

2024 Medicare Opioid Guidance

Optum Rx Medicare Part D MAPD, PDP, EGWP, MMP and PACE Plans

Effective Date: January 1, 2024

On January 1, 2019, Optum Rx® Medicare Part D plans implemented opioid prescription requirements based on the Centers for Medicare & Medicaid Services (CMS) guidance, United States Drug Enforcement Administration (DEA) requirements, United States Center for Disease Control (CDC) guidance, as well as Optum Rx strategies. These new policies included improved safety edits when opioid prescriptions are dispensed at the pharmacy and drug management programs for patients determined to be at-risk for misuse or abuse of opioids or other frequently abused drugs. These changes were made to promote safe and appropriate use of opioids and to limit excess supply in the market. This notice describes the opioid edits, reject codes, messaging and recommended action for pharmacies.

To communicate CMS opioid limitations within a claim billing transaction, Optum Rx will apply guidance from the National Council for Prescription Drug Programs (NCPDP). This recommendation structures how opioid utilization edits are defined in claim rejections and overrides. It can be applied across similar opioid patient safety programs.

Optum Rx urges pharmacists, when appropriate, to resolve opioid safety limits/edits at the point-of-service. Please use this Guide or refer to the Optum Rx Provider Manual to help with resolving rejected prescription claims associated with new opioid safety edits and/or supply limits.

Note: One claim may hit multiple opioid safety edits.

To view payer sheets, visit: <https://professionals.optumrx.com/resources/payer-sheets.html>. To reduce processing errors, please confirm the information on member's ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the Optum Rx Pharmacy Help Desk at **(800) 797-9791** (24 hours a day, 7 days a week).

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team:
pharmacyprovidercommunications@optum.com

