# **Enhanced Opioid Utilization Management**

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**Description:** Provide instructions and information on the “Enhanced Opioid Utilization Management” program (opioid medications).

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| **Reminders** |

The objective is to save lives by taking bold actions to influence the prescribing and use of opioids to treat pain. PBMs and retail pharmacies can be positive forces for accelerating the rate of change for prescribing reforms by taking a stand on what is covered by payment and dispensed.

The approach is to seek and gain alignment among PBMs and retail pharmacies to voluntarily adopt and implement a standard set of dispensing guidelines designed to:

* Prevent dependence and addiction of opioids by limiting the days’ supply/duration of therapy for use for acute conditions.   
  **Examples:** Dental Procedures, Sprains, etcetera
* Ensure safe and responsible use in members with a legitimate need for long-term opioid treatment by adopting guidelines for dosing (morphine equivalents) and quantity dispensed at any one time.

Review the CIF for client participation in the Enhanced Opioid Utilization Management program.

* If speaking with a Med D member, utilize [MED D - FAQs - Opioid Changes (Reject 925 and 88) (013567)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ccd35909-9dbe-4add-8241-c10b6dc83109).
* If you have NOT been trained on Med D, transfer the call to the customer care number in the CIF.

**Note:** If the local pharmacy needs assistance, they can reach out to the Help Desk.

In an effort to reduce multiple escalations, if it is determined that the member is calling back regarding an unresolved opioid issue, this call should be warm transferred to the Senior Team.

* For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)
*  For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9)

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| **Background** |

We have expanded our enterprise initiatives to fight the opioid abuse epidemic, including supporting safe drug disposal, utilization management of pain medications and funding for treatment and recovery programs. The announcement drew widespread national media coverage in print, television and online.

To support this goal, we rolled out an Enhanced Opioid Utilization Management approach.

This program includes:

* Limiting members who are new to therapy to a seven-day supply of opioids.
  + If the member is requesting an Immediate Release (IR) drug, then it will look back in history for seven (7) days of any opioid in the past 90 days to determine if the member is “new to therapy.”
* Limiting members 19 years old and younger who are new to therapy to a three (3) day supply of opioids (if the client has opted into the program).
  + If the member is requesting an IR drug, then it will look back in history for seven (7) days of any opioid in the past 90 days to determine if the member is “new to therapy.”
* Requiring the use of immediate-release opioids before extended-release (ER) opioids only in members who are new to ER therapy.
  + If the member is requesting an ER drug, then it will look back in history for seven (7) days of an IR in the past 90 days or 30 days of an ER in the past 90 days to determine if the member is “new to ER therapy.”
* Initial quantity limits up to 90 Morphine Milligram Equivalents (MME)/day with additional quantities of up to 200 MME/day available through post limit prior authorization.

**Note:** Post Limit prior authorization does not apply to Opioid Combo Products.

* Clients may have a soft CMEDCHEK (**Cumulative Morphine Equivalent Dose Check)** edit in place that will return a soft reject when a member exceeds 90 morphine milligram equivalents (MME)/day. If a client opted in, they may also have a hard CMEDCHEK edit in place that will hit when a member exceeds 200 MME/day. The MME/day thresholds may hit due to one single high dose opioid prescription or due to accumulation across multiple opioid drugs and prescriptions in the past 90 days of the member’s claim history.

**Note:** Members in hospice, palliative care, or with a claim for a cancer or sickle cell disease drug in the last 365 days are automatically excluded from this edit.

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| **New or Refill Prescriptions** |

Complete the following steps:

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| **Step** | **Action** | |
| **1** | Locate the member to ensure the plan’s eligibility status before proceeding.  **Note:** Refer to CIF for the client specific “look back period.” If the CIF does not indicate a time frame, the default time frame is 90 days. | |
| **If the member is…** | **Then…** |
| Eligible | Proceed to the next step. |
| Ineligible | For **PeopleSafe** users, refer to [PeopleSafe - Resolution of Eligibility Issues (004587)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad278185-117d-433f-bdc2-9327b93c1944).  For **Compass** users, refer to [Compass - Resolution of Eligibility Issues (062827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cba9d073-9e46-4d90-b86f-4566793c40f3).  Once the member’s account is updated, then proceed to the next step. |
| **2** | Review the CIF to determine if the member has a restriction on Opioids for the number of days, number of fills or refills.   * If Yes, review the client restrictions with the member regarding Enhanced Opioid Utilization Management.   + Refer to [Questions and Answers](#_Questions_and_Answers) section. * If No, continue to the next step. | |
| **3** | Run a Test Claim.  For **PeopleSafe** users, refer to [PeopleSafe - Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421).  For **Compass** users, refer to [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).  **Note:** If additional steps are required for coverage, such as an ePA, refer to the appropriate process.  If the Test Claim shows accepted, continue to next step. | |
| **4** | Complete the remainder of the new prescription/refill process.   * For **PeopleSafe** users, refer to [PeopleSafe - Prescription (Rx) Refill/Renewal (Order Placement) (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a) or [PeopleSafe - Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). * For **Compass** users, refer to [Compass - Mail Rx Refill/Renewal (Order Placement) (054262)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad3a7263-725b-4d5d-a2ec-440f1f30d79c) or [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706). | |

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| **Reject Codes** |

If the pharmacy attempts to submit a claim for controlled medication and gets rejected, the settlement codes could reflect one of the following reject codes:

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| **Reject Code** | **Message** | **Actions** | |
| **75** | Prior Authorization Required  **Field 462** | Verify if there is a PA in the system.  Determine the following: | |
| **If the client opted-in…** | **If the client did NOT opt-in to the 3-day edit…** |
| 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 yrs; Up to 3 D/S covered; Reduce D/S or PA req call XXX-XXX-XXXX.** | 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 7-day criteria or Reject 75 - Qty exceeded, reduce qty or PA req call X-XXX-XXX-XXXX (if the quantity the member is trying to fill exceeds the Quantity Limit).** |
| **Notes:**   * If the member is not currently 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, 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: **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 (Quantity vs. Time Limit) on the medication. | |
| **Reject 922 / 88** | PPS CODE REQD: EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD. | If the pharmacy advises any of the below exceptions; then the member should be exempted from the soft reject.   * **All LOBs:** Member has cancer-related pain, sickle cell disease diagnosis, hospice, or palliative care. * **Med D only:** In addition to the exclusions listed above, Medicare Part D members in a long-term care facility are also excluded from this edit. | |
| **If soft reject (reject that can be overridden) and the…** | **Then…** |
| Reason for Service code of HC does not override once input by the Retail or Mail Order pharmacy | Warm transfer to the Senior Team for an override.   * For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) * For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).   **Notes:**   * If the pharmacy is filling multiple Opioid medications drug names and strength, the claims may result in a DUR (Drug Utilization Review) rejection. * Prior to transferring to the Senior Team, request the pharmacy to process the drugs in a different order as this may allow the claims to pay. Refer to [Test Claim Reasons Why It Was Rejected (031771).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0f0e7b3c-0522-4477-9b3f-8c3a71f09d6a) |
| Pharmacy added a Reason for Service code | Advise the pharmacy to submit **HC** in the **Reason for Service Code** field and resubmit the claim. If this does not work, warm transfer to the Senior Team for an override.   * For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). * For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). |
| **922 / G4 / 88** | EXCEEDS XXXX MME DOSE LIMIT. FOR OVERRIDE, PHARMACIST MUST CALL XXX-XXX-XXXX WHEN CLINICAL EXCEPTION APPLIES. | Advise the pharmacy that prescriber may reduce dose to below cumulative 200 MME/day or the member should contact their prescriber for a PA via PA Ops number in the reject message, **1-844-449-8734**.  Due to a recent update in CMS guidance, the pharmacist will be able to contact the Pharmacy Help Desk number provided in the claim response (or 1-800-693-4620 if one is not provided) for an override when a clinical exception applies.  A clinical exception can be defined as the following:   * Cancer-related pain or sickle-cell disease diagnosis * Residence in a Long-term Care facility (for Med D only) * Hospice * Palliative Care * Pharmacist consulted Prescriber and dose deemed appropriate   **Note:** If the pharmacy is filling multiple Opioid medications drug names and strength, the claims may result in a DUR rejection. Prior to directing the caller to contact their prescriber for a PA, request the pharmacy to process the drugs in a different order to verify if they will receive a paid claim. | |

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| **Prior Authorization Overrides** |

 If there is an active Clinical Prior Authorization (PA) that needs to be edited, contact the Senior Team.

