

## New Medicare Opioid Edits and Programs for 2019

There are several new opioid safety edits and programs that will be introduced for the 2019 Medicare Part D plan year. This will impact all Fallon Medicare members: Senior Plan, NaviCare, Summit ElderCare PACE, and Fallon Health Weinberg PACE. These new programs go into effect on January 1, 2019.

The criteria used to identify members potentially at risk or for the point of sale pharmacy edits are not intended as prescribing limits. They are used to identify members that may be at risk for opioid overuse. The edits are not a substitute for your professional judgement and do not mean that you cannot prescribe over these limits. You need to attest that the identified medications and doses are intended and medically necessary for the member.

Please be aware that network pharmacies, Fallon Pharmacy Department, our MTM vendor (Clinical Support Services (CSS)), and/or our Opioid Drug Management vendor and PBM (CVS Caremark, Enhanced Safety and Monitoring Solutions) may outreach to you for your assistance in resolving these safety edits and opioid management cases.

**Please assist us in meeting the expectation that prescribers respond to pharmacy outreach related to opioid safety alerts in a timely manner, including educating their on-call staff. Some of these issues can be completed directly with the retail pharmacy by attesting that the medications and doses are intended and medically necessary for the member.**

If you need to submit a Coverage Determination or an Exception request, please call 1-866-239-4707 or Fax 1-855-633-7673.

Below is a summary of the new programs:

### Point of Sale (POS) Opioid safety edits

CMS requires certain prospective safety edits beginning in 2019. These edits will occur when the member is filling the prescription at the pharmacy. These edits require resolution. The pharmacist at the pharmacy may override some of the edits with appropriate codes, may need to consult with the provider, and may need to inform the provider that a prior authorization is required. Since these are safety edits, they will still apply during a member's transition period; meaning, the claims will still reject with the edits and require resolution. Buprenorphine for medication-assisted treatment (MAT) is not included in the safety edits. Hospice/palliative care, active cancer-related pain, and LTC members are excluded from the safety edits. Members have Coverage Determination and Appeal rights under this program.

The edits that we will be utilizing include:

- Soft edit for concurrent opioid and benzodiazepine use – Pharmacy can override
- Soft edit for duplicative long-acting (LA) opioid therapy - Pharmacy can override
- Care coordination edit at 90 morphine milligram equivalents (MME) and 4 prescribers - Pharmacy can override only after consultation with the prescriber, documentation of the discussion, and if the prescriber confirms intent (the opioids and/or day supply is intended and medically necessary for the member), using an override code that indicates the prescriber has been consulted.
- Hard edit for a 7 day supply limit for initial opioid fills (opioid naïve) with a 90 day look-back – This will require a prior authorization be submitted. Provider needs to attest that the opioids and/or day supply is intended and medically necessary for the member. Member is considered opioid naïve if there are no opioid claims in the past 90 days.

### Medication Therapy Management

We are also including special eligibility criteria into our Medication Therapy Management Program (MTMP). In addition to traditional MTMP eligibility, members are eligible for MTMP if they have high opioid usage, defined as:

- Opioid pharmacy claims equal to or greater than 90 MME

- Three or more opioid prescribers And three or more opioid dispensing pharmacies

### **Comprehensive Addiction and Recovery Act of 2016 (CARA) - Drug Management Program**

This is a new comprehensive opioid management program required under the Comprehensive Addiction and Recovery Act of 2016 (CARA). This is a retrospective DUR program to identify members at risk for frequently abused drugs and conduct case management. Frequently abused drugs are defined by CMS as opioids and benzodiazepines. Buprenorphine for medication-assisted treatment (MAT) is not included in the 90 MME accumulations. The program excludes members with active cancer pain, palliative/hospice care, and in LTC. Dual/Low Income Subsidy (LIS) members are limited in ability to change plans to avoid intervention once identified as at-risk.

- Criteria for identification into the program include any of the below:
  - Members with opioid pharmacy claims equal to or greater than 90 MME and 3+ opioid prescribers and 3+ opioid dispensing pharmacies
  - Members with opioid pharmacy claims equal to or greater than 90 MME and 5+ opioid prescribers
  - Members with any MME level and 7+ opioid prescribers or 7+ opioid dispensing pharmacies
  - Additional potentiator drugs - Beneficiaries receiving gabapentinoids and benzodiazapines
- Program includes case management and clinical outreach to providers to determine if the member is at risk for opioid overutilization, notifications to the member, potential lock-in restrictions to specific provider(s), pharmacy(ies), and/or at the drug level. Members have Coverage Determination and appeal rights under this program.