Opioid Edit Name	Description	Standard Reject Code / Description	Standard Messaging	Recommended Action / Additional Detail																												
7-day supply limit for opioid naïve patients (Hard reject)	<p>Medicare Part D patients who have not filled an opioid prescription recently will be limited to a supply of 7 days or less.</p> <p>Subsequent prescriptions filled during the plan's review window (generally 90-120 days) will not be subject to the 7 day supply limit.</p> <p><i>This edit should not impact patients who already take opioids.</i></p>	<p>88 – DUR Reject Error</p> <p>925 – Initial Fill's Day Supply Exceeds Limits</p> <p>569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights</p>	<p>7-DAY MAX FOR OPIOID NAIVE</p> <p>If exempt, use DUR/PPS code</p> <p>RxHelp 8007979791</p>	<p>Additional Detail Members are exempt from the 7-day supply restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer related pain, or are diagnosed with Sickle Cell Disease.</p> <p>Recommended Action If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, or Palliative Care, resubmit the claim using the following DUR/PPS codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="4">MX Excessive Duration Alert</td> <td rowspan="2">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td rowspan="2">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> </tbody> </table> <p>If the member is new to Optum Rx and the pharmacy has record that the member filled an opioid claim within the last 120 days, resubmit the claim using the following DUR/PPS codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="3">MX Excessive Duration Alert</td> <td>M0 Prescriber Consulted</td> <td rowspan="3">4J Filled, Pt Not Opioid Naïve</td> </tr> <tr> <td>MR Medication Review</td> </tr> <tr> <td>R0 Pharmacist Consulted Othr</td> </tr> </tbody> </table> <p>If the pharmacy has confirmed the member should be exempt due to the member receiving treatment for cancer-related pain or Sickle Cell Disease (4R Service Code "Dispensed, Sickle Cell Disease" effective 10/15/2024), resubmit the claim using the following DUR/PPS codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="3">MX Excessive Duration Alert</td> <td>M0 Prescriber Consulted</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>R0 Pharmacist Consulted Othr</td> <td>4D Filled, Cancer Treatment</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, including when the full days supply is not dispensed, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient, and advise the member, the member's appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	MX Excessive Duration Alert	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	MX Excessive Duration Alert	M0 Prescriber Consulted	4J Filled, Pt Not Opioid Naïve	MR Medication Review	R0 Pharmacist Consulted Othr	Reason for Service Code	Professional Service Code	Result of Service Code	MX Excessive Duration Alert	M0 Prescriber Consulted	4D Filled, Cancer Treatment	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4D Filled, Cancer Treatment
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Opioid Care Coordination edit at 90 morphine milligram equivalent. (MME) (Soft Reject)	<p>This edit will trigger when a patient's cumulative MME per day across his/her opioid prescription(s) reaches or exceeds 90 MME when prescribed by two or more prescribers.</p> <p>If the pharmacist recently consulted with the prescriber and has up-to date clinical information (e.g., Prescription Drug Monitoring Program (PDMP) system or other records), additional consultation with the prescriber is not expected.</p>	<p>88 – DUR Reject Error</p> <p>922 – Morphine Equivalent Dose Exceeds Limits</p> <p>569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights</p>	<p>OCC. To Override, use DUR/PPS code</p> <p>If > 50 MME, co- prescribe Naloxone for safety.</p> <p>RxHelp 8007979791</p>	<p>Additional Detail Optum Rx will look back 120 days in claim history to identify overlapping opioid claims to calculate the daily MME, excluding claims that have less than a 25% overlap in order to not reject a refill.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with Sickle Cell Disease (4R Service Code "Dispensed, Sickle Cell Disease" effective 10/15/2024).</p> <p>If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="10">HD High Dose</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="4">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> </tbody> </table> <p>Consult with the patient's prescriber to confirm intent. The consultation should be consistent with current pharmacy practice to verify the prescription and to validate its clinical appropriateness. This is an opportunity for pharmacists to inform the prescriber of other opioid prescribers or increasing amounts of opioids.</p> <p>Document the discussion and submit the appropriate override code. The documentation may include the date, time, name of prescriber, and brief note that the prescriber confirmed intent, did not confirm intent, provided information on patient exclusion, or could not be reached after 'X' number of attempts.</p> <p>If the prescriber confirms that greater than 90 MME is medically necessary, then resubmit the claim with following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td>HD High Dose Alert</td> <td>M0 Prescriber Consulted</td> <td>1G Filled, Prescriber Approvl</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient, and advise the member, the member's appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p> <p>IMPORTANT: For Opioid Care Coordination Safety Edit (OCC)*, Pharmacies should only use the override code M0-1G upon completion and documentation of the care coordination activities with prescribers. Plan sponsor may consider auditing pharmacy's documentation.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	HD High Dose	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4L Pscbr Expt – Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	HD High Dose Alert	M0 Prescriber Consulted	1G Filled, Prescriber Approvl
