

Medicare Part D Opioid Policies: Information for Pharmacists

Medicare Part D **opioid policies** include **safety edits** when opioid prescriptions are dispensed at the pharmacy and **drug management programs** for Part D enrollees at risk for misuse or abuse of opioids and/or benzodiazepines.



Residents of long-term care facilities, those in hospice care, enrollees receiving palliative or end-of-life care, and enrollees being treated for cancer-related pain or sickle cell disease are exempt from these interventions. Enrollee access to medication-assisted treatment (MAT), such as buprenorphine, should not be impacted.



Opioid Safety Edits

Important Note(s):

CMS expects Part D plan sponsors to have a mechanism in place which allows all opioid safety alerts, including hard edits, to be overridden at point of sale (POS) at the pharmacy based on information from the prescriber or otherwise known to the pharmacy that an enrollee is exempt.

Morphine Milligram Equivalent (MME) thresholds and days supply limits are not prescribing limits. The enrollee 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>Opioid care coordination edit at 90 morphine milligram equivalent (MME)</p> <ul style="list-style-type: none"> ➔ This edit triggers when an enrollee's cumulative MME per day across their opioid prescription(s) reaches or exceeds 90 MME. ➔ Some plans have this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies. ➔ 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. ➔ Due to the increased burden on the healthcare system as a result of the COVID-19 pandemic, plans may waive requirements for pharmacist consultation with the prescriber to confirm intent. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above) or if prescriber has recently been consulted and the pharmacist has up to date clinical information. Overrides may be communicated at POS. <input type="checkbox"/> Outside of a known exclusion or the COVID-19 waiver, when the care coordination edit is triggered, consult with the enrollee's prescriber to confirm intent. The consultation should be consistent with current pharmacy practice to verify the prescription and to validate its clinical appropriateness. This is an opportunity to inform the prescriber of other opioid prescribers or increasing amounts of opioids. <input type="checkbox"/> Document the discussion and submit the appropriate override code. 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 enrollee exclusion, or could not be reached after 'X' number of attempts. <input type="checkbox"/> 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 enrollee.

 Opioid Safety Edit	 Pharmacist's Role
<p>Optional Hard Edit at 200 MME or more</p> <ul style="list-style-type: none"> ➔ Some plans may implement a hard edit when a enrollee's cumulative opioid daily dosage reaches 200 MME or more. ➔ Some plans have this alert only when the enrollee has multiple opioid prescribers and/or opioid dispensing pharmacies. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above). Overrides for exemptions from the safety edit may be communicated at POS with a transaction code or by contacting the plan directly. <input type="checkbox"/> 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 <i>Medicare Prescription Drug Coverage and Your Rights</i> to the enrollee.
<p>Seven-day supply limit for opioid naïve enrollees (hard edit)</p> <ul style="list-style-type: none"> ➔ Medicare Part D enrollees who have not filled an opioid prescription recently will be limited to a supply of 7 days or less. ➔ Subsequent prescriptions filled during the plan's review window (generally 60-90 days) will not be subject to the 7 days supply limit. ➔ This edit should not impact enrollees who already take opioids, but may occur for enrollees who enroll in a new plan that does not know their current prescription information. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above) or is currently taking opioids. Overrides may be communicated at POS with a transaction code or by contacting the plan directly. <input type="checkbox"/> If no override, enrollee may receive up to a 7 days supply or request a coverage determination for full days supply as written. <input type="checkbox"/> 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 <i>Medicare Prescription Drug Coverage and Your Rights</i> to the enrollee.
<p>Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy (soft edits)</p> <ul style="list-style-type: none"> ➔ These soft edits will trigger when the enrollee is taking opioids and benzodiazepines concurrently or is taking multiple long-acting opioids. 	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct additional safety review to determine if the enrollee's medication use is safe and clinically appropriate. <input type="checkbox"/> 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 <i>Medicare Prescription Drug Coverage and Your Rights</i> to the enrollee.

Drug Management Programs (DMPs)

All Medicare Part D plans must have a DMP that limits access to opioids and/or benzodiazepines for enrollees considered by the plan to be at risk for prescription drug abuse or misuse. Enrollees are identified by opioid use involving multiple doctors and pharmacies or a recent history of opioid-related overdose, and undergo case management conducted by the plan with the enrollee's prescribers.

DMP limitations can include requiring the enrollee to obtain these medications from a specified prescriber and/or pharmacy, or implementing an enrollee-specific POS edit that limits the amount of these medications that will be covered. Before a limitation is implemented, the plan must give written notice to the enrollee, and an opportunity to tell the plan which prescribers or pharmacies they prefer to use or provide additional information that they think is relevant.

If the plan decides to limit coverage under a DMP, the enrollee, their representative, or 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 enrollee in response to a rejected claim due to a limitation under a DMP. The enrollee or prescriber should contact the plan for information on how to appeal.