Blue Advantage (HMO) Opioid Overutilization Monitoring Program

The Centers for Medicare and Medicaid Services (CMS) mandates that Part D sponsors must employ effective concurrent and retrospective drug utilization review programs to address overutilization of opioids. CMS defines opioid overutilization as use of opioids with an average daily morphine equivalent dose (MED) greater than 90mg for any duration, with either more than 3 prescribers and more than 3 pharmacies contributing to their opioid claims, or more than 5 prescribers regardless of the number of pharmacies.

CMS expect plans to employ multiple levels of formulary management to prevent overutilization, including a cumulative MED safety edit, quantity limits, and retrospective claims review.

The MED edit is a hard POS edit that cannot be overridden at the POS by the dispensing pharmacy.

Each opioid claim is converted to a daily morphine equivalent dose (MED) using the corresponding morphine equivalent conversion factor. The list of opioid medications and their morphine equivalent conversion factors is obtained from the Center for Disease Control and Prevention (CDC). The edit calculates the cumulative morphine equivalent dose for a given beneficiary, and will fire whenever the beneficiary’s cumulative daily morphine equivalent dose exceeds the defined threshold across all active opioid claims within the past 180 days.

Cumulative MED Daily Dose Threshold Milligram (Mg) Amount may be no less than the minimum mg amount as directed by CMS.

The MED POS hard edit will fire whenever the beneficiary’s cumulative daily morphine equivalent dose exceeds 200mg across all active opioid claims.

Pharmacy and/or Provider Count Criterion: the MED edit does not contain a count criterion for pharmacy or provider. The edit will fire when one or more provider is prescribing and the beneficiary is receiving an opioid from one or more pharmacy.

The edit was built to take into consideration some specific scenarios where morphine or morphine equivalent dosages may need to exceed the threshold. The following criteria will allow for the bypass or redirection of the edit:

- Bypassed in the presence of diagnoses and/or drug utilization history in the past 180 days indicative of cancer.
• Redirected to bill Medicare Part A in the presence of Hospice or ESRD indicator based on the beneficiary’s eligibility record as noted within the Transaction Reply Report (TRR).

• Allows for reasonable overlapping dispensing dates.

Since the edit cannot be over-ridden by the pharmacy at the POS, beneficiaries will have the option of seeking a coverage determination in accordance with Medicare rules. This edit can be resolved through a Prior Authorization following the approval of a coverage review that allows the reviewer to enter either a new, approved MED limit for the beneficiary or remove the MED limit for the beneficiary.

**Retrospective drug utilization review and case management program**

CMS provides Part D sponsors with quarterly reports identifying members with potential opioid overutilization, and also expects plans to develop and utilize internal reports on a monthly basis. The opioid overutilization management team at Blue Advantage (HMO) reviews the claims of members identified in the reports to determine whether there is a potential overutilization issue.

If a potential issue is identified, we will send a written inquiry to the prescribers involved and follow up with a phone call. The purpose of the communication is to make all prescribers aware of the member’s utilization pattern and to reach a consensus as to whether the current level of utilization is appropriate. If the consensus is reached that it is not appropriate, a beneficiary-level edit can be placed in the pharmacy claims system to limit utilization to a level agreed upon by the prescribers. Members would be given 30 days advance notice of the edit to give them time to submit a coverage determination request to us to cover a higher amount of opioids. If the request is denied, the member has the right to appeal the decision.

If your office receives an Opioid Overutilization Monitoring Program fax from Blue Advantage (HMO), please respond promptly to facilitate the case management process. We appreciate your cooperation!