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Cumulative MME Opioid Safety Edit - 200 MME or more (Hard Reject)	Some plans may implement a hard edit when a patient's cumulative opioid daily dosage reaches 200 MME or more.	88 – DUR Reject Error 922 – Morphine Equivalent Dose Exceeds Limits 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights G4 – Prescriber must contact plan	OPIOID MME PA REQ'D If exempt, use DUR PPS code If >50 MME, co-prescribe Naloxone for safety. RxHelp 8007979791	<p>Additional Detail While not all Optum Rx clients have implemented the hard rejection, the majority of our clients have.</p> <p>Optum Rx will look back 120 days in claim history to identify overlapping opioid claims to calculate the daily MME, excluding claims that have less than a 25% overlap in order to not reject a refill.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with Sickle Cell Disease (4R Service Code "Dispensed, Sickle Cell Disease" effective 10/15/2024)</p> <p>If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer-related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="10">HD High Dose</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="5">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient, and advise the member, the member's appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	HD High Dose	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice
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Long Acting Opioid Duplicate Therapy (Soft Reject)	CMS requires a soft reject for duplicate therapy with long-acting opioid drugs.	88 – DUR Reject Error 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights	LA Opioid Dup Ther. Use DUR/PPS Code RxHelp 800797979	<p>Additional Detail Optum Rx will look back 30 days in claim history to identify two or more overlapping long acting opioid claims. Overlapping claims will be excluded if they are for a different strength of the same drug, and for claims that have less than a 25% overlap in order to not reject change in therapy.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with Sickle Cell Disease (4R Service Code “Dispensed, Sickle Cell Disease” effective 10/15/2024).</p> <p>Recommended Action If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer-related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1" data-bbox="1075 511 2047 917"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="10">TD Therapeutic Duplication</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="4">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> </tbody> </table> <p>Consult with the prescriber, document the discussion, and if the prescriber confirms that member is changing therapies, or that the combination of the long- acting opioid drugs is medically necessary, then resubmit the claim with the following DUR/PPS Codes:</p> <table border="1" data-bbox="1075 1042 2047 1172"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td>TD Therapeutic Duplication</td> <td>M0 Prescriber Consulted</td> <td>1G Filled, Prescriber Approvl</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice <u>Medicare Prescription Drug Coverage and Your Rights</u> to the patient, and advise the member, the member’s appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	TD Therapeutic Duplication	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4L Pscbr Expt – Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	TD Therapeutic Duplication	M0 Prescriber Consulted	1G Filled, Prescriber Approvl
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Opioid – Medication Assisted Treatment (MAT) / Opioid Use Disorder (OUD) Combination (Soft Reject)	CMS requires a soft reject for an opioid claim dispensed after a member has filled a Medication Assisted Treatment (MAT) / Opioid Use Disorder (OUD) claim.	88 – DUR Reject Error 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights	Buprenorphine Hx Call MD Use DUR/PPS Codes RxHelp 8007979791	<p>Additional Detail Optum Rx will look back in claim history to identify if a buprenorphine claim in the member's history is overlapping the submitted opioid claim, triggering the soft reject.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with Sickle Cell Disease (4R Service Code "Dispensed, Sickle Cell Disease" effective 10/15/2024)</p> <p>Recommended Action If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer-related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="10">DD Drug-Drug Interaction</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pschr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pschr Expt – Hospice</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="4">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4L Pschr Expt – Hospice</td> </tr> </tbody> </table> <p>Consult the prescriber, document the discussion, and if the prescriber confirms that the opioid drug is medically necessary, then resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td>DD Drug-Drug Interaction</td> <td>M0 Prescriber Consulted</td> <td>1G Filled, Prescriber Approvl</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice <u>Medicare Prescription Drug Coverage and Your Rights</u> to the patient, and advise the member, the member's appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pschr Expt – Cancer/PalCare	4L Pschr Expt – Hospice	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4L Pschr Expt – Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	1G Filled, Prescriber Approvl
