

## Dear Prescriber:

In compliance with the Center for Medicare and Medicaid's (CMS) Medicare Part D Opioid Management Program guidelines and requirements, Doctors Health Care Plans, Inc., has implemented certain limits for members' prescriptions for opioid medications. This Drug Management Program is meant to promote safe, responsible, and appropriate opioid use for our members and will be conducted through close collaboration with the members' opioid prescribers and pharmacists.

For 2024, in order to prevent and combat opioid overuse, a pharmacist will be contacting your opioid prescriber if you meet the following criteria:

- Opioid naïve patients (have never been prescribed an opioid medication) will not be allowed to receive more than a 7 days' supply.
- $\circ \geq 90 \ MME^* \ per \ day \ and \geq 3 \ distinct \ opioid \ prescribers$
- $\circ \geq 200 \, MME^* \, per \, day \, and \geq 3 \, distinct \, opioid \, prescribers$
- o duplicative opioid therapy (more than one of the same opioid medications being prescribed together)
- o use of opioids and benzodiazepines together

Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, patients being treated for active cancer-related pain and patients with sickle cell disease are exempt from these safety edits.

In addition, a member will be considered "potentially at-risk" if they meet the following criteria, and the prescribing physician will be contacted by a case manager and/or clinical pharmacist.

- 1. Level of opioid use from multiple prescribers/pharmacies:
  - a. Use of opioids with average daily MME\*  $\geq$  90 mg for any duration during the most recent 6 months AND either:
    - i. 3+ opioid prescribers AND 3+ opioid dispensing pharmacies; OR
    - ii. 5+ opioid prescribers (regardless of the number of opioid dispensing pharmacies)
  - b. Prescribers associated in the same practice (or clinic) are counted as a single prescriber.
  - c. Pharmacies with multiple locations that share real-time data are counted as one pharmacy.
- 2. History of opioid-related overdose,
  - a. A medical claim with a primary diagnosis of opioid-related overdose within the most recent 12 months; AND
  - b. A Part D opioid prescription (not including MAT\*\*) within the most recent 6 months.

Additional members may be identified based on multiple providers, multiple pharmacies, and/or MME that may not meet CMS' *criteria using the supplemental criteria*. Please be assured that criteria used to identify potentially at-risk members are not intended as

## prescribing limits

Supplemental criteria are:

- Use of opioids (regardless of average daily MME\*) during the most recent 6 months; AND
- 7+ opioid prescribers OR 7+ opioid dispensing pharmacies
- Prescribers associated in the same practice (or clinic) are counted as a single prescriber.
- Pharmacies with multiple locations that share real-time data are counted as one pharmacy.

\*Morphine milligram equivalent (MME) – The amount of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

\*\*Medication Assisted Treatment (MAT) - is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

H4140\_RXDMPLET\_C

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463(TTY: 711)

