MOLINA HEALTHCARE

Provider Newsflash

A fax bulletin for the Molina Healthcare of Washington Provider Network

2019 Changes to Medicare Part D – Opioid Initiatives
Effective January 1, 2019

Dear Prescriber:

December 20, 2018

In April 2018, the Centers for Medicare & Medicaid Services (CMS) issued the Final Rule[1] and Final Call Letter[2] documents, which announced changes to the Medicare Advantage and Part D programs for the 2019 plan year. Included in these changes were several initiatives relating to opioid prescribing.

The following table provides a summary of these Part D policy changes related to opioids that will be effective January 1, 2019, for Molina Medicare plans.

Of note, these initiatives will exclude the following patients: Patients in active cancer treatment, Long Term Care (LTC) residents, patients in hospice or palliative care, and patients using Buprenorphine for Medication Assisted Treatment.

Seven-day supply limit for opioid naïve patients Limiting the amount dispensed with the first opioid prescription may reduce the risk of a future dependency or overuse of these drugs. **Important Note:** This alert does not impact patients who already take opioids and have prior paid claims.	• The prescription claim will reject initial opioid prescription for acute pain exceeding 7 day supply • If there are no paid claims in the past 90 days of any opioid, patient will be considered opioid-naïve • Prescriber can request a coverage determination for days supply greater than 7 days for initial fills • Prescriber only needs to attest to plan that the days supply is the intended and medically necessary amount • Subsequent opioid fills are not subject to the 7 day supply limit
Comprehensive Addiction and Recovery Act (CARA) lock-ins Permits Medicare Part D sponsors to establish drug management programs and lock-ins for beneficiaries at risk of prescription drug abuse	• Review for opioids and benzodiazepine as frequently abused drugs (FADs) • Potential limitations on access to coverage for FADs through prescriber and/or pharmacy lock-in if patient is deemed at risk • Termination of lock-in at or before 12 months, unless one 12-month extension is granted

	• Prescribers will be consulted prior to any lock-in actions • Patient and prescriber have the right to appeal a plan's lock-in decision
Opioid Coordination of Care Safety Edit at 90 morphine milligram equivalent (MME) A pharmacy alert is triggered when patients 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	• Cumulative prescription doses ≥ 90 mg/day MME will require pharmacies to consult with prescriber to ensure safe and appropriate opioid use before dispensing • No prior authorization required; pharmacies are allowed to override this safety edit once they have consulted with prescriber
Concurrent opioid and benzodiazepine use or **duplicative long-acting opioid therapy** A pharmacy alert will trigger when opioids and benzodiazepines are taken concurrently, or if patients are on multiple duplicate long-acting opioids.	• 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. • No prior authorization required—pharmacies are allowed to override this safety edit once the safety review has been conducted

Prescribers and on-call staff are expected to work quickly to respond to pharmacy outreach related to these opioid safety alerts in a timely manner. In addition to these changes, use of any long-acting/extended-release opioid will require prior authorization if there is no prior claims history of opioid use. This change is meant to follow the Centers for Disease Control and Prevention's opioid prescribing guidelines to ensure the use of immediate-release opioids first before extended-release opioids, when initiating opioid therapy for chronic pain.[3]

The above initiatives are not intended as prescribing limits, but are meant to ensure the safe and appropriate prescribing and utilization of opioids for all patients. Decisions to taper or discontinue prescription opioids are to be individualized between the patient and prescriber. We appreciate your continued support and dedication to providing high quality care to Molina Healthcare Medicare members.

For further questions or information, please call the pharmacy department at (800) 665-3086 or visit https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html

Sincerely,

Erin Gordon, Pharm.D.
Vice President, Pharmacy Services

References:

1. Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program. https://www.gpo.gov/fdsys/pkg/FR-2018-04-16/pdf/2018-07179.pdf
2. Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. https://www.gpo.gov/fdsys/pkg/FR-2018-04-16/pdf/2018-07179.pdf
3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65:1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1.