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Opioid – Benzodiazepine Combination (Soft Reject)	CMS requires a soft reject for a combination of opioid and benzodiazepines.	88 – DUR Reject Error 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights	Benzo+Opioid Hx Call MD Use DUR/PPS codes If > 50 MME: co- prescribe Naloxone for safety RxHelp 8007979791	<p>Additional Detail Optum Rx will look back in claim history to an overlapping claim for an opioid when a benzodiazepine claim is submitted, or for a benzodiazepine claim when an opioid claim is dispensed, triggering a soft reject.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer-related pain, or are diagnosed with Sickle Cell Disease (4R Service Code “Dispensed, Sickle Cell Disease” effective 10/15/2024).</p> <p>Recommended Action If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer-related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="10">DD Drug-Drug Interaction</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> <tr> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="4">R0 Pharmacist Consulted Othr</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> </tbody> </table> <p>Consult the prescriber, document the discussion, and if the prescriber confirms that the opioid drug is medically necessary, then resubmit the claim with the following DUR/PPS Codes:</p> <table border="1"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td>DD Drug-Drug Interaction</td> <td>M0 Prescriber Consulted</td> <td>1G Filled, Prescriber Approvl</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice Medicare Prescription Drug Coverage and Your Rights to the patient, and advise the member, the member’s appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice	MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	1G Filled, Prescriber Approvl
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Opioid – Prenatal Vitamin Combination (Soft Reject)	As part of the Optum Rx Opioid Strategy, we recommend that plans place a soft reject for a combination of opioid and prenatal vitamins, to minimize risk to the mother and unborn child.	88 – DUR Reject Error 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights	Prenatal+Opioid Hx Call MD Use DUR/PPS codes RxHelp 8007979791	<p>Additional Detail While not all Optum Rx clients have chosen to implement the soft reject, the majority of our clients have.</p> <p>Optum Rx will look back in claim history to an overlapping claim for an opioid when a prenatal vitamin claim is submitted, or for a prenatal vitamin claim when an opioid claim is dispensed, triggering a soft reject.</p> <p>Members are exempt from this restriction if they are in Long-Term Care (LTC) or Hospice, receiving palliative care, are treating cancer related pain, or are diagnosed with Sickle Cell Disease (4R Service Code “Dispensed, Sickle Cell Disease” effective 10/15/2024)</p> <p>Recommended Action If the pharmacy has confirmed the member should be exempt, due to the member being in LTC, Hospice, Palliative Care or being treated for cancer-related pain, resubmit the claim with the following DUR/PPS Codes:</p> <table border="1" data-bbox="1075 561 2047 967"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td rowspan="5">DD Drug-Drug Interaction</td> <td rowspan="5">M0 Prescriber Consulted</td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td>4L Pscbr Expt – Hospice</td> </tr> <tr> <td></td> <td>MR Medication Review</td> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td rowspan="4">R0 Pharmacist Consulted Othr</td> <td rowspan="4"></td> <td>4B Filled, Palliative Care</td> </tr> <tr> <td>4C Filled, Hospice</td> </tr> <tr> <td>4D Filled, Cancer Treatment</td> </tr> <tr> <td>4K Pscbr Expt – Cancer/PalCare</td> </tr> <tr> <td></td> <td></td> <td>4L Pscbr Expt – Hospice</td> </tr> </tbody> </table> <p>Consult the prescriber, document the discussion, and if the prescriber confirms that the opioid drug is medically necessary, then resubmit the claim with the following DUR/PPS Codes:</p> <table border="1" data-bbox="1075 1068 2047 1198"> <thead> <tr> <th>Reason for Service Code</th> <th>Professional Service Code</th> <th>Result of Service Code</th> </tr> </thead> <tbody> <tr> <td>DD Drug-Drug Interaction</td> <td>M0 Prescriber Consulted</td> <td>1G Filled, Prescriber Approvl</td> </tr> </tbody> </table> <p>If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice <u>Medicare Prescription Drug Coverage and Your Rights</u> to the patient, and advise the member, the member’s appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare	4L Pscbr Expt – Hospice		MR Medication Review	4D Filled, Cancer Treatment	R0 Pharmacist Consulted Othr		4B Filled, Palliative Care	4C Filled, Hospice	4D Filled, Cancer Treatment	4K Pscbr Expt – Cancer/PalCare			4L Pscbr Expt – Hospice	Reason for Service Code	Professional Service Code	Result of Service Code	DD Drug-Drug Interaction	M0 Prescriber Consulted	1G Filled, Prescriber Approvl
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Opioid-APAP Exceeding 4,000mg APAP (Soft Reject)	The edit assesses the total acetaminophen daily dose based on FDA approved maximum dosing information. The edit identifies single incoming claims of concern, as well as overlapping claims with the member's history based on specific ingredient. The total daily dose across identified claims is then calculated. The edit will be triggered if total daily dose exceeds the FDA defined maximum daily dose.	88 – DUR Reject Error 569 – Provide Notice: Medicare Prescription Drug Coverage and Your Rights	Opioid+APAP has APAP>4g Check dose To O/R submit DUR/PPS codes RxHelp 8007979791	<p>Additional Detail This edit has been a CMS requirement since January 1, 2014.