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# HIGHMARK IMPLEMENTING CMS OPIOID SAFETY EDITS AND CARA PROVISIONS EFFECTIVE JAN. 1, 2019

Effective Jan. 1, 2019, Highmark will begin implementing CMS opioid safety edits and the Comprehensive Addiction and Recovery Act (CARA) provisions. Please see below for further explanation of these provisions. The following changes will take place:

- Initial claims for opioid naïve beneficiary that exceed a seven (7) - day supply will reject with NCPDP Reject codes 88, 925, and 569
- Claims for beneficiary that have exceeded 200 morphine milligram equivalents (MME) per day will reject with NCPDP Reject codes 88, 922, and 569
- Claims where Patient Care Coordination is required will reject with NCPDP Reject codes 88 and 569
- Claims for concurrent use of an opioid and benzodiazepine from different prescribers will reject with NCPDP Reject codes 88 and 569
- Claims for duplicative use of long-acting opioids will reject with NCPDP Reject codes 88 and 569
- Claims for beneficiaries locked into a pharmacy and/or prescriber will reject with NCPDP Reject code M2

**NCPDP Reject Descriptions**

| NCPDP Reject Number | NCPDP Reject Description |
|---|---|
| 88 | DUR Reject Error |
| 569 | Provide Notice: Medicare Prescription Drug Coverage and Your Rights |
| 925 | Initial Fill Days Supply Exceeds Limits |
| 922 | Morphine Equivalent Dose Exceeds Limits |
| M2 | Recipient Locked-In |



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These safety edits can be resolved at the pharmacy in certain circumstances. If an override is safe for the beneficiary, while being appropriate per the CMS regulations, pharmacies will be prompted to outreach to providers for additional information before entering the appropriate Reason for Service, Professional Service, and Result of Service codes. Please note the use of these overrides must be documented on the prescription and is subject to audit for correct usage. All other filed edits continue to apply to opioid medications, including plan level quantity limits, and follow the usual Coverage Determination process.

**Comprehensive Addiction and Recovery Act (CARA)**

CARA allows Medicare Part D plans to establish drug management programs effective on or after January 1, 2019. Medicare Part D plans may limit an at-risk beneficiary's access to coverage of controlled substances that are "frequently abused drugs" (FADs). Drugs in the category of FADs are target opioids in combination with the following: benzodiazepines, benzodiazepines plus carisoprodol, and gabapentinoids.

Prior to locking in a beneficiary at the pharmacy, the pharmacy will receive communication via fax, letter, or telephone advising of the pending lock-in. Once the lock-in becomes effective, if a beneficiary attempts to fill the frequently abused drug at a different pharmacy or through a different prescriber, the claim will reject with NCPDP Reject M2.

Further pharmacy messaging will outline if the lock-in pertains to the pharmacy or prescriber. If a beneficiary wants to appeal the lock-in, have him/her contract the dedicated appeals and redeterminations phone number listed on the beneficiary notification letters that were sent to the beneficiary prior to being locked-in.

**Case Management Program**

Potentially At Risk beneficiaries (PARBs) will be identified on a monthly basis applying CMS' standard criteria for PARBs, and review each beneficiary identified for potential exclusion criteria. If a beneficiary is excluded from further review by meeting CMS-defined exclusion criteria at any point in the process, details regarding that exclusion are documented and the case is closed.

For beneficiaries that are still potentially at-risk, prescriber communication is initiated via written communication followed up by telephonic outreach to coordinate with providers. If a beneficiary level limitation is not needed, no beneficiary communication occurs. If providers(s) or the case management clinicians believe that a limitation would promote safer medication use, an initial notice is sent to the beneficiary and provider is sent a copy. Beneficiary preferences will be received by the case management team and will coordinate with provider(s) to finalize a recommended limitation.

In the case of unresponsive providers during the case management process, our registered pharmacists will review the case and recommend a limitation.  A second notice will be provided to the beneficiary and a copy sent to the provider, including limitation details and the effective date of the limitation, along with redetermination request information.

**Additional Resources**

Provider Resource Center- Managed Rx Coverage Policy J-355 these Combination Prescription Drug Safety Edits

CMS Part D Opioid Overutilization Policies for 2019