Reminder: 2024 Humana pharmacy point-of-sale safety edits

Reminder of updates effective Jan. 1, 2024

Humana Pharmacy Solutions® employs several point-of-sale safety edits, prompting additional safety reviews to determine if prescribed medications are appropriate and medically necessary. Dispensing pharmacists should utilize their clinical knowledge and judgment to resolve and override with the updated drug utilization review (DUR)/professional pharmacy service (PPS) codes and new International Classification of Diseases, 10th revision (ICD-10) diagnosis code entry overrides. For additional information, please refer to the 2024 Humana pharmacy provider manual.

DUR/PPS code functionality allowed

Claims will display the message "Soft Reject Payer Allows DUR/PPS Code Override" in the National Council for Prescription Drug Programs (NCPDP) field. Based on the type of safety edit, use the charts below to enter the correct "Reason for service," "Professional service" and "Result of service" codes for successful claim adjudication. The steps for review include:

1. Review pharmacy records to identify the reason for rejection (therapeutic duplication, interactions, inappropriate dosage). Rejections may result due to multiple edits occurring concurrently.
2. Consult with the patient or their prescriber to confirm the appropriateness of the prescribed medications and determine current medications to exclude any therapy changes.
3. If pharmacy data and/or the prescriber/patient confirms appropriateness of the prescribed drug therapy and the pharmacist approves the prescription fill, override the rejection as indicated below.

For questions, call the pharmacy call center help desk 24 hours a day, seven days a week at **800-865-8715**.

Table A

Safety edit description	Reason for service code	Professional service code	Result of service code
Morphine milligram equivalent (MME) – **opioid care coordination** Limits the cumulative MME daily dosage across all opioid prescriptions to a predetermined lower threshold: **Commercial only:** 50 MME to 200 MME **Medicaid:** Variable per individual state requirements **Medicare only:** 90 MME to 200 MME **Reject codes:** NCPDP 88: DUR reject error NCPDP 922: MORPHINE MILLIGRAM EQUIVALENCY (MME) EXCEEDS LIMITS	HD: High dose	M0: Prescriber consulted DE: Dosing evaluation DP: Dosage evaluated	1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Filled, palliative care 4C: Dispensed, hospice (Florida Medicaid only) 4D: Filled, cancer treatment 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice
Morphine milligram equivalent – **opioid care coordination** Limits the cumulative MME daily dosage across all opioid prescriptions to a predetermined upper threshold: **Medicaid:** Variable per individual state requirements **Medicare and commercial only:** Doses greater than 200 MME **Reject codes:** NCPDP 88: DUR reject error NCPDP 922: MORPHINE MILLIGRAM EQUIVALENCY (MME) EXCEEDS LIMITS	ER: Overuse	M0: Prescriber consulted	4B: Filled, palliative care 4L: Prescriber specialty exemption-hospice

Safety edit description	Reason for service code	Professional service code	Result of service code
Pediatric opioid naïve edit (also see table B) Patients younger than 18 are restricted to a three-day supply for initial fill of a short-acting opioid: • Zero to three days' supply = Claim pays • Three to seven days' supply = PPS eligible or ICD-10 code entry override for eligible exemptions • Greater than seven days' supply = Prior authorization required or ICD-10 code entry override for eligible exemptions **AND** Initial fill is limited to less than 50 MME per day. Doses greater than 50 MME require a prior authorization unless a patient has an eligible exemption.	MX: Excessive duration	M0: Prescriber consulted PH: Patient medication history R0: Pharmacist consulted other source	1G: Filled with prescriber approval 4B: Filled, palliative care 4D: Filled, cancer treatment 4J: Dispensed, patient is not opioid naïve 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice
Polypharmacy edits • Concurrent use of two or more unique anticholinergic (ACH) medications in patients 65 and older **OR** • Concurrent use of three or more unique central nervous system (CNS)-active medications in patients 65 and older **Reject code:** NCPDP 88: DUR reject error **Note: Pharmacy processing for some polypharmacy edits may require a prior authorization in Medicare, depending on the contract and drug class. Please see table E below for further details.**	DD: Drug interaction	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient educated P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Filled, palliative care 4D: Filled, cancer treatment

Safety edit description	Reason for service code	Professional service code	Result of service code
Drug-to-drug interactions Including concurrent opioid and benzodiazepine usage (only for patients with history of overlap within the past 180 days) Patient's prescription history detects potential interactions between two or more medications. **Reject code:** NCPDP 88: DUR reject error; additional messaging: This drug interacts with patient's other drug(s).	DD: Drug interaction **OR** AT: Additive toxicity (use for opioid and benzodiazepine interaction)	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient educated P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Filled, palliative care 4D: Filled, cancer treatment
Drug-to-disease interactions Potential conflict between medication claims and diagnosis in patient's history. **Reject code:** NCPDP 70: Product/service not covered – plan/benefit exclusion	DC: Drug disease	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient educated P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Filled, palliative care 4D: Filled, cancer treatment
Duplicate therapy Potential therapeutic or ingredient duplications based on duplicate therapy classes. **Reject code:** NCPDP 88: DUR reject error; additional messaging: This drug interacts with patient's other drug(s). **Note: Pharmacy processing for some therapeutic duplications may vary depending on if the prescription fill attempt is the initial fill or a subsequent fill. Please see table B below for examples of new edits to demonstrate the variability.**	TD: Therapeutic duplication	M0: Prescriber consulted PE: Patient educated P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review TH: Therapeutic product interchange	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Filled, palliative care 4D: Filled, cancer treatment