</p> <p>Recommended Action Pharmacies should use their professional judgment to review and override the rejection. The pharmacist will need to identify and enter the appropriate DUR/PPS Codes, including the Reason for Service, Professional and Result codes. The following steps should be followed:</p> <ul style="list-style-type: none"> Review the patient profile to identify why the patient is filling greater than the FDA approved maximum dose. Consult with the prescriber and/or the member as needed to confirm the claim exceeding the FDA approved maximum dose is medically necessary. Based on your clinical judgment, determine if the drug should be dispensed. If determined appropriate, override the rejection by identifying and entering the appropriate Reason for Service, Professional, and Result code for each component. • The Reason for Service code below should auto-populate. If, not then use the Reason Code below of HD (High Dose Alert). Select the appropriate Professional and Result codes from the table provided below. Each component is only allowed to have one code. <table border="1" data-bbox="1075 651 2051 1344"> <thead> <tr> <th data-bbox="1075 651 1278 708">Reason for Service Code</th> <th data-bbox="1278 651 1646 708">Professional Service Code</th> <th data-bbox="1646 651 2051 708">Result of Service Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="1075 708 1278 997" rowspan="9">HD High Dose Alert</td> <td data-bbox="1278 708 1646 997" rowspan="9">M0 Prescriber Consulted</td> <td data-bbox="1646 708 2051 737">1G Filled, Prescriber Approvl</td> </tr> <tr> <td data-bbox="1646 737 2051 766">1B Filled, Prescription As Is</td> </tr> <tr> <td data-bbox="1646 766 2051 795">1C Filled, Different Dose</td> </tr> <tr> <td data-bbox="1646 795 2051 824">1D Filled, Different Directns</td> </tr> <tr> <td data-bbox="1646 824 2051 854">1F Filled, Different Quantity</td> </tr> <tr> <td data-bbox="1646 854 2051 883">2A Prescription Not Filled</td> </tr> <tr> <td data-bbox="1646 883 2051 912">3C Discontinued Drug</td> </tr> <tr> <td data-bbox="1646 912 2051 941">3D Regimen Changed</td> </tr> <tr> <td data-bbox="1646 941 2051 971">3E Therapy Changed</td> </tr> <tr> <td data-bbox="1075 997 1278 1060" rowspan="2">P0 Patient Consulted</td> <td data-bbox="1278 997 1646 1060" rowspan="2"></td> <td data-bbox="1646 997 2051 1026">1A Filled As Is, Falso Positiv</td> </tr> <tr> <td data-bbox="1646 1026 2051 1055">3K Instructions Understood</td> </tr> <tr> <td data-bbox="1075 1060 1278 1344" rowspan="9">R0 Pharmacist Consulted Othr</td> <td data-bbox="1278 1060 1646 1344" rowspan="9"></td> <td data-bbox="1646 1060 2051 1089">1G Filled, Prescriber Approvl</td> </tr> <tr> <td data-bbox="1646 1089 2051 1118">1B Filled, Prescription As Is</td> </tr> <tr> <td data-bbox="1646 1118 2051 1148">1C Filled, Different Dose</td> </tr> <tr> <td data-bbox="1646 1148 2051 1177">1D Filled, Different Directns</td> </tr> <tr> <td data-bbox="1646 1177 2051 1206">1F Filled, Different Quantity</td> </tr> <tr> <td data-bbox="1646 1206 2051 1235">2A Prescription Not Filled</td> </tr> <tr> <td data-bbox="1646 1235 2051 1265">3C Discontinued Drug</td> </tr> <tr> <td data-bbox="1646 1265 2051 1294">3D Regimen Changed</td> </tr> <tr> <td data-bbox="1646 1294 2051 1323">3E Therapy Changed</td> </tr> </tbody> </table> <p data-bbox="1075 1370 2051 1471">If the rejection cannot be resolved, and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice <u>Medicare Prescription Drug Coverage and Your Rights</u> to the patient, and advise the member, the member's appointed representative, or the prescriber to request a coverage determination through their prescription drug plan.</p>	Reason for Service Code	Professional Service Code	Result of Service Code	HD High Dose Alert	M0 Prescriber Consulted	1G Filled, Prescriber Approvl	1B Filled, Prescription As Is	1C Filled, Different Dose	1D Filled, Different Directns	1F Filled, Different Quantity	2A Prescription Not Filled	3C Discontinued Drug	3D Regimen Changed	3E Therapy Changed	P0 Patient Consulted		1A Filled As Is, Falso Positiv	3K Instructions Understood	R0 Pharmacist Consulted Othr		1G Filled, Prescriber Approvl	1B Filled, Prescription As Is	1C Filled, Different Dose	1D Filled, Different Directns	1F Filled, Different Quantity	2A Prescription Not Filled	3C Discontinued Drug	3D Regimen Changed	3E Therapy Changed
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Opioid Edit Name	Description	Standard Reject Code / Description	Standard Messaging	Recommended Action / Additional Detail
Opioid Day Supply Limit	Optum Rx® Medicare Part D members will be limited to a 30- day supply of opioid medication per prescription.	76 - Plan Limitations Exceeded 19 - M/I Days Supply	Opioid Maximum Days Supply of 30	<p>Additional Detail If a Medicare Part D member was previously prescribed more than a 30-day supply of his or her opioid medication, and the member wishes to continue the medication through the Optum Rx Medicare Part D benefit after January 1, 2019, then the prescriber may write a new prescription for up to a 30-day supply.</p> <p>Recommended Action Contact the prescriber for a new prescription written for a 30-day supply or less. Resubmit the prescription claim for a 30-day supply. Notify member of the change in prescription day supply.</p>
Opioid Refill Utilization Threshold	<p>Optum Rx is implementing a refill threshold for all opioid products of 90%.</p> <p>Refill threshold will be 80% at Home Delivery Pharmacy</p>	79 - Refill Too soon, OR 88 - DUR Reject Error	Refill payable on or after [date of next allowed fill]	<p>Additional Detail If an opioid medication claim is submitted for either a refill or new prescription fill before the previous fill has reached 90% usage, the claim will reject.</p> <p>Recommended Action Resubmit the claim on the date of next allowed fill as defined in the returned message.</p> <p>Consult the prescriber to confirm attestation that the member must receive their prescription before the refill payable date and document the results.</p> <p>If the prescriber approves an early refill, call the pharmacy help desk for an override.</p>

