

Jan. 3, 2019

Subject: 2019 Medicare Part D Opioid Policies

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to keeping providers informed of changes that may affect their practice. We would like to take this opportunity to discuss opioid drug policies for Medicare drug plans.

The Centers for Medicare and Medicaid Services (CMS) finalized new opioid policies for Medicare drug plans starting Jan. 1, 2019. Providers are in the best position to identify and manage potential opioid overutilization in the Medicare Part D population. The new policies include improved safety alerts when opioid prescriptions are dispensed at the pharmacy.

The following are exempt from these interventions:

- Residents in long-term care facilities
- Patients in hospice care
- Patients receiving palliative or end-of-life care
- Patients being treated for active cancer-related pain

These policies should not impact patients' access to medication-assisted treatment (MAT), such as buprenorphine.

Dispensing Limit on Opioids and Benzodiazepines

Effective Jan. 1, 2019, our network pharmacies will no longer dispense opioid and/or benzodiazepine prescriptions for more than a 30-day supply at one time. We are making this change to help reduce the risks associated with concurrently taking opioid and benzodiazepine medications. Patients can have prescriptions refilled in accordance with current laws rules regarding refills of controlled substance prescriptions depending on the Schedule of the drug. Prescriptions for Schedule II drugs will continue to not be refillable.

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. Presbyterian encourages prescribers to respond to pharmacists' outreach in a timely manner and give the appropriate training to on-call prescribers when necessary to resolve opioid safety edits in a timely manner and avoid disruption of therapy.

Opioid Safety Alert	Prescriber's Role
<p>Important Note:</p> <p>This is not a prescribing limit. 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>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 108 days) will be limited to a supply of seven days or less.</p> <p>Limiting the amount dispensed with the first opioid prescription may reduce the risk of future dependency or overuse of these drugs.</p> <p>Important Note:</p> <p>This alert should not impact patients who already take opioids.</p>	<p>Patient may receive up to a seven-day supply or request a coverage determination for full-day supply as written.</p> <p>The physician or other prescriber has the right to request a coverage determination on the patient's behalf, including the right to request an expedited or standard coverage determination in advance of prescribing an opioid.</p> <p>The prescriber only needs to attest to plan that the prescribed supply is the intended and medically necessary amount.</p> <p>Subsequent prescriptions written by prescribers are not subject to the seven-day 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>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 will trigger the alert and 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 opioid prescription written for the same patient after that unless the plan implements further restrictions.</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 the patient is 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>

If you have any questions or concerns, please contact Pharmacy Services at (505) 923-5500. Thank you for collaborating with Presbyterian to improve the health of the patients, members, and communities we serve.

Sincerely,

Chad Valdez, RPh.
Director of Pharmacy Services
Presbyterian Health Plan, Inc.