# **Opioid Prescription Safety Management Flex Quantity Limit (QL) and Subsequent Fill**

[Product Information](#_Toc201565665)

[Procedures](#_Toc201565666)

[Rejection Codes](#_Toc201565667)

[Questions and Answers](#_Toc201565668)

[Related Documents](#_Toc201565669)

**Description:** Information and procedures on what to do when handling inquiries related to the Opioid Prescription Safety Management Flex Quantity Limit and Subsequent Fill program (opioid medications) for opioid users.

|  |
| --- |
| **Product Information** |

Beginning June 1, 2021, there will be an automatic update to the existing CVS Caremark® standard Opioid Utilization Management (UM) offering.

* Currently, CVS Caremark uses a Quantity vs Time (QvT) format for opioid Quantity Limits (**Example:** 30 tabs per month, 60 tabs per month, etc.). Starting on June 1, 2021, CVS Caremark will change to Flexible QLs, which are considered a combination of QvT and the Daily Dose (DD) limits.
* QvT limits and existing accumulation logic will not be changing. DD limits will be added to the current criteria. Existing Prior Authorizations (PA) will be updated and maintained to reflect the Flexible QL logic.
* Very few members regularly refill opioid prescriptions for less than a 30 days’ supply, no member impact letters are planned.

* An example of the current logic (QvT) compared to the new logic (Flexible QL) is outlined in the chart below:

**Quantity Limit: 30 doses per month**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim Date** | **Scenario** | **CURRENT (QvT only)** | **NEW (Flexible Quantity Limits)** |
| Initial Request | Member attempts to fill 30 tabs for 15 days' supply | **CLAIM PAYS:** Within QvT limit of 30 doses per month | **CLAIM REJECTS:** Exceeds Daily Dose limit of one (1) dose per day |
| Second Request within the first 30 days | Member attempts to fill 30 tabs for 15 days' supply | **CLAIM REJECTS:** Now exceeds QvT limit of 30 doses per month | **CLAIM REJECTS:** Exceeds Daily Dose limit of one (1) dose per day |

**Subsequent Fill Logic:**

* Prior to 06/01/21, Members with newly prescribed opioids could receive coverage for seven (7) days of an Immediate-Release (IR) opioid. Once the member has received an opioid for seven (7) days, it would display in the member’s history, and then the member could receive coverage for a 30 or 90-day prescription for an opioid without a Prior Authorization as long as it was within the quantity limits.
* Beginning 06/01/21, with the enhanced Subsequent Fill logic, members newly prescribed an opioid will be limited to coverage for up to seven (7) days of an Immediate-Release opioid. However, when the member exceeds seven (7) days of an IR opioid for the first time in a 90-day period, a Prior Authorization will be required even if the quantity requested is within the quantity limits.
* Since this enhancement will only impact new opioid users, targeted letters were not sent to members or prescribers.

[Top of the Document](#_top)

|  |
| --- |
| **Procedures** |

Use this process when the member is unable to get their medication filled because it’s rejected or the quantity was reduced due to plan limits.

 If the member is expressing medical distress as a result of Opioid Management refer to [Handling Crisis Calls (024225)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2b3d92dd-46c5-4ee7-b1be-7a4c849206ed).

 If it is determined that the member is calling back regarding an unresolved opioid issue, escalate to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).

Perform the steps below:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Access PeopleSafe and Locate the member to ensure eligibility. | |
| **2** | Determine if there is a [rejection](#_Reject_Codes) or if the quantity was reduced due to plan limits. | |
| **If…** | **Then…** |
| No | This process does not apply. |
| If yes, and the quantity was reduced due to plan limits | Determine the medications impacted.   * If you locate the medication in the lists, notify the member of the plan limit. They will need to obtain a new prescription. * If you are unable to locate the medication in the lists, this process does not apply. |
| If yes, and the prescription was rejected | Review the **CIF - Prior Authorization** section to determine if the client is participating in the Opioid Management program.   * If no, and the CIF does not indicate which program the client has chosen, submit “Feedback” in theSource to have the information added to the CIF then contact the Senior Team and they will contact the Account Manager to report this issue. * If yes, submit a [Prior Authorization (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) request. |