* For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).
*  For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).

**Note:** Ensure you are adding a prior authorization override at the GPI 14 level. **Example:** The member has a prior authorization entered for the plan year and they now need a Refill too Soon override for that same medication.

Overrides should only be considered for the following reasons:

* **All LOBs:** Member has cancer-related pain, sickle cell disease diagnosis, hospice, or palliative care.
* **Med D only:** In addition to the exclusions listed above, Medicare Part D members in a long-term care facility are also excluded from this edit.

**Notes:**

* Refer to CIF in reference to which override is needed and who may initiate it.
* For assistance contact the Senior Team.
  + For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).
  +  For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9).

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| **Prior Authorization Letter Calls** |

This section is specific to initiating a new Prior Authorization (PA) request for members and doctors that received letters regarding the Enhanced Opioid Utilization Management Program starting for their plan. These notifications are sent about one month prior to the plan’s effective date.

** Do not** submit an ePA request until after the member is eligible in PeopleSafe and/or Compass for medications related to the Enhanced Opioid Utilization Management Program. A rejected claim or rejected test claim must be visible before a PA is initiated. An ePA submitted without this reject will not be processed.

If the member calls in response to the letter they received and asks about the PA process prior to their plan’s effective date, follow the steps below:

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| **Step** | **Action** |
| **1** | Thank the member for responding to the letter received and advise them they should discuss their options with their doctor's office.  **Note:** The member’s doctor’s office should have also received this information and should be familiar with completing the PA process. |
| **2** | Offer the member the Prior Authorization doctor's office phone number (per CIF) to give to their doctor’s office. The doctor’s office may contact this department directly, **after** their plan’s effective date per the letter. |

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| **Requesting a Prior Authorization** |

Agents can submit a prior authorization request once the account is active in PeopleSafe and/or Compass. Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).

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| **Handling Enhanced Opioid Utilization Management Calls in the Event of Medical Distress** |

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

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| **Questions and Answers** |

Use as needed:

