# MED D - Point of Sale Safety Review

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**Description:** This document provides information on the Point of Sale Safety Review.

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| General Information |

Point-of-sale (POS) Safety Review is a core program available to all clients that delivers real-time safety alerts to dispensing pharmacies when a prescription is being processed.

* These alerts prompt the dispensing pharmacist to take an action that will avoid a potential safety concern.
* The pharmacist may consult with the prescriber, counsel the beneficiary or choose not to fill the prescription to avoid a negative clinical outcome.

Benefits of the Point of Sale Safety Review:

* System flags claims that present potential safety issues at point of sale.
* Real-time safety alerts delivered to dispensing pharmacies (including mail and retail).
* Pharmacist takes action to ensure the safety concern is addressed and negative outcomes are avoided.

While the MED D Customer Care Representative (CCR) will not process overrides or speak to the retail pharmacist about these edits, it is necessary for the CCR to be familiar with the program, how it works, and what the Point of Sale Coding on claims means to the pharmacist and the beneficiary.

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| FAQs |

The following FAQ tables will assist the CCR in better understanding the Point of Sale Safety Review:

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### General Program Questions

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| **Question** | **Answer** |
| **What are the client benefits of this program?** | * POS Safety edits are designed to protect beneficiaries from serious drug interactions and other situations that could lead to harmful outcomes. * These interventions maximize client savings through reduced health care costs. |
| **Can more than one alert be sent to the pharmacy?** | Yes, multiple alerts can be sent to the dispensing pharmacy. |
| **Is POS Safety Review available on all platforms?** | Yes, POS Safety Review occurs on all platforms for all clients. |
| **Is there a charge for POS Safety Review?** | No, POS Safety Review is core program with no fee. |
| **Do POS Safety Reviews occur at both retail and mail?** | Yes, POS Safety alerts are sent to the dispensing pharmacy whether retail or mail. |
| **Are POS Safety edits customizable?** | Yes, certain components of POS Safety edits are customizable on the RxClaim platform only. |
| **What types of safety edits will trigger a pharmacy alert?** | Medispan POS Safety Alerts:   * Drug-drug interactions * Ingredient duplication * Therapeutic duplication * Drug-disease precaution * Drug-pregnancy alert * Drug-gender caution * Drug-age caution * High drug dose or low drug dose * Drug-allergy interaction * Drug regimen compliance * Refill too soon * Excessive controlled substance screening * Excessive duration   PBM Proprietary POS Safety Alerts:   * Cumulative Acetaminophen check * Multiple pharmacies * Multiple prescribers * Cumulative Morphine Milligram Equivalent dose check * Buprenorphine-Opioid * Duplicate Long-Acting Opioids * Opioid-Benzodiazepine Drug Interaction * Opioid Cough and Cold Products in Children * Codeine and Tramadol Use for Pain in Children |
| **How do we determine what safety edits will apply?** | We use Medispan, an outside drug information vendor, to administer the majority of our POS Safety edits. The excessive controlled substance screening, cumulative acetaminophen check, multiple pharmacies, multiple prescribers, cumulative morphine milligram equivalent dose check, buprenorphine-opioid, duplicate long-acting opioids, opioid-benzodiazepine drug interaction, opioid cough and cold products in children, and codeine and tramadol use for pain in children programs are PBM proprietary edits that do not rely on Medispan logic. |

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### Client implementation Questions

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| **Question** | **Answer** |
| **How do clients enroll in POS Safety Review?** | Clients are automatically enrolled in our core POS Safety Review. Med D clients must also enroll in CMS required DUR edits including, Cumulative Acetaminophen check, Cumulative Morphine Milligram Equivalent dose check, Buprenorphine-Opioid, Duplicate Long-Acting Opioids and Opioid-Benzodiazepine Drug Interaction by submitting necessary requirements on the Medicare Requirements Document (MRD). |
| **Can a client opt out of POS Safety Reviews?** | POS Safety is an automatic program and is not available with an “opt out” option. |

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### Plan Beneficiary Communication (Care Team Note)

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| **Question** | **Answer** |
| **Are there beneficiary touch points in POS Safety Reviews?** | No formal beneficiary communications are included in the POS Safety Review Programs.  However, based on individual pharmacist judgment, dispensing pharmacists may communicate with beneficiaries as needed to address beneficiary safety concerns. |

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### Medicare Part D: Optional POS edits