[Top of the Document](#_top)

|  |
| --- |
| **Rejection Codes** |

If the pharmacy attempts to submit a claim for one of the affected medications listed above, the settlement codes could reflect one of the following rejection codes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Reject Code** | **Message** | **Action** | |
| **75** | Prior Authorization Required  **Field 462** | Verify if there is a PA in the system. Refer to [Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d) or [QVT Calculator (002979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88d0ab80-9987-4daa-a124-bb82a8d5b933). | |
| **Scenario** | **Reject Message** |
| If a client opted in, members 19 years and younger may be limited to a three (3) day supply for a prescription of immediate release opioid analgesics if no history of a seven (7) day supply of an opioid in previous 90 days. | Claims exceeding the duration limit of three (3) days will receive the following reject message or similar:  **Reject 75 – 19 YR MAX 3 DS/FILL UP TO 7 DS PER 90 DAYS THEN PA. PA REQ CALL 844-449-8734** |
| If a client did NOT opt-in to the three (3) day edit, members of any age may be limited to a seven (7) day supply for a prescription of immediate release opioid analgesics if no history of a seven (7) day supply of an opioid in the previous 90 days.  If the client opted-in to the three (3) day edit, the seven (7) day limit would apply to members >19 years of age. | Claims exceeding the duration limit of seven (7) days will receive the following reject message or similar:  **Reject 75 – MAX 7 DS PER 90 DAYS THEN PA. PA REQ CALL 844-449-8734 (if the member has not met the seven (7) day criteria)** |
| If the quantity the member is trying to fill exceeds the Quantity Limit. | Claims will receive the following reject message or similar:  **Reject 75 - MAXIMUM DAILY DOSE OF 6.0000 QTY MAX 180/25 DS; REDUCE QTY OR PA REQ CALL 844-449-8734  DRUG REQUIRES PRIOR AUTHORIZATION** |
| If the patient is not already stable on an extended-release (ER) opioid, then use of an immediate-release (IR) opioid will be required before coverage will be provided for an ER opioid.  The member must have a previous claim for seven (7) days of an IR opioid in the past 90 days or 30 days of an ER opioid in the past 90 days, or the prescriber may submit a PA. | Claims that do not meet the step therapy requirement will receive the following reject message or similar:  **Reject 75: Use IR before ER OPD or PA required call xxx-xxx-xxxx** |
| **76** | Plan Limitations Exceeded  **Fields 405 442** | * Verify the claim’s day supply and quantity with the plan limitations. * Verify if the plan has MDL/QVT on the medication.   Refer to [Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d) or [QVT Calculator (002979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88d0ab80-9987-4daa-a124-bb82a8d5b933). | |

[Top of the Document](#_top)

|  |
| --- |
| **Questions and Answers** |

Use as needed:

