Medicare Part D Opioid Policies: Information for Prescribers

Medicare Part D **opioid policies** include **safety alerts** when opioid prescriptions are dispensed at the pharmacy and **drug management programs** for Part D enrollees at risk for misuse or abuse of opioids or other frequently abused drugs.

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

⚠ Opioid Safety Alert	Prescriber Tips
Seven-day supply limit for opioid naïve patients This hard edit alert triggers when an enrollee who has not filled an opioid prescription recently (such as within the past 60 days) attempts to fill an opioid prescription for more than a 7 day supply. 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.	Enrollee may receive up to a 7 day supply without taking any action. Enrollee or prescriber can request a coverage determination for full days supply as written. Prescriber only needs to attest that the days supply is the intended and medically necessary amount. Subsequent prescriptions filled within the plan's look back window are not subject to the 7 day supply limit, as the enrollee will no longer be considered opioid naïve.
Optional Safety Alert at 200 morphine milligram equivalent (MME) or more Some plans may implement a hard edit safety alert when an enrollee's cumulative opioid daily dosage reaches 200 MME or more. Some plans have this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies. This alert stops the pharmacy from processing the prescription until an override is entered or authorized by the plan.	Resolving this alert generally requires the plan to process a coverage determination which may be requested by the enrollee or prescriber. In the absence of other approved utilization management requirements, once the prescriber attests that the identified cumulative MME level is the intended and medically necessary amount, the plan should approve the higher MME, allowing the claim to adjudicate.
Opioid care coordination alert at 90 MME This alert triggers when an enrollee's cumulative MME per day across all of their opioid prescription(s) reaches or exceeds 90 MME. Some plans use this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies. This consultation usually occurs once per plan year.	The pharmacist may call to confirm the dose and medical need for the opioid prescription that prompts the alert, even if it's below 90 MME. The prescriber may be informed of other opioid prescribers or increasing level (MME) of opioids. Prescriber only needs to attest that the identified cumulative MME level days supply is the intended and medically necessary amount.
Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy These soft edit alerts trigger when opioids and benzodiazepines or multiple long-acting opioids are taken concurrently.	The pharmacist will conduct additional safety reviews to determine if the enrollee's medication use is safe and clinically appropriate. The pharmacist may contact the prescriber to confirm medical necessity.

Opioid Safety Alerts

Opioid safety alerts are not prescribing limits. 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 plan and pharmacist outreach in a timely manner and to give appropriate information to on-call prescribers as needed to resolve opioid safety edits and avoid disruption of therapy.

CMS expects all 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 at the pharmacy based on information from the prescriber or otherwise known to the pharmacy that an enrollee is exempt.

Prescribers have the right to request a coverage determination for a drug(s) on behalf of an enrollee, including the right to request an expedited or standard coverage determination in advance of prescribing.

Drug Management Programs (DMPs)

All Part D plans must have a DMP that limits access to opioids and/or benzodiazepines for enrollees who are considered by the plan to be at risk for prescription drug abuse or misuse. The goal of a DMP is better care coordination for safer use. 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 and involving their prescribers.

DMP limitations can include requiring the enrollee to obtain these medications from a specified prescriber and/or pharmacy, or implementing an individualized point of sale edit that limits the amount that will be covered.

After case management, and at least 30 days before implementing a coverage limitation, the plan will notify the enrollee in writing. Plans are required to make reasonable efforts to notify prescribers. After 30 days, the plan must send the enrollee a second written notice confirming the details of the limitation. This notice also explains that the enrollee, their representative, or their prescriber have the right to appeal.