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| **Question** | **Answer** | | | |
| **Why there are optional safety edits (****PBM proprietary edits)?** | * In several call letters, CMS has called for tighter Drug Utilization Review controls (both concurrent and retrospective) to reduce potential drug overutilization. * Expanding concurrent drug controls at the point of sale will improve beneficiary safety as well as target overutilization. * We have enhanced some existing edits and developed new edits to help clients meet CMS guidelines for tighter controls. | | | |
| **What are the** **PBM proprietary POS Safety edits?** | The maximum dose and excessive controlled substance edits have both been expanded to help clients employ the tighter controls as recommended by CMS.  There is a cumulative acetaminophen (cAPAP) max dose review as well as edits to trigger potential doctor and pharmacy shopping.  There is a cumulative Morphine Milligram Equivalent (cMME) and Buprenorphine/Opioid Edit.  There is an edit that looks at beneficiaries taking more than one long acting opioid and an edit that looks at beneficiaries on both opioids and benzodiazepines.  There are two edits that limit the use of opioids for cough and cold or pain products in children. Those two edits cannot be overridden.  These edits are currently available for any clients that have chosen to opt in but most of the optional edits are required for Med D clients. Beginning on 7/1/2022, these edits will be automatically implemented for all Employer clients unless they choose to opt-out. | | | |
| **Are the PBM proprietary POS Safety edits available on all platforms?** | No, the new edits are only available on RxClaim and some have been developed to support the Medicare clients. Non-Med D clients may also implement the edits. | | | |
| **Are the optional edits required to stay compliant with CMS guidelines?** | * Yes, beginning in 2015 CMS required plans to have a cAPAP edit set up as a soft reject. Beginning in 2017, CMS required plans to have a cMME and Buprenorphine/Opioid edit set up as a soft reject. In 2019, CMS required that plans implement Duplicate Long-Acting Opioid and Opioid/Benzodiazepine edits. * None of the other optional edits are currently required by CMS. | | | |
| **What type of reject will the PBM proprietary POS Safety edits send to the pharmacy?** | * We recommend the optional edits be set up with a soft reject message at point of dispensing.   + This applies to all edits except opioid cough and cold products in children and codeine and tramadol use for pain in children * This is noted as **conditional** on the Medicare Requirements Document. | | | |
| **What is a soft reject?** | A soft reject occurs when a claim rejects but allows the pharmacist to override a DUR conflict utilizing predefined professional service codes. | | | |
| **Will the pharmacist need to call into the Pharmacy Help Desk to override a soft reject claim?** | * A call to the Pharmacy Help Desk is not necessary. * The claim will adjudicate only after the dispensing pharmacist enters a professional service code and result of service code indicating the action they took to address the safety concern. * This override does not require assistance (a PBM override to process the claim.) | | | |
| **Do these edits apply to all drugs or only to certain drugs?** | * CMS requires that the POS Safety Review edits apply to **ALL** drugs. * The excessive controlled substance, cumulative morphine milligram equivalent (cMME), Buprenorphine/Opioid, Duplicate Long-Acting Opioid, Opioid/Benzodiazepine, opioid cough and cold products in children, and codeine and tramadol use for pain in children edits apply only to controlled substances and opioids. | | | |
| **Do the multiple pharmacy and multiple prescriber edits apply to all drugs?** | Yes, the multiple pharmacy and multiple prescriber edits apply to **ALL** drugs. | | | |
| **How do the multiple pharmacy and multiple prescriber edits differ from those used in the core Safety and Monitoring Solution (SMS)?** | * The multiple prescriber and multiple pharmacy edits are calculated the same way as they are in SMS; however, how the information is utilized is different. * In SMS, the number of prescribers and pharmacies are only two of eight elements used to calculate an overall risk score for determining whether a beneficiary’s profile needs to be reviewed as a potential SMS case. * In the POS edits, exceeding a specific threshold (number of prescribers or pharmacies) will automatically trigger a **soft reject** for the dispensing pharmacist to review. * The POS edits are set at high threshold levels to target only the most egregious cases and to minimize beneficiary disruption. | | | |
| **Why are the cAPAP max dose and cMME edit allowed to be a soft reject rather than a hard stop in light of safety concerns?** | * The cAPAP and cMME edits have been set up as a soft reject, rather than a hard reject, so that the dispensing pharmacist can manage the safety concern without having to call the Pharmacy Help Desk for an override. * The cMME edit can also be implemented with a hard reject option, at a higher level cMME than the soft reject. | | | |
| **What is the suite of CDUR edits implemented at point of sale to date?** | * We utilize the **Medispan Drug Database** to evaluate each drug being prescribed and compares it to the patient’s demographic and claims history. * The following Medispan point-of-sale edits are currently implemented at point of sale. * These edits are independent of any formulary or utilization management edits (e.g., Quantity Limits, Step Therapy and Prior Authorization). | | | |
| **Concurrent DUR Edit** | **Functionality and Response** | | |
| **Age-/gender-related caution** | Messages the pharmacist when contraindications based on age or gender are identified. | | |
| **Drug regimen compliance** | Messages the pharmacist when late prescription refills may indicate the beneficiary is non-compliant with prescribed medications. | | |
