



## An important message regarding Humana's Drug Management Program

**MEDICARE BIN/PCN:  
015581/03200000**

Effective Jan. 1, 2019, Humana's Drug Management Program (DMP) is implementing a new process in accordance with the Comprehensive Addiction and Recovery Act (CARA) of 2016 regarding the limitation of frequently abused drugs as defined by the Centers for Medicare & Medicaid Services. These processes apply to Medicare patients who meet specified criteria for opioid pain medications and are considered to be at-risk beneficiaries. Frequently abused drugs are considered opioids and benzodiazepines.

Patients who meet the criteria listed below will be eligible for any or all of the following limitations on frequently abused drugs:

- Point-of-sale, beneficiary-specific limitation (e.g., morphine milligram equivalent [MME] limit)
- Prescriber lock-in program
- Pharmacy lock-in program

### **Criteria:**

- A daily average MME of 90 mg or greater in the past 180 days AND
- Opioid prescriptions prescribed by three or more prescribers\*AND
- Opioid prescriptions filled at three or more pharmacies\*\*  
---OR---
- A daily average MME of 90 mg or greater in the past 180 days AND
- Opioid prescriptions prescribed by five or more prescribers\*
- Primary diagnosis of opioid-related overdose in past 12 months, along with opioid claim in the previous 6 months
- 7 or more opioid providers OR 7 or more opioid pharmacies in 6-month period with no minimum MME required

\*Prescribers under the same Taxpayer Identification Number or same practice are counted as one.

\*\*Pharmacies that share a real-time electronic database are counted as one.

This chart shows what the existing and new error codes are and how to interpret them:

<b>NCPDP error code</b>	<b>NCPDP explanation</b>	<b>Interpretation of error message</b>
<b>828</b>	PLAN/BENEFICIARY CASE MANAGEMENT RESTRICTION IN PLACE	<i>This patient has a MME limit in place that was established by a prescriber. When the patient exceeds this amount, this edit will trigger. The prescriber must contact Humana's DMP to discuss the patient's additional opioid needs.</i>
<b>050</b>	NON-MATCHED PHARMACY NUMBER	<i>This patient has a pharmacy lock-in restriction in place. The only pharmacy(ies) that can process this as a paid claim is the one previously chosen by the patient and confirmed by Humana's DMP.</i>
<b>056</b>	NON-MATCHED PRESCRIBER ID	<i>This patient has a prescriber lock-in restriction in place. The only prescriber(s) who can issue this prescription and result in a paid claim is the one previously chosen by the patient and confirmed by Humana's DMP.</i>
<b>070</b>	PRODUCT/SERVICE NOT COVERED- PLAN/BENEFIT EXCLUSION	<i>This patient has a drug restriction in place. This will trigger in conjunction with 050 and 056.</i>

#### **Frequently asked questions:**

**Q: I am the dispensing pharmacist. How does the lock-in program affect me?**

**A:** As of January 2019, Humana's DMP has the ability to lock in certain Medicare patients to pharmacies to obtain opioids and benzodiazepines. As a result, you may see new error codes when you attempt to adjudicate a claim.

**Q: How will I know if I have been chosen as the lock-in pharmacy for a beneficiary?**

**A:** Humana's DMP staff is required to reach out to the pharmacy prior to implementing a lock-in program to obtain agreement. If you are a chain pharmacy, this communication may happen only at the corporate level and not at the individual store level (depending on instructions given to the DMP from the chain).

**Q: Does this mean I may add a new patient to my pharmacy as a lock-in patient?**

**A:** Humana's DMP takes beneficiary preference into account when selecting a lock-in pharmacy. Patients could likely choose a pharmacy where they have established a relationship with the pharmacist and staff, but they are not required to do so.

**Q: Should I do anything different when I fill prescriptions for these patients?**

**A:** You should always use best practices when filling prescriptions. Best practices include, but are not limited to, using clinical judgment and following state and federal rules and regulations, as well as those set by your pharmacy. Querying your state prescription drug monitoring program is always encouraged when filling a controlled substance prescription. This program does not take away your right to refuse treatment to the patient.

**Q: What patients are excluded from the DMP?**

**A:** Patients with an active cancer diagnosis are excluded from this program. Other patients excluded are long-term care facility residents, patients receiving care under a hospice program, and patients receiving palliative care or end-of-life treatment.

**Q: Is Humana the only Medicare Part D insurance company that will be doing these lock-in programs?**

**A:** No, all Part D insurance companies will have the option to do any or all of these limitations for frequently abused drugs.

**Q: Where can I find additional information regarding how to calculate a MME for a prescription?**

**A:** Please refer to the Centers for Disease Control and Prevention (CDC) morphine milligram equivalent conversion chart. This can be found on the CDC app or on the CDC website at [www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](http://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf). Please note: Humana's DMP follows this conversion chart for all opioids, including methadone.

**Q: How long are the limitations effective?**

**A:** Limitations are effective for 12 months from the date the patient is mailed the second notice, which informs the patient of limitations and appeal rights. At the end of the 12 months, the patient will be re-evaluated, and limitations may be continued for an additional 12 months, if clinically appropriate. If the limitations are extended, the patient will be notified in writing about an extension.

**Q: I have already spoken to a Medicare Part D plan sponsor about this patient's limitations. Why is Humana contacting me about this patient?**

**A:** When patients change insurance plans, the new plan may continue the limitations that were put in place by the previous plan. To ensure these limitations are still appropriate, Humana's DMP clinicians may reach out to you during case management.

**Q: What override codes can I enter to make the claim pay?**

**A:** These are hard-deny edits and not professional pharmacy service code eligible.

**Q: What do I tell the patient if the claim shows one of these error codes?**

**A:** Patients were sent two written letters regarding the implementation of these restrictions. You may refer them to those letters or their prescriber, or you may provide them with the following phone number for the Humana DMP: 800-895-1305. Representatives can answer specific questions about the limitations.

**Q: Can I tell the patient or prescriber that the prescription needs prior authorization? Should I send an electronic prior authorization to the prescriber to speed up the process?**

**A:** Unfortunately, a prior authorization will not allow the claim to pay if these are the only errors shown. Please instruct the patient or prescriber to call the Humana DMP at 800-895-1305 as quickly as possible so a resolution to the issue can be identified. However, if additional formulary rejections are shown, a prior authorization also may be needed in combination with additional case management outreach to the prescriber.

**Q: Can the patient appeal the decision to limit the coverage of frequently abused drugs?**

**A:** Yes, the patient can appeal the decision. Appeal information can be found in the letters the patient received.

**Q: Can the patient pay cash and submit a claim for reimbursement to Humana?**

**A:** The patient risks not being reimbursed because the patient is obtaining and/or filling prescriptions outside of the agreed-upon limitations. As such, there is a high likelihood that the patient's submission may be denied. The best course of action is for the patient or prescriber to call the Humana DMP at 800-895-1305 as soon as possible to determine what caused the error code.

**Q: What if I have additional questions?**

**A:** If you have questions, please contact Humana's DMP at 800-895-1305 (TTY:711), Monday – Friday, 7 a.m. – 4:30 p.m., Central time; by fax at 502-996-8184; or by email at [PharmacyClaimAuditAndReview@humana.com](mailto:PharmacyClaimAuditAndReview@humana.com).