

OptumRx Medicare Part D MAPD, PDP, EGWP, MMP, and PACE Plans Medicare Part D Opioid Policy Guide

Effective Date: January 1, 2023

Effective January 1, 2023, OptumRx® Medicare Part D plans will continue its implementation of the opioid prescription requirements based on the Centers for Medicare & Medicaid Services (CMS) guidance, United States Drug Enforcement Administration (DEA) requirements, United States Center for Disease Control (CDC) guidance, as well as OptumRx strategies. This includes safety edits 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. Its purpose is to promote safe and appropriate use of opioids and to limit excess supply in the market by prompting an additional safety review.

These opioid safety edits that have been in place and will continue include:

- Care coordination edit at 90 morphine milligram equivalents (MME) per day,
- Hard edit at 200 MME per day or more,
- Hard edit for 7 day supply limit for initial opioid fills (opioid naïve),
- Soft edit for concurrent opioid and benzodiazepine use, and
- Soft edit for duplicative long-acting (LA) opioid therapy.

To communicate CMS opioid limitations within a claim billing transaction, OptumRx® will apply guidance from the National Council for Prescription Drug Programs (NCPDP). This recommendation structures how opioid utilization edits are defined in claim rejections and overrides at the point-of-sale (POS). It can be applied across similar opioid patient safety programs. All opioid safety edits, including hard edits, are able to be overridden at point of sale based on information from the prescriber or otherwise known to the pharmacist that a member is exempt (active cancer related pain treatment, sickle cell disease, residency in long term care facility, hospice, palliative or end of life care). For example, plans may not have opioid claims history for new enrollees, especially at the start of a new year, and may result in a claim rejection due to the opioid naïve edit with their first opioid prescription over 7 days supply. Pharmacies often have existing knowledge or information that these members are not opioid naïve and should submit the appropriate overrides.

For more detailed information, please refer to the 2023 Medicare Opioid Guidance:

<https://professionals.optumrx.com/content/dam/optum3/professional-optumrx/resources/pdfs/Medicare-Opioid-Guidance.pdf>

OptumRx urges pharmacists, when appropriate, to resolve opioid safety limits/edits at the point-of-service. Refer to the 2023 Medicare Opioid Guidance and OptumRx Provider Manual to help with resolving rejected prescription claims associated with new opioid safety edits and/or supply limits.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com

Drug Management Programs (DMPs)

Medicare Part D plans may have a DMP that limits access to opioids and benzodiazepines for patients who are considered by the plan to be at risk for prescription drug abuse. 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/or having a history of an opioid-related overdose, and through 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 (lock-in), or
- Implementing an individualized POS edit that limits the amount of these medications that will be covered for the patient.

Before a limitation is implemented, the plan must give written notice to the patient, and an opportunity to tell the plan which prescribers or pharmacies they prefer to use or provide additional information if they disagree with the plan's decision. If the plan decides to limit coverage under a DMP, the patient and 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 patient in response to a rejected claim related to a limitation under a DMP (member has already been provided written notice by the plan). DMP edits cannot be overridden at POS. The patient or prescriber should contact the plan for additional information on how to appeal if a DMP edit and reject code(s) are encountered at POS.

- Prescriber Lockin:
 - 828 Plan/Beneficiary Case Management Restriction In Place
 - 979 Recipient Locked into Specific Prescriber(s)
- Pharmacy Lockin:
 - 828 Plan/Beneficiary Case Management Restriction In Place
 - 980 Recipient Locked into Specific Pharmacy(s)
- Drug Level Edit:
 - 828 Plan/Beneficiary Case Management Restriction In Place

For more detailed information, please refer to the 2023 Medicare Opioid Guidance:

<https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html>

To view payer sheets, visit: <https://professionals.optumrx.com/resources/payer-sheets.html>.

To reduce processing errors, please confirm the information on member's ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk at **(800) 797-9791** (24 hours a day, 7 days a week).

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