



Medicare Part D Opioid Policies for 2019



*Information for
Patients*

Introduction

- Prescription opioid pain medications like oxycodone (OxyContin[®]), hydrocodone (Vicodin[®]), morphine, and codeine can help treat pain after surgery or after an injury.
- Opioids carry serious risks, like addiction, overdose, and death. These risks increase the higher the dose a patient takes, or the longer these medications are used, even if the patient takes them as prescribed.
- Risks also increase when a patient also takes certain other medications, like benzodiazepines (commonly used for anxiety and sleep), or gets opioids from many doctors and pharmacies.

Goals

- Medicare is dedicated to helping patients use prescription opioid pain medications more safely, and is introducing new policies for opioid prescriptions in the Medicare Part D prescription drug program beginning in January 2019.
- The new opioid policies encourage the patient's pharmacy, doctor, and Medicare drug plan to work together with the patient to ensure the safe use of prescription opioids.

Exclusions

- The opioid policies do not apply to patients with cancer, who get hospice, palliative, or end-of-life care, or who live in a long-term care facility.
- These policies also should not impact patient access to medication-assisted treatment (MAT), such as buprenorphine.

MYTH #1

MYTH:

“Medicare is limiting all opioid prescriptions to a maximum of 7 days, or requiring all opioid prescriptions to be refilled every 7 days.”

FACT:

- Only patients who have not filled an opioid prescription recently or who are newly starting opioids may be limited to a 7 day supply; it does not apply to patients already taking opioids.
- If the patient’s prescription is for longer than 7 days, they have the option of getting up to 7 days dispensed at the pharmacy, or they can ask the plan to cover the full amount.
- If the patient gets another opioid prescription because the doctor thinks they need more medication, Medicare won’t limit the next prescription to 7 days.

MYTH #2

MYTH:

“Medicare is forcing all patients to reduce their opioid use below a certain amount.”

FACT:

- Decisions to reduce or stop opioids are made by the patient and their doctor, not by Medicare.
- Medicare recognizes reducing opioids can be especially challenging after a long time on high dosages.
- Reducing the dose or stopping treatment must be carefully considered and is individualized between patient and doctor.

MYTH #3

MYTH:

“Medicare is telling doctors to stop prescribing opioids for all their patients, including cancer patients.”

FACT:

- Patients in a Part D plan who are affected by the new opioid policies always have the right to ask their plan for a coverage decision about a drug they believe should be covered, including the right to an exception.
- If needed, patients have the right to ask for a fast decision.
- These policies do not apply to patients with cancer, in hospice, palliative, or end-of-life care, or who live in a long-term care facility .

Summary of Opioid Policies

The Medicare Part D opioid policies include:

1. Opioid Safety Reviews
2. Drug Management Programs

1. Opioid Safety Reviews

- A patient's Medicare drug plan and pharmacist will do safety reviews of a patient's opioid pain medications when a patient fills a prescription.
 - These reviews are very important if a patient has more than one doctor who prescribes opioid medications.
 - In some cases, the Medicare drug plan or pharmacist may need to first talk to the patient's doctor before the prescription is filled.

Types of Reviews

- A patient's drug plan or pharmacist may do a safety review for:
 - Potentially unsafe opioid amounts.
 - If a patient takes opioids with benzodiazepines like Xanax[®], Valium[®], and Klonopin[®].
 - New opioid use - a patient may be limited to a 7-day supply or less. This does not apply to patients who already take opioids.

Requesting a Coverage Decision

- If the prescription cannot be filled as written, including the full amount on the prescription, the pharmacist will give a written notice explaining how the patient or their doctor can contact the plan to ask for a coverage decision.
- This includes the right to ask for an exception to a plan coverage rule, for example, if the patient isn't already taking opioids but will need more than 7 days.
- If their health requires it, patients or their doctor can ask the plan for a fast coverage decision.
- The patient or their doctor can also ask the plan for an exception to its rules before the prescription is sent to the pharmacy, so they'll know if the plan will cover it.
- If the request is denied, the patient has the right to appeal.

2. Drug Management Programs (DMPs)

- Starting January 1, 2019, some Medicare Part D plans will have a Drug Management Program.
- These programs help coordinate care for patients who get opioids from multiple doctors or pharmacies
- The plan may talk to the patient's doctors to make sure their opioid medications are needed and that they are being used safely.

Coverage Limitations in a DMP

- If a Medicare drug plan decides that a patient's use of prescription opioids and benzodiazepines isn't safe, the plan may limit the patient's coverage of these medications through the DMP.
- Coverage limitations could:
 - Require the patient to get these medications only from certain doctors or pharmacies, or
 - Limit how much of these medications the plan will cover for that patient.

Coverage Limitation Tools

- **Patient-specific point of sale (POS) claim edits** are individualized for the specific patient and limit the amount of opioids and benzodiazepines the Medicare Part D plan will cover for the patient.
 - Could limit all opioids and benzodiazepines or limit specific drugs and/or specific amount.
- **Pharmacy limitation** requires the patient to obtain prescriptions for opioids and/or benzodiazepines at a certain pharmacy(ies).
 - Patients can choose which pharmacy(ies) they prefer to use and may update their choice of pharmacy as needed.
- **Prescriber limitation** requires the patient to obtain their prescriptions for opioids and/or benzodiazepines from certain prescriber(s).
 - Patients can choose which prescriber(s) they prefer to use and may update their choice of prescriber as needed.

DMP Notices

- Before a Medicare drug plan places a patient in its drug management program, the plan will send the patient a letter that:
 - Explains the DMP, the specific limitation the plan wants to make, and why the patient was selected.
 - Asks the patient to tell the plan which doctors or pharmacies they prefer to use to get their prescription opioids and benzodiazepines.
- After the patient has a chance to respond, the plan will send a second letter if it decides to limit the patient's coverage for these drugs.

Drug Management Program Appeals

- If a patient or their doctor disagrees with the Medicare drug plan's decision, or thinks the plan has made a mistake, the patient or their doctor can appeal the decision.
- The second letter the patient receives from the plan will include detailed information about how to make an appeal.
- If the appeal is denied, the patient has the right to an independent review by a physician outside the plan.

Summary

- Patients are encouraged to talk with their doctors about:
 - All of their pain treatment options including whether taking an opioid medication is right for them.
 - Other possible medication options that may help manage pain with less risk.
- Patients and their doctors can request a coverage decision from the plan at any time.
- Decisions to change, reduce, or stop prescription opioids are individualized between patients and their doctor.

Where can patients go for more information?

- Contact the Medicare drug plan. The contact information is in the member materials or on the patient's membership card.
- Read the “Your Guide to Medicare Prescription Drug Coverage” booklet. View or print the booklet at www.Medicare.gov/publications
- Read the “How Medicare Drug Plans use Pharmacies, Formularies, & Common Coverage Rules” document. View or print the document at <https://www.medicare.gov/Pubs/pdf/11136-Pharmacies-Formularies-Coverage-Rules.pdf>
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Contact the Medicare Rights Center: 1-888-HMO-9050.
- Call the State Health Insurance Assistance Program (SHIP). Visit www.shiptacenter.org or call 1-800-MEDICARE for the phone number of your SHIP.
- For resources and information about the National Opioid Crisis go to: www.hhs.gov/opioids or the Center for Disease Control (CDC) at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>