

VIVA MEDICARE
FAQs – 2019 Opioid Changes

Q1) Has CMS provided educational materials for all of the 2019 Opioid policy changes?

A1) Yes, CMS has published a Prescriber’s Guide to the new Medicare Part D Opioid Overutilization Policies for 2019 at the following link:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18016.pdf>

In addition, CMS has published “Information for Prescribers” on all of the 2019 Opioid policy changes at the following link:

<https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/RxUtilization.html>

Q2) What is the exclusion criteria for the opioid safety edits?

A2) CMS allows the following exclusion criteria as outlined below:

- Members who are residents of a long-term care facility, in hospice or receiving palliative care or end-of-life care
- Members being treated for active cancer-related pain.

The opioid safety edits should not impact member’s access to medication-assisted treatment (MAT), such as buprenorphine.

Q3) What are the new opioid safety edits VIVA will be implementing in 2019 to comply with CMS rules?

- A3)**
- Concurrent opioid & benzodiazepine use
 - Duplicative long-acting (LA) opioid therapy
 - Care Coordination edit at ≥ 90 morphine milligram equivalent (MME) and 4 or more prescribers (This criteria may vary among other Medicare Plans)
 - Opioid naïve (7 day supply limit for initial opioid fills)

Q4) Will VIVA or dispensing pharmacies call provider offices after-hours and/or on weekends regarding the opioid safety edits?

A4) Yes. CMS expects network providers to respond to outreach in a timely manner from VIVA MEDICARE or dispensing pharmacies regarding members with rejected claim(s) or coverage determination requests due to the opioid safety edits (alerts). Please educate your on-call staff these calls are typically urgent in nature and should be addressed in a timely manner.

VIVA MEDICARE

FAQs – 2019 Opioid Changes

Q5) After the first fill of a 7 days supply of an opioid, does the opioid-naïve edit still apply if the member attempts to fill another opioid prescription?

A5) No. For a member who attempts to fill another opioid prescription after the initial 7 days fill and is still within VIVA's lookback period of 90 days, the opioid naïve edit will not trigger again. However, the member may be subject to CMS approved formulary UM criteria.

CMS expects either of the following outcomes in the case of the opioid naïve edit:

- The member will receive an initial fill for 7 days supply. Upon reassessment by the prescriber, if the member needs additional acute pain treatment, the prescriber will write another opioid prescription. The opioid-naïve edit would not trigger again if additional prescriptions are presented within VIVA's lookback period of 90 days; OR
- The member will not receive any medication and instead will request a coverage determination from VIVA for the full amount and days supply of opioid as prescribed.

Q6) What is CMS's expectations for pharmacists when the care coordination edit is triggered?

A6) Except for a known exclusion, the dispensing pharmacist is expected to consult with the member's prescriber to confirm intent (medical necessity). CMS expects the pharmacist to verify the prescription with the prescriber and validate its clinical appropriateness.

CMS expects one of the following to occur at the point-of-sale after consulting with the prescriber:

- Prescriber confirms intent (medical necessity).
- Prescriber provides information that member meets an exclusion criteria.
- Prescriber does not confirm medical necessity of the prescription.
- Dispensing pharmacist is unable to reach the prescriber.

The dispensing pharmacist may enter override codes in their pharmacy processor at the POS (point-of-sale) after confirming with the prescriber medical necessity of the opioid or that the member meets exclusion criteria.

Q7) How will a request by a member or prescriber to dispute the application of an opioid safety edit be processed by VIVA?

A7) Per CMS rules, the request must be processed as a coverage determination. A member, a member's appointed representative, or prescriber may request a coverage determination for drug(s) subject to the opioid safety edits.

Q8) Which members will qualify for VIVA MEDICARE's Drug Management Program (DMP) in 2019?

A8) Members who meet the minimum CMS criteria:

Use of opioids with average daily MME > 90 mg for any duration during the most recent 6 months
AND one of the following:

- 3 or more opioid prescribers and 3 or more opioid dispensing pharmacies
- OR
- 5 or more opioid prescribers

**VIVA MEDICARE
FAQs – 2019 Opioid Changes**

Q9) How will providers be involved with members who qualify for VIVA MEDICARE’s Drug Management Program in 2019?

- A9)** Prescribers can expect to receive faxes (in letter format) from VIVA informing them of members who qualify for VIVA’s DMP. The faxes will ask the provider to provide a response to VIVA such as:
- I would like VIVA to contact me further to discuss this case, including relevant treatment information.
 - I am of the opinion all these medications are appropriate, medically necessary, and safe for my patient AND that my patient IS NOT at risk for prescription drug abuse or misuse.
 - I am of the opinion that all of these medications are NOT appropriate, medically necessary, and safe AND that the patient IS at risk for prescription drug abuse or misuse.
 - I think VIVA should be aware of the following relevant treatment information:

Also, prescribers can expect to receive carbon copies of correspondence sent to members (initial notice, second notice, and alternate second notice).

The initial notice explains to members that VIVA plans to place them in VIVA MEDICARE’s Drug Management Program, outline the upcoming restriction(s) on opioids and/or benzodiazepines, and that they may contact VIVA MEDICARE if they have information for VIVA to consider why they should not be in VIVA’s Drug Management Program.

The second notice explains to members the opioid and/or benzodiazepine restriction(s) that have been implemented, why VIVA MEDICARE has decided to implement restriction(s), and their appeal rights.

The alternate second notice explains to members that after further review their access to opioid and/or benzodiazepines will not be restricted under their VIVA MEDICARE Part D benefits and their eligibility for the quarterly Special Enrollment Period (if LIS).

Q10) Is VIVA required to obtain permission from a provider for a member locked-in to a prescriber and/or pharmacy?

- A10)** Per CMS rules, VIVA is required to obtain permission from a prescriber in order to implement a prescriber lock-in. However, VIVA is NOT required to obtain permission from a prescriber to implement a pharmacy lock-in.

Q11) Is the criteria used to identify potentially at-risk beneficiaries for drug management programs or point-of-sale edits intended as prescribing limits?

- A11)** No. Decisions to taper or discontinue prescription opioids are between the patient and prescriber.

References:

1. Medicare Part D Opioid Overutilization Policies 2019. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18016.pdf>
2. Additional Guidance on Contract Year 2019 Formulary-Level Opioid Point-of-Sale Safety Edits. HPMS Memo.
3. 2019 Medicare Part D Opioid Policies: Information for Prescribers.