

Blue Medicare Advantage 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 morphine milligram equivalent (MME) 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 management to prevent overutilization, including formulary controls, CMS-specified point-of-sale safety edits and retrospective claims review.

We place formulary quantity limits on opioid medications. Quantity limits are based on FDA-approved prescribing recommendations when available, and are approved by CMS as part of the formulary approval process.

Blue Medicare Advantage uses the following point-of-sale safety edits as required by CMS to help prevent overutilization:

1. Cumulative MME pharmacy point of sale (POS) safety edits that trigger when a certain MME threshold is met and a certain prescriber threshold is met. A soft edit triggers when the MME meets or exceeds 90 MME and there are at least two prescribers that have written the member prescriptions. The soft edit can be overridden by pharmacists at the POS. A hard edit triggers when the MME meets or exceeds 200 MME. This can only be overridden with an approved prior authorization exception request. The cumulative MME will not trigger and claims will be allowed to process without prior authorization, if the member is in hospice, has a diagnosis of cancer or sickle cell anemia or is in a Long-Term Care facility.
2. Edits are in place to detect early refills, therapeutic duplication, and doses exceeding the maximum FDA-approved doses. The plan's pharmacy claims system is designed to detect and prevent utilization of combination opioid products where the dose of acetaminophen could exceed 4 grams per day.
3. Soft edits are in place to identify and deny overlapping claims for multiple long-acting opioids. This edit may be overridden by a pharmacist or with a prior authorization.
4. Soft edits are in place to identify and deny overlapping claims for opioids and benzodiazepines. The opioid-benzodiazepine concurrent use edit will identify and deny concurrent use of benzodiazepines and opioids when there is any overlap in day supply. This edit may be overridden by a pharmacist or with a prior authorization.

Residents of a long-term care facility, have a diagnosis of cancer or sickle cell, or are enrolled in hospice are excluded from the POS logic.

5. Hard edit to limit opioid-naïve patients to a 7-day supply or less. If a patient has no paid opioid claims in the past 108 days and attempts to fill an opioid prescription for greater than a 7-day supply, the claim will reject. A prescription meeting this criteria requires prior authorization. Residents of a long-term care facility, have a diagnosis of cancer or sickle cell, or are enrolled in hospice are excluded from this edit.

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 use internal reports on a monthly basis. The opioid overutilization management team at Blue Medicare Advantage reviews the claims of members identified in the reports to determine whether they are at risk for overutilization.

If a potential opioid overutilization issue is identified and/or a member is identified to be at risk for opioid overutilization, 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 medically appropriate. If a consensus is reached that the beneficiary is at-risk for overutilization and the level of opioids prescribed is not appropriate, a beneficiary-level edit can be placed in the pharmacy claims system to limit the member to a certain level of utilization agreed upon by the prescribers, and/or to "lock-in" the member to a particular prescriber or pharmacy. Members would be given 30-day advance notice of the edit to give them time to submit prescriber and/or pharmacy preferences for the lock-in, or a coverage determination request to cover a higher level of opioids. If the request is denied, the member has the right to appeal the decision. The member will receive written correspondence notifying them of the coverage determination and/or appeal review outcome.

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

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