

# RiverSpring Health Plans

**To:** Pharmacies  
**From:** MeridianRx  
**Line of Business:** RiverSpring Health Plans  
**Date:** December 2019  
**Re:** Opioid Overutilization Program for Medicare Part D Beneficiaries

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Dear Pharmacy,

MeridianRx, RiverSpring Health Plans' pharmacy benefit manager, is continuing the opioid overutilization policy for our Medicare Part D beneficiaries. This includes the same opioid edits from 2019, as well as an opioid drug management program (DMP). This is a reminder of our opioid program so you may better serve your patients in the upcoming year.

Important note: Morphine milligram equivalent (MME) thresholds and day supply limits are not prescribing limits.

Make sure to first check the patient's billing information to see if he or she is a part of the RiverSpring Health Plans network.

Coverage	State	PCN	BIN	Plan Name
Medicare Advantage	NY	RSNY	610241	RiverSpring Star (HMO I-SNP) RiverSpring MAP (HMO D-SNP)

Beneficiaries undergoing treatment for active cancer pain or sickle cell, or are in palliative end-of-life, hospice, or long-term care, are excluded from this program (both the edits and the opioid DMP).

**Soft Edits (May be overridden at pharmacy level):**

- Opioid and Benzodiazepines – triggers when member fills an opioid and benzodiazepine
  - Primary Message - *Reject 76 - Plan limitations exceeded*
  - Secondary message - *"Concurrent Opioid and Benzodiazepine Therapy. Please submit the appropriate DUR PPS codes"*
  - Override Code – M0 (Professional Service Code)** - for concurrent therapy
- Long-Acting Opioid Duplication – triggers when member fills more than one long-acting opioid medication
  - Primary Message - *Reject 76 - plan limitations exceeded*
  - Secondary message, *"Duplicative Therapy - Long-Acting Opioids. Please submit the appropriate DUR PPS codes"*
  - Override Code – M0 (Professional Service Code)**- for duplicative long acting opioids
- Care-Coordinated edit - triggers when member fills opioid with  $\geq 90$ MME
  - Primary Message - *Reject 76 - plan limitations exceeded*

- b. Secondary message, *"Please consult with the prescriber, document the discussion, and if the prescriber confirms intent, use an override code that indicates the prescriber has been consulted"*
- c. **Override Code – ER & M0 (Reason for Service Code and Professional Service Code) - Prescriber consulted (prescriber attestation) for ≥90 MME override**

The ≥90 MME edit will require care coordination by the pharmacist, which means the dispensing pharmacist must contact the prescriber to verify the daily dosing at or above 90 MME is appropriate.

Once outreach is completed and documented on the prescription, the edit may be overridden at the pharmacy point-of-sale utilizing the NCPDP resolution codes provided above.

**Hard Edits (Will require coverage determination)**

1. Opioid naïve edit – triggers if member has not filled an opioid in 90 days, and is filling an opioid with a day supply >7.
  - a. Limited to seven-day supply or less
  - b. Primary Message - *Reject 76 - Plan Limitations Exceeded*
  - c. Secondary response message for the claim reject will be, *"Beneficiary has been identified as opioid naïve, resubmit claim for a 7 day acute fill"*
  - d. The rule will also have a secondary reject message of, *"NCPDP reject code 569 – Provide Beneficiary with CMS Notice of Appeal Rights"*
2. Daily opioid dose ≥200MME
  - a. The edit should apply to the cumulative MME level for the beneficiary, not just one specific drug or one prescriber.
    - i. Primary Message - *"Cumulative Morphine Equivalent Dose Exceeded"*
    - ii. Secondary Message - *"NCPDP reject code 569 - Provide Beneficiary with CMS Notice of Appeal Rights"*

Both hard edits will require the beneficiary's prescriber, the beneficiary, or the beneficiary's representative to initiate a coverage determination by contacting his or her plan. As a general reminder, the CMS form 10147 is required to be given to a beneficiary when a claim cannot be resolved at the point-of-sale. In this case, you will receive a rejection stating *"Provide Beneficiary with CMS Notice of Appeal Rights."*

The opioid DMP will monitor select beneficiaries identified through CMS Overutilization Monitoring System's (OMS) reports and our claims data for opioid prescription overutilization. We will screen for beneficiaries who may be at risk for overuse and/or abuse. The goal of the DMP is better care coordination for safer opioid use.

**Criteria (both must be present):**

- Took ≥90 MME average daily opioid therapy during the last six months
- Received opioids from three or more prescribers and three or more pharmacies OR from five or more prescribers regardless of the number of dispensing pharmacies contributing to his or her opioid claims

RiverSpring Health Plans will review instances where beneficiaries are identified by these criteria and may reach out to you to discuss potential overutilization cases. Contacts will include an initial fax and, if there is no response from you, a follow-up call to obtain information to assist us in the beneficiary's case

determination as well as to see if a lock-in to the pharmacy is warranted. Patients locked-in to a prescriber and/or pharmacy will be restricted to receiving their opioids solely from that prescriber and/or pharmacy for 12 months.

If you have any questions about this program, please call MeridianRx at **866-309-8447**.

Thank you for being a part of our pharmacy network!

Regards,

RiverSpring Health Plans