



Medicare Part D Opioid Policies: Information for Prescribers

The Centers for Medicare and Medicaid Services (CMS) Medicare drug (Part D) [opioid policies](#) include **safety alerts** when opioid prescriptions are dispensed at the pharmacy and **drug management programs** for patients determined to be at-risk for misuse or abuse of opioids or other frequently abused drugs.

Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, and patients being treated for active cancer-related pain are exempt from these interventions. Beginning in 2020, patients with sickle cell disease should be excluded from the safety edits. These policies should not impact patient access to medication-assisted treatment (MAT), such as buprenorphine.

Opioid Safety Alerts

Part D plans are expected to implement safety alerts (pharmacy claim edits) for pharmacists to review at the time of dispensing the medication to prevent the unsafe utilization of drugs. CMS encourages prescribers to respond to pharmacists' outreach in a timely manner and give appropriate information to on-call prescribers when necessary to resolve opioid safety edits expeditiously and avoid disruption of therapy.

Opioid Safety Alert	Prescriber's Role
<p>Seven-day supply limit for opioid naïve patients (“hard edit”)</p> <p>Medicare Part D patients who have not filled an opioid prescription recently (such as within the past 60 days) will be limited to a supply of 7 days or less.</p> <p><u>Important Note:</u> <i>This alert should not impact patients who already take opioids. If a patient switches drug plans, the new plan may not know their current prescription information.</i></p>	<p>Patient may receive up to a 7 days supply or request a coverage determination for full days supply as written.</p> <p>The physician or other prescriber has the right to request a coverage determination on patient's behalf, including the right to request an expedited or standard coverage determination in advance of prescribing an opioid.</p> <p>Prescriber only needs to attest to plan that the days supply is the intended and medically necessary amount.</p> <p>Subsequent prescriptions filled within the plan's look back window are not subject to the 7 days supply limit, as the patient will no longer be considered opioid naïve.</p>
<p>Opioid care coordination alert at 90 morphine milligram equivalent (MME)</p> <p>This policy will affect Medicare patients when they present an opioid prescription at the pharmacy and their cumulative MME per day across all of their opioid prescription(s) reaches or exceeds 90 MME.</p> <p><i>Some plans use this alert only when the patient uses multiple opioid prescribers and/or opioid dispensing pharmacies.</i></p> <p>The prescriber will be contacted to resolve the alerts and to be informed of other opioid prescribers or increasing level (MME) of opioids.</p>	<p>Regardless of whether individual prescription(s) are written below the threshold, the alert will be triggered by the fill of the prescription that reaches the cumulative threshold of 90 MME or greater.</p> <p>The prescriber who writes the prescription whose daily dose prompts the alert will be contacted even if that prescription itself is below the 90 MME threshold.</p> <p>Once a pharmacist consults with a prescriber on a patient's prescription for a plan year, the prescriber will not be contacted on every subsequent opioid prescription written for the same patient unless the plan implements further restrictions.</p>

<p><u>Important Note:</u> <i>This is not a prescribing limit.</i> Decisions to taper or discontinue prescription opioids are individualized between the patient and prescriber.</p>	<p>On the patient’s behalf, the physician or other prescriber has the right to request a coverage determination for a drug(s), including the right to request an expedited or standard coverage determination in advance of prescribing an opioid.</p>
<p>Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy (“soft edits”)</p> <p>The alerts will trigger when opioids and benzodiazepines are taken concurrently or if on multiple duplicate long-acting opioids.</p>	<p>The pharmacist will conduct additional safety reviews to determine if the patient’s opioid use is safe and clinically appropriate. The prescriber may be contacted.</p>
<p>Optional Safety Alert at 200 MME or more (“hard edit”)</p> <p>Some plans may implement a hard safety alert when a patient’s cumulative opioid daily dosage reaches 200 MME or more.</p> <p><i>Some plans use this alert only when the patient uses multiple opioid prescribers and/or opioid dispensing pharmacies.</i></p> <p><u>Important Note:</u> <i>This is not a prescribing limit.</i> Decisions to taper or discontinue prescription opioids are individualized between the patient and prescriber.</p>	<p>This alert stops the pharmacy from processing the prescription until an override is entered or authorized by the plan.</p> <p>On the patient’s behalf, the physician or other prescriber has the right to request a coverage determination for a drug(s), including the right to request an expedited or standard coverage determination in advance of prescribing an opioid.</p> <p>In the absence of other approved utilization management requirements, once the prescriber(s) attests that the identified cumulative MME level is the intended and medically necessary amount, the medication will be dispensed to the patient.</p>

Drug Management Programs (DMPs)

Medicare Part D plans may have a DMP that limits access to opioids and benzodiazepines for patients who are considered to be at-risk by the plan for prescription drug abuse or misuse. The goal of a DMP is better care coordination for safer use. Patients are identified for the program by opioid use involving multiple doctors and pharmacies, and undergo case management conducted by the plan with the patients’ prescribers.

Coverage limitations under a DMP can include requiring the patient to obtain these medications from a specified prescriber and/or pharmacy, or implementing an individualized POS edit that limits the amount of these medications that will be covered for the patient. The coverage limitation tools may be put in place for 12 months and extended for an additional 12 months (total of 24 months).

After the plan conducts case management with prescribers, and before implementing a coverage limitation tool, the plan will notify the patient in writing. Plans are required to make reasonable efforts to send the prescriber a copy of the letter. After this 30 day time period, if the plan determines based on its review that the patient is at-risk and implements a limitation, it must send the patient a second written notice confirming the specific limitation and its duration.

If the plan decides to limit coverage under a DMP, the patient and their prescriber have the right to appeal the plan’s decision. The patient or prescriber should contact the plan for additional information on how to appeal.