| **Dosing/duration  (Dose check)** | * Messages the pharmacist when daily dosages or duration of therapy are **too** **high** or **too low** based upon pediatric, adult, or geriatric age groups. * This edit also checks duration – compares the days’ supply on the claim with the recommended duration for the drug (min and max). | | |
| **Duplicate therapy** | * Messages the pharmacist when prescribed drugs have the same therapeutic effects as medication(s) the patient is currently taking.   + When the duplicate therapy edit identifies exact duplicate ingredient therapy, a **hard reject**, requiring an override by the PHD, is required.   + This edit is **not** transition fill eligible except for the Level of Care changes (e.g., admission or discharge from a long-term care facility or long-term care emergency fill). | | |
| **Drug-drug interactions** | Messages the pharmacist when interacting drug combinations are identified. | | |
| **Drug-inferred health state** | Messages the pharmacist when drugs that may be contraindicated based on the patient’s known health state (e.g., disease-state contraindications, broader conditions such as pregnancy, lactation, and patient age) are identified. | | |
| **Drug-allergy contraindications** | Drug-allergy alerts are based on allergy information populated on the beneficiary’s profile at the point of sale. | | |
| **Refill Too Soon (POS Reject 79)** | * This edit results in a **hard reject** when the beneficiary attempts to refill a prescription before the days’ supply of the previous fill should have been exhausted. * The default MED D set up is at 75 percent at mail and 80% at retail and 70 percent for ophthalmic products, however the edit is customizable.   + This edit is **not** transition fill eligible except for the Level of Care changes (e.g., admission or discharge from a long-term care facility or long-term care emergency fill). | | |
| In addition to the above Medispan supported edits, we implement the following proprietary edit for beneficiaries (e.g., does not rely on Medispan logic): | | | |
| **Excessive controlled substance screening** | Messages the pharmacist when four or more claims for the same controlled substance are prescribed within 90 days. | | |
| **Note:** DUR edits that are set to message (information only) **do not** cause claims to reject and therefore **do not** trigger a transition fill. | | | |
| **How will pharmacists be notified of the PBM proprietary POS Safety edits and required response codes?** | A network communication isdisseminated to pharmacists/pharmacies on at least a yearly basis. | | | |
| **Which PPS codes will be used to override soft edits triggered?** | **PBM Proprietary Edits** | **DUR Reason For Service Code (Conflict)** | **PPS Professional Service Code (Intervention)** | **Result of Service Code (Outcomes)** |
| Maximum Daily Dose of APAP | **AT** | **M0–**Prescriber consulted  **P0–**Patient consulted  **PM–**Patient monitoring  **R0–**Pharmacist consulted other source | **1B–**RPH determines alert is not relevant for the Rx and beneficiary  **1C–**Filled with a different dose  **1D–**Filled with different directions  **1F–**Filled with a different quantity  **1G–**Filled with prescriber approval  **2A–**RPH determines Rx should not be filled as written  **4B** – Dispensed, Palliative Care  **4C** – Dispensed, Hospice  **4D** – Dispensed, Cancer Treatment |
| Excessive Controlled Substance Enhancement–Multiple Therapies | **DM** |
| Excessive Controlled Substance Enhancement–Multiple Claims | **DM** |
| Cumulative Morphine Milligram Equivalent | **HC** |
| Dose Check Max Dose Multiplier | **HD** |
| Multiple Pharmacies | **DM** |
| Multiple Prescribers | **DM** |
| Buprenorphine/Opioid | **DM** |
| Duplicate LA Opioids | **TD** |
| Opioid/Benzodiazepine | **DD** |
| **Do these enhancements apply to all claims?** | * Yes, these edits will apply to specialty, mail and retail claims. * These edits will **NOT** apply to reversals or claims for which the submission date is beyond the fill date of the initial claim. | | | |
| **How will these enhancements interact with multi-ingredient compound (MIC) claims?** | * Each **ingredient** within the MIC claim will interact with the following edits: Dose check, excessive controlled substances – multiple claims and multiple therapies, duplicate therapy and max daily dose of APAP. * Multiple pharmacies and multiple prescriber edits will be matched against historical utilization at a claim level. | | | |
| **Will the optional DUR edits be eligible for transition fill?** | No, all of the optional edits will reject for transition fill eligible claims. | | | |
| **If a beneficiary has a prior authorization in the system for a QL override, will the dose check edit require a PPS code response?** | Yes, the enhanced dose check edit will require a pharmacist evaluation and entry of PPS codes. | | | |
| **How were default thresholds selected for these edits?** | * Internal clinical and analytic teams were engaged to identify claims thresholds that appeared to be indicative of overutilization. * Responses to these edits and any internal disruption and grievances are monitored. Defaults may change as the business gains more experience with these edits. | | | |
| **If a pharmacist has overridden the edit on one given month when a trigger claim is presented, will the edit continue to trigger, if the same combinations of drugs, prescribers or pharmacies occur again?** | Yes, the edit will continue to trigger requiring a pharmacist response, despite a historical response if the conditions for triggering the edit remain. | | | |
| **Can multiple DUR edits (requiring a PPS code response) trigger for the same claim presented at the POS?** | Yes, multiple clinical edits may trigger on the same POS claim requiring multiple PPS code overrides. | | | |
| **Does my PBM consider non-covered drugs for CDUR edits?** | * No, all paid claims are used as part of the targeting process. * If a beneficiary fills a prescription and pays cash, there is no paid claim record in RxClaim and it will not be included in the DUR review. | | | |

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