<p>Controlled Substance Prescriber License and Scope of Practice Validation</p>	<p>Optum Rx has a prescriber DEA license and scope of practice check at the Point of Sale (POS) for all Schedule II-V controlled medication claims to prevent payment of scheduled medication claims from unauthorized prescribers.</p>	<p>Reject 43: Plan's Prescriber database indicates the associated DEA to the submitted Prescriber ID is inactive.</p> <p>Reject 44: Plan's Prescriber database indicates the associated DEA to the submitted Prescriber ID is not found.</p> <p>Reject 46: Plan's Prescriber database indicates the associated DEA to the submitted Prescriber ID does not allow this drug DEA class.</p>	<p>Reject 43 POS Message: "Plan's Prescriber database indicates the associated DEA to submitted Prescriber ID is inactive. Prescriber is not authorized for drug's DEA class."</p> <p>Reject 44 POS Message: "Plan's Prescriber database indicates the associated DEA to submitted Prescriber ID is not found. Prescriber is not authorized for drug's DEA class."</p> <p>Reject 46 POS Message: "Plan's Prescriber database indicates the associated DEA to submitted Prescriber ID does not allow this drug DEA class. Prescriber is not authorized for drug's DEA class."</p>	<p>Additional Detail The license and scope of practice check will validate submission of a valid, non- expired DEA prescriber license and then match the submitted prescriber's full two alphabetic letters and seven-digit numeric license number string to the submitted controlled drug GPI. Successful validation of these two steps will allow the claim to proceed to adjudication. However, failure of the check will result in a reject at the POS.</p> <p>Recommended Action If the pharmacy encounters any of the above noted rejects on a prescription claim, the pharmacy must follow the steps below to continue processing the claim for a paid response:</p> <ol style="list-style-type: none"> 1. Obtain verification of the DEA license associated with the prescriber of the prescription and document on the original prescription hard copy. 2. Select one of the following numeric Submission Clarification Codes (SCCs) based upon the validation obtained in Step 1. Please note that only the codes listed below can be used to apply the DEA check verification override. <ol style="list-style-type: none"> a. Use code 43 if Prescriber's DEA is active with DEA Authorized Prescriptive Right. b. Use code 45 if Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA schedule. c. Use code 46 if Prescriber's DEA has prescriptive authority for this drug DEA schedule. 3. Enter the numeric SCC to process the claim; entry of the SCC in your pharmacy software entry field should now allow the claim to bypass the DEA check and send back a paid claim message if no other conflicting edits are found. <p>In situations where the SCC still results in a rejected claim due to an invalid DEA number submitted, the Pharmacy Help Desk must be contacted for assistance.</p> <p>The Pharmacy Help Desk can also assist in initiating a request for Optum Rx to research the prescriber's DEA license in question and perform a data validation and update.</p> <p>This process should be followed for those Prescribers who would like their individual DEA license verified and updated in our records. Please allow for a 7 day turn-around time for these requests for prescriber information to be updated in the claim adjudication system.</p>
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Controlled Substance Refill Limits and Time Limits	Based on DEA regulations, some controlled substance schedules include refill limitations and time limits for filling those refills. Within RxClaim, Optum Rx has DEA Edits known as Reject 17 (Refill Limit), and Reject 81 (Time Limit).	Reject 17 – M/I Refill Number Reject 81 – Claim Too Old	N/A	<p>Recommended Action If partial fills are dispensed for terminally ill patients, the pharmacy may request an override from the Pharmacy Help Desk.</p> <ul style="list-style-type: none"> • If the pharmacy receives a reject 17 for a non-LTC claim, then a new prescription will be required. • If the pharmacy receives a reject 81 for a claim, then a new prescription will be required. <p>Additional Detail The federal and state specific refill limit and time limit requirements for controlled substance Schedules II – V (CII – CV) are researched and routinely monitored by the Optum Rx Regulatory Affairs Department, which includes internal Optum Rx legal review.</p> <p>These limitations do not apply to long-term care (LTC) claims due to allowable partial fills, which appear as refills.</p> <p>Federal schedule configuration:</p> <table border="1" data-bbox="1077 565 2049 833"> <thead> <tr> <th>DEA Class</th> <th>Edits</th> </tr> </thead> <tbody> <tr> <td>DEA Class II*</td> <td>Fill Date Window: Not Applicable Refill Restrictions: 00, Not applicable to LTC</td> </tr> <tr> <td>DEA Class III*</td> <td>Fill Date Window: 184 days Refill Restrictions: 05 (Original + 5 Refills), Not applicable to LTC</td> </tr> <tr> <td>DEA Class IV*</td> <td>Fill Date Window: 184 days Refill Restrictions: 05 (Original + 5 Refills), Not applicable to LTC</td> </tr> <tr> <td>DEA Class V*</td> <td>Fill Date Window: Follow state specific rules Refill Restrictions: Follow state specific rules, Not applicable to LTC</td> </tr> </tbody> </table> <p>*Additional standard State specific prescription length and refill restrictions will be applied if more restrictive than the Federal restrictions.</p> <p>As noted above, the Optum Rx RxClaim DEA Edit also references State specific limits for refill limits and the time limit of dispensing. Individual States can define more restrictive limits than the federal limits for refill limits and/or time limit of dispensing; however, States cannot define less restrictive limits. As such, the addition of the more restrictive State level functionality has been added to the RxClaim DEA Edit to ensure compliance with these requirements on both the federal and the State levels.</p>	DEA Class	Edits	DEA Class II*	Fill Date Window: Not Applicable Refill Restrictions: 00, Not applicable to LTC	DEA Class III*	Fill Date Window: 184 days Refill Restrictions: 05 (Original + 5 Refills), Not applicable to LTC	DEA Class IV*	Fill Date Window: 184 days Refill Restrictions: 05 (Original + 5 Refills), Not applicable to LTC	DEA Class V*	Fill Date Window: Follow state specific rules Refill Restrictions: Follow state specific rules, Not applicable to LTC
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Drug Management Programs (DMP)

