PROVIDER Bulletin



| December 14, 2018 | | | |
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| This Provider Bulletin applies to the lines of business and provider types checked below: | | | |
| PHP (Medicare) | Primary Care Physicians | Specialists | |
| PHC (Medicaid) | Ancillary | | |

Starting on January 1, 2019, in response to Centers for Medicare & Medicaid Services (CMS) guidance, there will be new limitations on opioid dispensing by pharmacies to Medicare Part D members.

- Members who have not had a recent prescription for opioids will be limited to <u>no more than a seven-day supply</u> for their first opioid prescription for the treatment of acute pain.
- Opioid prescriptions that are taken together with benzodiazepine prescriptions will be stopped at the
 pharmacy for review by the provider to make sure that the prescriptions are medically necessary and
 appropriate.
- Prescriptions for <u>Long-Acting Opioids</u> that are taken at the same time will be stopped at the pharmacy
 for review by the provider to make sure that the prescriptions are medically necessary and
 appropriate.
- Opioid prescriptions will be monitored for safe dosage levels. If one or more opioid prescription is above a safe dosage limit, the prescription will be stopped at the pharmacy for review by the provider to make sure that the prescription is medically necessary and appropriate.

PLEASE NOTE: Members who are residents of a long-term care facility, in hospice care, are receiving palliative or end-of-life care, or are being treated for active cancer-related pain are excluded from these limitations.

In addition to pharmacy level edits, PHP will be monitoring the safety and trends around opioid prescribing for our Medicare Part D members. As part of the new CMS guidance for 2019, we will have the ability to perform comprehensive medication reviews that may result in the restricting of members to one pharmacy and one prescriber for controlled substances for coordination of care and case management.

All network prescribers are expected to respond to related to opioid safety alerts in a timely manner, including educating their on-call staff. You may request a coverage determination if you or your patient believe chronic use is medically necessary.

For more information, please see: https://www.cms.gov/newsroom/fact-sheets/2019-medicare-advantage-and-part-d-rate-announcement-and-call-letter

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org