|  |  |  |
| --- | --- | --- |
| **#** | **Question/Statement** | **Response/Resolution** |
| **1** | Does this opioid day supply restriction apply to my plan? | Review the CIF - Prior Authorization section to determine if the client is participating in the Opioid Management program. |
| **2** | What should I say to my caller about the Opioid Management Program and who made these changes? | In the last few months, we have partnered with <Your Plan> to implement the Opioid Prescription Safety Management – Flex QL and Subsequent Fill alignment with recommended guidelines. The Center for Disease Control and Prevention website, [www.cdc.gov](C:\\Users\\c506343\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\7PRL8RKW\\www.cdc.gov), is a great resource for more information about the recommended guidelines. You may also reach out to your physician for additional information.    **Reminder:** Be empathetic.  **Example:**I do understand why you are calling, this is a frustrating situation, and I truly apologize for any inconvenience this has caused.    **Do not**suggest that members can**pay out of pocket for opioid medications.**  **Example:**If the member states they are going to pay out of pocket,  I can’t speak to filling a prescription outside of your plan. We recommend that you discuss the limits with your physician.    Review and confirm the medications discussed and clearly outline the next steps for the member.  **Example:**If this is your first fill of an opioid,you may obtain a seven (7) day supply of your medication oxycodone 10 mg (or three (3) day supply if the patient is 19 years or younger and the client has opted into the program). |
| **3** | What is the day’s supply I am restricted to for my immediate-release (IR) opioid? | **Limit Days’ Supply:** A first fill will be limited to seven (7) days (or three (3) days if the member is 19 years or younger and the client has opted into the program) when member does not have a history of seven (7) days of prior opioid usage in the past 90 days (based on prescription claims). A physician may submit a Prior Authorization (PA) request if the patient needs to exceed the seven (7) day or three (3) day limit. The first time a new opioid user exceeds seven (7) days of an opioid in a 90-day period, a PA will be required.    **Limit Quantity of Opioids:** Refer to the CIF or run a Test Claim. Coverage of opioid products (including those that are combined with acetaminophen, ibuprofen, or aspirin) will be limited to the initial quantity limit. A prescriber may submit a PA request for IR monoproduct opioids and ER opioids for up to 200 MME per day if the patient needs to exceed the initial quantity limit (up to 90 MME per day).  **Note:** There are no post limit PA criteria available for Opioid Combo Products. Products containing acetaminophen, aspirin, or ibuprofen will be limited up to four (4) grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day. |
| **4** | My doctor wrote a new prescription for extended-release opioids, why can’t I get this filled as written? | Your plan requires the use of immediate-release opioids before extended-release opioids are dispensed or a history of taking at least 30 days of an ER opioid in the past 90 days.    **Required Step Therapy:** If the patient is not stable on an Extended-Release (ER) opioid, then use of an Immediate-Release (IR) opioid will be required before coverage will be provided for an ER opioid. The member must have a previous claim for eight (8) days of an IR opioid in the past 90 days or 30 days of an ER opioid in the past 90 days, or the prescriber may submit a PA. |
| **5** | How can I confirm if a medication is an opioid in PeopleSafe? | From the PeopleSafe Main screen, click on the name of the medication and the Drug Details screen displays.    The **MediSpan Drug Group** indicates that drug class with “opioid.”        **Note:** If the member needs further assistance, contact the [Clinical department (024833)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ff2706a9-6f42-4ccd-87e1-59cb2ce103a8). |
| **6** | Are opioids addictive and/or dangerous? | You should talk to your prescriber about questions and concerns. If you need immediate assistance, I can get a pharmacist on the line.    **Result:**If a member requests a pharmacist, completely resolve member’s concerns within your job role and then warm transfer them with a clinical team member. |
| **7** | Are there any types of overrides that will be allowed? | Refer to **CIF - Prior Authorizations** section in reference to which override would be needed and to whom could initiate it. For assistance contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  Overrides should only be considered for the following reasons:   * **Member has cancer or sickle cell disease diagnosis or is in Hospice or palliative care**(30-day override for the Quantity and Days’ Supply of the prescription). * **Seven (7) day and three (3) day acute pain duration edits**(one time only override for the Quantity and Days’ Supply of the prescription). * If a member is new to opioid therapy, and there are seven (7) days of any opioid in the past 90 days, then the patient will need to go through PA the first time they exceed more than a seven (7) day supply of an opioid.   **Extended Release (ER) Step Therapy Edit:**   * Member has at least an eight (8) day history of taking an IR opioid in the previous 90 days (one time only override for the Quantity and Days’ Supply of the prescription). * Member has at least a 30-day history of taking an ER opioid in the previous 90 days (one time only override for the Quantity and Days’ Supply of the prescription). * Member is highly agitated (one (1) time only override for the Quantity and Days’ Supply of the prescription). * Member is new to the PBM and has a history of taking one of the medications affected (one (1) time only override for the Quantity and Days’ Supply of the prescription). |
| **8** | I’ve been on opioids for years due to my condition, what will I do now? | **Limit Quantity of Opioids:** Refer to the CIF or run a Test Claim. Coverage of opioid products (including those that are combined with acetaminophen, ibuprofen, or aspirin) will be limited to the initial quantity limit. A prescriber may submit a PA request for Instant Release (IR) monoproduct opioids and Extended Release (ER) opioids for up to 200 MME per day if the patient needs to exceed the initial quantity limit (up to 90 MME per day).  **Note:** There are no post limit Prior Authorization (PA) criteria available for Opioid Combo Products. Products containing acetaminophen, aspirin, or ibuprofen will be limited up to four (4) grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.    **Required Step Therapy:** If the patient is not stable on an Extended-Release (ER) opioid, then use of an Immediate-Release (IR) opioid will be required before coverage will be provided for an ER opioid. The member must have a previous claim for eight (8) days of an IR opioid in the past 90 days or 30 days of an ER opioid in the past 90 days, or the prescriber may submit a PA. |
| **9** | Will my current prescription need to be rewritten?    **Note:**This question pertains to the three (3) day or seven (7) day edits. | No, you will not need a new prescription if your current prescription exceeds your plan limitations. The dispensing pharmacist can dispense less than requested. (Refer to **the CIF-Prior Authorization** and run a Test Claim.) You will need a new prescription for any additional fills after the initial three (3) day or seven (7) day supply. |
| **10** | How many days from my last fill will my plan see as new’ and limit me to a seven (7) day supply? | Refer to the **CIF - Prior Authorization** for the client specific look back period which is normally 90 days unless otherwise stated. |
| **11** | If the original prescription was reduced to a seven (7) day limit due to plan limitations, can I obtain the remaining quantity on my original prescription? | No, you will need a new prescription. You may also need a prior authorization. |

[Top of the Document](#_top)

|  |
| --- |
| **Related Documents** |

**Parent Document:**[CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Log Activity and Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78) (Select the code for Opioids)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**