Medicare Part D plans may have a DMP that limits access to opioids and benzodiazepines for patients who are considered by the plan to be at risk for prescription drug abuse. The goal of a DMP is better care coordination for safer use. Patients are identified for the program by opioid use involving multiple doctors and pharmacies as well as a history of opioid overdose, and through case management conducted by the plan with the patients' prescribers.

Coverage limitations under a DMP can include:

- Requiring the patient to obtain these medications from a specified prescriber and/or pharmacy, or
- Implementing an individualized POS edit that limits the amount of these medications that will be covered for the patient.

Before a limitation is implemented, the plan must give written notice to the patient, and an opportunity to tell the plan which prescribers or pharmacies they prefer to use or provide additional information if they disagree with the plan's decision.

If the plan decides to limit coverage under a DMP, the patient and their prescriber have the right to appeal the plan's decision. Pharmacies are not expected to distribute the standardized CMS pharmacy notice *Medicare Prescription Drug Coverage and Your Rights* to the patient in response to a rejected claim related to a limitation under a DMP. The patient or prescriber should contact the plan for additional information on how to appeal.

Opioid Edit Name	Description	Standard Reject Code / Description	Standard Messaging	Recommended Action / Additional Detail
Prescriber Lock-in	Per the 2019 Final Rule and CARA guidance, sponsors are now able to implement prescriber lock-in edits as part of the Drug Management Program to help members more safely manage use their opioids and frequently abused drugs. Optum Rx will implement a Prescriber Lock-in edit only with the consent and agreement of the designated prescriber for only opioid and/or benzodiazepine class drugs. This edit will prevent payment of the claim unless it is being prescribed by the designated prescriber of the Lock-in edit. The edit does not apply to drugs that are outside of the opioid and/or benzodiazepine classes, such as acute use medications, antibiotics, and maintenance medications.	828: Plan/Beneficiary Case Management Restriction In Place. 979: Recipient Locked into Specific Prescriber(s)*	Drug Mgmt Prgm Lockin Fax 877-2394565** **Optum Rx standard fax for Appeals; clients who handle their own appeals will have the appropriate fax line display in the message for their respective members.	<p>Recommended Actions</p> <ol style="list-style-type: none"> 1. Advise member that prescriber of the claim is not authorized due to case management restriction. 2. Direct member to contact their prescriber or authorized agent to initiate an appeal thru the number indicated in the reject message. <p>Additional Details</p> <p>When a Drug Management Program restrictive edit is decided upon by Optum Rx, we are required to send the member a series of written notifications to inform them of our decision and intent to implement the edit.</p> <p>The first letter called the Initial Member Notice is sent thirty days before the start date of the edit and also provides the member an opportunity to provide a response back. The second notice is called the Second Member Notice and is sent on the same day as the edit effective date.</p> <p>Therefore, members with DMP edits in place are provided due notice and opportunities to respond before there is any potential for disruption at point-of-sale.</p>

