Greater Louisville MEDICAL SOCIETY est. 1892

GLMS Practice Support Department
WEEKLY UPDATE

December 20, 2018

New Medicare Drug Plan Policies Starting January 1, 2019 to Address Opioid Crisis

(Read This Entire MLN Article HERE) These policies involve further partnership with providers and prescription drug plans and include improved safety alerts when opioid prescriptions are dispensed at the pharmacy, and drug management programs to better coordinate care when chronic high-risk opioid use is present. CMS has created a **Roadmap** that details the three-pronged approach to combating the opioid epidemic going forward. Specific to prescription opioids, beginning in January 2019, Medicare Part D plans will employ the following new safety alerts at the pharmacy:

- **7-day supply limit for opioid naïve patients:** Part D plans are expected to implement a hard safety edit to limit initial dispensing to a supply of 7 days or less. A hard safety edit stops the pharmacy from processing a prescription until an override is entered or authorized by the plan. This policy will affect Medicare patients who have not filled an opioid prescription recently (for example, within the past 60 days) when they present a prescription at the pharmacy for an opioid pain medication for greater than a 7-day supply.
- **Opioid care coordination alert:** This policy will affect Medicare patients when they present an opioid prescription at the pharmacy and their cumulative morphine milligram equivalent (MME) per day across all of their opioid prescription(s) reaches or exceeds 90 MME. 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. It is the prescriber who writes the prescription that triggers the alert who will be contacted by the pharmacy even if that prescription itself is below the 90 MME threshold.

Drug Management Programs - The Comprehensive Addiction and Recovery Act of 2016 included provisions that give Part D plans important new tools to use in 2019 to address opioid overutilization. To implement this law, CMS adopted a regulation so that Part D plans may implement a drug management program that limits access to certain controlled substances that have been determined to be “frequently abused drugs” for patients who are considered to be at-risk for prescription drug abuse. For 2019, CMS has identified opioids and benzodiazepines as frequently abused drugs.

If a provider prescribes opioids or benzodiazepines for a patient who is identified as a potential at-risk patient, the Part D plan will contact the provider to review the patient’s total utilization pattern of frequently abused drugs. The plan will ask the prescriber: *Are the prescription opioid medications appropriate, medically necessary, and safe for the patient’s medical condition and treatment; *Is the patient at-risk for misusing or abusing opioids and benzodiazepines; and *Would

The potential tools include:

1. **Patient-specific point of sale (POS) claim edit:** This is an individualized POS edit for the specific patient. It limits the amount of frequently abused drugs that may be dispensed to the patient. The plan will make every effort to obtain a prescriber’s agreement for this limitation,but is authorized to implement it if no prescriber responds to the plan’s attempts at contacting the prescriber through case management.
2. **Pharmacy limitation (also known as “pharmacy lock-in”):** This limitation will require the patient to obtain prescriptions for frequently abused drugs at a certain pharmacy(ies). Before implementing this limitation, the plan must verify with a prescriber that the patient is at-risk,but is not required to obtain a prescriber’s agreement to the limitation.
3. **Prescriber limitation (also known as “prescriber lock-in”):** A limitation that will require the patient to obtain their prescriptions for frequently abused drugs from a certain prescriber(s). The plan must obtain the prescriber’s agreement to be a prescriber and confirm the prescriber’s selection for this limitation.

Exemptions: 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. Access to medication-assisted treatment (MAT) such as buprenorphine will not be impacted by these initiatives. CMS recognizes the importance for patients who are on MAT drugs to continue therapy without disruption.

To resolve opioid safety alerts expeditiously and avoid withdrawal or disruption of therapy, CMS encourages prescribers to respond to pharmacists’ outreach in a timely manner and give the appropriate training to on-call prescribers when necessary. Providers will also want to initiate coverage determinations or exceptions, when clinically appropriate. To avoid a prescription being rejected at the pharmacy, prescribers may proactively request a coverage determination in advance of prescribing an opioid prescription if the prescriber has assessed that the patient will need the full quantity written.

CMS Opioids Training Modules