

Virginia Premier Medicare Advantage – Opioid Drug Management Program

We have a program that can help make sure our members safely use their prescription opioid medications, or other medications that are frequently abused. This program is called a Drug Management Program (DMP). If a member uses opioid medications from several doctors or pharmacies, we may talk to their doctors to make sure the member's use is appropriate and medically necessary. Working with their doctors, if it is decided that the member is at risk for misusing or abusing opioid or benzodiazepine medications, we may limit how the member can get those medications. The limitations may be:

- Requiring the member get all their prescriptions for opioid or benzodiazepine medications from one pharmacy
- Requiring the member get all their prescriptions for opioid or benzodiazepine medications from one doctor
- Limiting the amount of opioid or benzodiazepine medications we will cover

If we decide that one or more of these limitations should apply, the member will be notified with a letter. A letter will also be sent to the doctor. The letter will have information explaining the terms of the limitations we think should apply. The member will have an opportunity to tell us which doctors or pharmacies they prefer to use. If a member feels we made a mistake and disagrees with our determination that they are at-risk for prescription drug abuse or the limitation, the member and their prescriber have the right to ask us for an appeal. See Chapter 9 for information about how to ask for an appeal.

The DMP may not apply for certain medical conditions, such as cancer, for members receiving hospice care, or those living in a long-term care facility.

Beyond the DMP program, the Centers for Medicare and Medicaid Services (CMS) has continued development of their Improving Drug Utilization Review safety interventions in relation to the opioid crisis. These efforts have had a significant impact and improved the safety of our members. The goal of these interventions is always the safety and wellness of our members with an emphasis on not being overly restrictive or to be setting prescribing limits. Below is an overview of the safety interventions that can occur when an opioid prescription is filled in a pharmacy:

- Seven day supply limit for initial opioid fills (opioid naïve members are deemed naïve if they have no opioid use in the past 120 days.) They will be limited to a 7 day supply even if the prescription is written for a longer duration. If the pharmacy has information that the member has been on opioids they can submit a continuation of therapy override and the member can always request a coverage determination exception.
- Members meeting or exceeding a daily 90 MME (Morphine Milligram Equivalents) of opioids will be required to have an additional safety check at the pharmacy. This safety check will include having the pharmacy verify with the prescriber the safety of the opioid dosing level. Once this is complete the prescription can be filled. This safety edit only needs to occur once a year and

a coverage determination can be requested if the pharmacy is unable to resolve this edit.

- Duplicative long-acting (LA) opioid therapy – The dispensing pharmacy will have to ensure safety of the member’s opioid dosing regimen if the member is utilizing more than one extended release or long acting opioid at the same.
- Using opioids and benzodiazepines at the same time – the dispensing pharmacy will have to ensure the safety of the member’ regimen if both these medications are being used at the same time.
- Using opioids and buprenorphine at the same time – the dispensing pharmacy will have to perform an additional safety check if the member is on opioids while receiving buprenorphine mediations for opioid dependence.