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| **#** | **Question/Statement** | **Response/Resolution** |
| **1** | Does this opioid day supply restriction apply to my plan? | Refer to the CIF. |
| **2** | What should I say to my caller about the Enhanced Opioid Utilization Management Program/who made these changes? | Refer to [Talk Tracks](#_Talk_Tracks). |
| **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 member needs to exceed the seven (7) day limit or three (3) day limit. * **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 member needs to exceed the initial quantity limit (up to 90 MME per day).     **Note:** There is no post-limited PA criteria available for Opioid Combo Products. Products containing acetaminophen, aspirin, or ibuprofen will be limited to 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 (ER) opioids, why can’t I get this filled as written? | Icon - Conversation Your plan requires the use of immediate-release opioids, or a history of taking at least 30 days of an ER opioid in the past 90 days, before extended-release opioids are dispensed.   * **Require Step Therapy:** If the member is not currently 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. |
| **5** | When did this change go into effect? | * **October 1, 2017:** Value Formulary Clients * **November 1, 2017:** Few clients with either a full or partial implementation * **January 1, 2018:** Standard Exchange Formulary Clients * **February 1, 2018:** All Commercial Health Plan, Employer, and Medicaid Clients * **March 1, 2018:** Clients that initially selected to opt out, but want to implement edits * **April 1, 2018:** Existing clients that were new 1/1, but implemented a different opioid strategy will be able to implement edits * **October 1, 2019:** Three(3) day supply for 19 years of age and younger, if client opted into the program * **July 1, 2022:** CMEDCHEK soft edit implemented for all Employer clients * **TBD:** CMEDCHEK Soft or Hard edit if non-Employer client opted into the program |
| **6** | How can I confirm if a medication is an opioid in **PeopleSafe** and/or **Compass**? | View the **Drug Details** screen.  For **PeopleSafe** users:   * From the Main screen, click on the **name of the medication** and the Drug Details screen displays. * The MediSpan Drug Group indicates the drug class with “opioid.”   A screenshot of a medical report  Description automatically generated  For **Compass** users:   * From the Claims tab on the Claims Landing Page, review the claim in question. * Click on the drug name hyperlink in the Drug Name/Strength column and review the Drug Details screen. * Review the MediSpan Drug Group field to determine if Rx is an opioid.   A screenshot of a computer  AI-generated content may be incorrect.    **Note:** If the member needs further assistance, contact the Clinical department. Refer to [Phone Numbers (Contacts, Departments, Directory, Addresses, Hours, and Programs) (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). |
| **7** | 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 the member requests a pharmacist, completely resolve member’s concerns you are trained to, and then connect them with a clinical team member. |
| **8** | Are there any type of overrides that will be allowed? | Contact the Senior Team if an override is needed.  Overrides should only be considered for the following reasons:   * **All LOBs:** Member has cancer-related pain, sickle cell disease diagnosis, hospice, or palliative care. * **Med D only:** In addition to the exclusions listed above, Medicare Part D members in a long-term care facility are also excluded from this edit.   Be sure to add a prior authorization override at the GPI 14 level.  **Note:** Refer to CIF in reference to which override is needed and who may initiate it. For assistance contact the Senior Team.   * For **PeopleSafe** users, refer to [PeopleSafe – When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) * For **Compass** users, refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). |
| **9** | What rejection code will the pharmacy/customer care see if a medication is being impacted as a result of the client opting into Enhanced Opioid Utilization Management? | * **Reject 75: <=**19 yrs; Up to 3 D/S covered. Reduce D/S or PA req call xxx-xxx-xxxx * **Reject 75:** MAX 7 DS Per 90 DAYS THEN PA. PA req call x-xxx-xxx-xxxx (if the member has not met the 7-day criteria) * **Reject 75:** Qty exceeded, reduce qty or PA req call x-xxx-xxx-xxxx (if the quantity the member is trying to fill exceeds the Quantity Limit) * **Reject 76:** Plan Limitations Exceeded * **Reject 922 / 88:** PPS CODE REQD: EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD * **Reject 922 / G4 / 88:** EXCEEDS XXXX MME DOSE LIMIT. FOR OVERRIDE, PHARMACIST MUST CALL XXX-XXX-XXXX WHEN CLINICAL EXCEPTION APPLIES. |
| **10** | I’ve been on opioids for years due to my condition, what will I do now? | * **Limit Quantity of Opioids:** Refer to the CIF and 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 member needs to exceed the initial quantity limit (up to 90 MME per day).   **Note:** There is no post-limited PA criteria available for Opioid Combo Products. Products containing acetaminophen, aspirin, or ibuprofen will be limited to up to four (4) grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.   * **Require Step Therapy:** If the member is not currently 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. |
| **11** | Will my current prescription need to be rewritten?  **Note:** This question pertains to the 3-day or 7-day edits. | Icon - Conversation You will not need a new prescription if your current prescription exceeds your plan limitations. The dispensing pharmacist can dispense less than prescribed. You will need a new prescription for any additional fills after the initial seven (7) day or three (3) day supply.   * Refer to the CIF running a test claim. * For PeopleSafe users, refer to [PeopleSafe – Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) * For Compass Users, refer to [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe). |
| **12** | How many days from my last fill will my plan see it as ‘new’ and limit me to a 7-day supply? | Refer to the CIF for the client specific “look back period.”   * If the CIF does not indicate a time frame, the default time frame is 90 days. |
| **13** | After the seven-day limit, can I obtain the remaining quantity on my original prescription of a CII? | You will need a new prescription.  **Note:** Tramadol is an exception since it is not a C2, remaining balances can be dispensed. To receive the remaining balance of a fill for Tramadol a prior authorization would need to be in place. Always run test claim to verify. |

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| **Talk Tracks** |

 We have partnered with <Your Plan> to implement the Opioid Utilization Program in alignment with recommended guidelines. The Center for Disease Control and Prevention website, [www.cdc.gov](http://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, http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icons/Icon%20Conversation.png 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:** You may obtain a seven (7) day supply of your medication oxycodone 10 mg or three (3) day supply if the member is 19 years or younger and the client has opted into the program. I am sending a Prior Authorization request to your doctor (if our PBM handles the PAs) to request the larger quantity or day supply you require. You will receive a response back with the result of the Prior Authorization.

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| **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)

[Opioid Prescription Safety Management Flex Quantity Limit (QL) and Subsequent Fill (044638)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6126d9cb-9504-4714-b0b3-2f2484cfce4b)

[Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d)

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

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