<p>Prescriber and Pharmacy Lock-in Edit</p>	<p>Per the 2019 Final Rule and CARA guidance, sponsors are now able to implement prescriber and pharmacy lock-in edits as part of the Drug Management Program to help members more safely manage use their opioids and frequently abused drugs. Optum Rx will implement a Prescriber Lock-in edit only with the consent and agreement of the designated prescriber for only opioid and/or benzodiazepine class drugs; a Pharmacy Lock-in may also be implemented with the consent and agreement of the member's prescriber(s) or as an administrative edit decision. This edit will prevent payment of the claim unless it is being prescribed by the designated prescriber of the Lock-in edit AND filled at the designated pharmacy of the Lock-in edit. The edit does not apply to drugs that are outside of the opioid and/or benzodiazepine classes, such as acute use medications, antibiotics, and maintenance medications.</p>	<p>828: Plan/Beneficiary Case Management Restriction In Place.</p> <p>979: Recipient Locked into Specific Prescriber(s)*</p> <p>980: Recipient Locked into Specific Pharmacy(s)*</p>	<p>Drug Mgmt Prgm Lockin Fax 877-239-4565**</p> <p>**Optum Rx standard fax for Appeals; clients who handle their own appeals will have the appropriate fax line display in the message for their respective members</p>	<p>Recommended Actions</p> <ol style="list-style-type: none"> 1. Advise member that prescriber/dispensing pharmacy of the claim is not authorized due to case management restriction. 2. Direct member to contact their prescriber or authorized agent to initiate an appeal thru the number indicated in the reject message. <p>Additional Details</p> <p>When a Drug Management Program restrictive edit is decided upon by Optum Rx, we are required to send the member a series of written notifications to inform them of our decision and intent to implement the edit.</p> <p>The first letter called the Initial Member Notice is sent thirty days before the start date of the edit and also provides the member an opportunity to provide a response back. The second notice is called the Second Member Notice and is sent on the same day as the edit effective date.</p> <p>Therefore, members with DMP edits in place are provided due notice and opportunities to respond before there is any potential for disruption at point-of-sale.</p>
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<p>Drug Level Edit PS1 Block All Opioids</p>	<p>In a Drug Level Edit PS1 Block All Opioids edit, Optum Rx will implement a restrictive edit for a member that blocks payment of all opioids. This edit is implemented when the member's prescriber(s) do not attest that any opioid therapy is justified and medically necessary or that the member does not have any exemptions. The edit does not apply to opioid class medications indicated for medication assisted therapy (MAT, i.e. Suboxone).</p>	<p>828: Plan/Beneficiary Case Management Restriction In Place.</p>	<p>Drug Mgmt Prgm Lockin Fax 877-2394565**</p> <p>Maximum Daily Dose of 0.0001</p> <p>**Optum Rx standard fax for Appeals; clients who handle their own appeals will have the appropriate fax line display in the message for their respective members</p>	<p>Recommended Actions</p> <ol style="list-style-type: none"> 1. Advise member that the claim is not covered because of a case management restrictive edit for all of their opioids 2. This is a hard edit that cannot be overridden at point of sale. 3. Direct member to contact their prescriber or authorized agent to initiate an appeal thru the number indicated in the reject message. <p>Additional Details</p> <p>When a Drug Management Program restrictive edit is decided upon by Optum Rx, we are required to send the member a series of written notifications to inform them of our decision and intent to implement the edit.</p> <p>The first letter called the Initial Member Notice is sent thirty days before the start date of the edit and also provides the member an opportunity to provide a response back. The second notice is called the Second Member Notice and is sent on the same day as the edit effective date.</p> <p>Therefore, members with DMP edits in place are provided due notice and opportunities to respond before there is any potential for disruption at point of sale.</p>
<p>Drug Level Edit PS2 Cover Only Approved Opioids</p>	<p>In a Drug Level Edit PS2 Cover Only Approved Opioids, Optum Rx will implement a restrictive edit for a member that will block payment of all opioids except for what has been approved as justified and medically necessary for the member by the prescriber(s). This may include specific maximum daily doses (MDD) OR morphine milligram equivalent (MME) maximum daily doses.</p> <p>Furthermore, the edit may allow only a single or multiple opioids for the member to continue receiving while blocking payment of all others. The edit does not apply to opioid class medications indicated for medication assisted therapy (MAT, i.e. Suboxone).</p>	<p>828: Plan/Beneficiary Case Management Restriction In Place.</p>	<p>Drug Mgmt Prgm Lockin Fax 877-2394565**</p> <p>Maximum Daily Dose of #### (if MDD of approved opioid exceeded)</p> <p>Maximum Daily Dose of 0.0001 (if not approved opioid)</p> <p>MME ###.## exceeded; Ttl MME ###.## mg (if MME of approved opioid exceeded)</p> <p>**Optum Rx standard fax for Appeals; clients who handle their own appeals will have the appropriate fax line display in the message for their respective members</p>	<p>Recommended Actions</p> <ol style="list-style-type: none"> 1. Advise member that the claim is not covered because of a case management restrictive edit that applies to all of their opioids unless approved. 2. This is a hard edit that cannot be overridden at point of sale. 3. Direct member to contact their prescriber or authorized agent to initiate an appeal thru the number indicated in the reject message. <p>Additional Details</p> <p>When a Drug Management Program restrictive edit is decided upon by Optum Rx, we are required to send the member a series of written notifications to inform them of our decision and intent to implement the edit.</p> <p>The first letter called the Initial Member Notice is sent thirty days before the start date of the edit and also provides the member an opportunity to provide a response back. The second notice is called the Second Member Notice and is sent on the same day as the edit effective date.</p> <p>Therefore, members with DMP edits in place are provided due notice and opportunities to respond before there is any potential for disruption at point of sale.</p>