other potentially problematic concurrent medications, different prescribers, dose, or days' supply in the edit specifications)</p> <p><b>Opioid prescription presented following initiation of buprenorphine for medication-assisted treatment (MAT) in opioid use disorder:</b> Optional but likely implemented by most plans.</p>	<p><b>Override</b> soft edits at the point of dispensing</p>
	OR
	<p><b>Distribute</b> a copy of the standardized CMS pharmacy notice <a href="#"><i>Medicare Prescription Drug Coverage and Your Rights</i></a> 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.</p>

**HARD EDITS** occur when a patient's prescription is not aligned with the plan's general coverage parameters, and they stop the pharmacy from processing a claim unless or until an override is entered or authorized by a plan representative. In some circumstances, the plan will provide the pharmacist with a code to override the edit if the patient's prescription should be covered based on patient-specific information provided by the pharmacist.

Triggers (2)	Pharmacist's Role and Options	Additional tips
<p><b>Opioid-naïve patients,</b> meaning patients who have not recently (e.g., more than 60–90 days) filled an opioid prescription, will be subject to a supply of 7 days or less.</p>	<p>Dispense up to a <b>7-day supply</b></p>	<p>State law requirements may cap prescriptions to less than a 7-day supply.</p>
	OR	
	<p>Dispense prescription after pharmacist provides information to the Medicare Part D plan to <b>obtain an override code</b> if known to pharmacist that the patient has an exemption (discussed above) or is not opioid naïve.</p>	<p>Overrides may be communicated at point of dispensing with a transaction code or by contacting the plan directly.</p>
	<p>OR</p> <p><b>Distribute</b> a copy of the standardized CMS pharmacy notice <a href="#"><i>Medicare Prescription Drug Coverage and Your Rights</i></a> 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.</p>	<p>Pharmacists can:</p> <ul style="list-style-type: none"> <li>• Contact the prescriber to request a prescriber initiated coverage determination or</li> <li>• Inform the patient that either they or their prescriber can request a coverage determination.</li> </ul>
<p><b>200 MME/day or more (optional).</b> Plans may include pharmacy/ prescriber counts (e.g., multiple pharmacies/ multiple physicians).</p>	<p>Patient may receive prescription after pharmacist provides information to the Medicare Part D plan to <b>obtain an override code</b> if known to pharmacist that patient has an exemption (discussed above).</p>	<p>Overrides may be communicated at point of dispensing with a transaction code or by contacting the plan directly.</p>
	OR	
	<p><b>Distribute</b> a copy of the standardized CMS pharmacy notice <a href="#"><i>Medicare Prescription Drug Coverage and Your Rights</i></a> 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.</p>	<p>Pharmacists can:</p> <ul style="list-style-type: none"> <li>• Contact the prescriber to request a prescriber initiated coverage determination or</li> <li>• Inform the patient that either they or their prescriber can request a coverage determination.</li> </ul>