

Opioid Medication Coverage FAQ for Medicare Providers



The Centers for Medicare and Medicaid Services (CMS) is making changes to the coverage of opioids. CMS has identified that prescriptions for acute event treatments are often excessive and can lead to misuse. To combat this, CMS requires all Medicare Advantage health plans to implement certain limits on new prescriptions for opioids. These changes took effect on January 1, 2019.

What does this mean?

CMS and PacificSource Medicare are teaming up to offer ways to reduce wasted opioids, decrease patient costs, and address the risk of opioid misuse.

Who is impacted?

Opioid-naïve Medicare patients will be limited to an initial seven-day supply of opioids. This change does not apply to commercial PacificSource members.

What if a patient needs more than a seven-day supply of opioids?

- If the prescriber knows ahead of time that more than seven days of opioids will be required initially, they may proactively inform the dispensing pharmacist in order to provide the best care for the patient. Please note the point-of-sale pharmacist may only override opioid-safety alerts using their clinical judgement. If a patient needs more than seven days of opioids, consider a second follow-up script to be filled later. The patient will no longer be considered opioid-naïve due to their recent fill of opioids.
- Buprenorphine products indicated for medication assisted treatment (MAT) are not included in the opioid-safety edits.

What are safety alerts at the pharmacy from Medicare Health plans?

When electronic claims for certain high-risk medications (e.g., first prescription fills for opioids, high doses of opioids) are submitted for payment, PacificSource will send safety-check alerts to the pharmacy. Some of these safety alerts will require the pharmacist to contact the prescriber before the prescription claim can pay. If the prescription cannot be filled as written, the prescriber or patient may request a prior authorization.

What do I need to do?

- Prior to issuing an initial prescription for an opioid, please discuss the risks of opioids with the patient. Discuss with the patient that taking more opioids than prescribed or mixing sedatives, benzodiazepines, gabapentinoids, or alcohol with opioids can cause serious harm.
- If the patient has a scheduled procedure or surgery, please discuss these changes with the patient.
- Inform care teams that patients may require additional prescriptions if they are still in pain after seven days.
- Encourage patients to only fill a seven-day supply to prevent risks of future dependence.
- The Center for Disease Control and Prevention (CDC) recommends checking the Prescription Drug Monitoring Program (PDMP) before prescribing an opioid and checking the PDMP at least every three months of prescribing chronic opioids. Use the patient information obtained from the state's PDMP as an opportunity to provide potentially life-saving interventions.

Who is exempted from the opioid-naïve safety edits?

Members in hospice care, receiving palliative, end-of-life care, long-term care, or have active cancer or sickle cell are exempt from opioid-safety edits.



We are happy to answer any questions.

Call us at **888-863-3637**, TTY: 711.
We accept all relay calls.

We are open:

- Oct. 1 to March 31: 8:00 a.m. to 8:00 p.m. local time zone, seven days a week
- April 1 to Sept. 30: 8:00 a.m. to 8:00 p.m. local time zone, Monday - Friday