Table B

Duplicate therapy edits	Pharmacy processing on initial prescription fill **Note:** For PPS eligible, see codes above under duplicate therapy	Pharmacy processing on subsequent prescription fills
Diuretics – aldosterone receptor antagonist	PPS eligible	Prior authorization required
Janus kinase inhibitors	PPS eligible	Prior authorization required
Antiplatelet and antithrombotic drugs (selected group two)	PPS eligible	Prior authorization required

Opioid naïve edit

The pharmacy system will result in a soft or hard reject, which may be overridden if a patient meets the appropriate eligible exemptions. The steps for review include:

1. Review pharmacy records to confirm the patient has not received any opioid prescriptions within the past 108 days (i.e., patient is opioid naïve).
2. If the patient is opioid naïve, identify if they have an eligible exemption using pharmacy records or alternatively consult the patient's prescriber. See table C for eligible exemptions.
3. If pharmacy records indicate the patient has received opioid prescriptions within the past 108 days, the patient is not opioid naïve and eligible for override.
4. If pharmacy data or the prescriber confirms an exemption, enter the applicable ICD-10 code at the point of service to override the rejection.

Table C

Safety edit	Safety edit description and processing
Opioid naïve – seven-day supply limit (Medicare, Limited Income NET, IL Duals, ICare, CarePlus only)	Patients who have not had an opioid prescription within the past 108 days (i.e., new to opioid therapy) are limited to a supply of seven days or less. **Reject codes:** NCPDP 88: DUR reject error NCPDP 925: *Exceeds opioid initial fill limits* **DUR messaging:** *DUR message 1: OPIOID NAÏVE; DUR message 2:* <insert number> DAY MAX. FOR SICKLE CELL, CANCER, CHRONIC PAIN, USE ICD-10 TO OVERRIDE. **Pharmacy processing** The pharmacist at the point of service may override the rejection to allow for paid claims utilizing eligible ICD-10 codes if a patient has an appropriate exemption, such as sickle cell disease, cancer diagnosis, palliative care, hospice or chronic pain management diagnosis (i.e., G89, M25, M47, M50, M51, M54). Note: Patients new to Humana plans also will trigger this edit, and appropriate ICD-10 override codes should be entered if they are not opioid naïve. Subsequent prescriptions filled within 108 days will not reject as the patient will no longer be identified as opioid naïve.

Safety edit	Safety edit description and processing
Opioid naïve – seven-day supply limit and 50 MME limit (commercial only)	Patients who have not had an opioid prescription within the past 108 days (i.e., new to opioid therapy) are limited to a supply of seven days unless a patient has an eligible exemption. Initial fill is limited to less than 50 MME per day. Initial doses greater than 50 MME will require a prior authorization unless a patient has an eligible exemption. **Reject codes:** NCPDP 88: *DUR reject error* NCPDP 925: *INITIAL FILL DAYS' SUPPLY EXCEEDS LIMIT* **DUR messaging:** *DUR message 1: OPIOID NAÏVE* *DUR message 2:* <Insert number> DAY MAX. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE. ***OR*** OVER <insert number> MME LIMIT. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE, ADD NALOXONE ***OR*** <Insert number> DAY MAX AND OVER <insert number> MME LIMIT. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE, ADD NALOXONE. **Pharmacy processing** **Prior authorization is required unless the patient has an eligible exemption.** The pharmacist at the point of service may override the rejection for these patients only to allow for paid claims utilizing eligible ICD-10 codes (i.e., sickle cell disease, cancer diagnosis, palliative care, hospice). Note: Patients new to Humana plans also will trigger this edit, and appropriate override codes should be entered if they are not opioid naïve. Subsequent prescriptions filled within 108 days will not reject as the patient will no longer be identified as opioid naïve.

Safety edit	Safety edit description and processing
Pediatric opioid naive (commercial only)	Patients younger than 18 are restricted to a three-day supply for initial fill of a short-acting opioid • One to three days' supply = Claim pays • Three to seven days' supply = PPS eligible or ICD-10 code entry override for eligible exemptions • Greater than seven days' supply = Prior authorization required or ICD-10 code entry override for eligible exemptions Initial fill is limited to less than 50 MME per day. Doses greater than 50 MME require a prior authorization unless a patient has an eligible exemption. **Reject codes:** NCPDP 88: *DUR reject error* NCPDP 925: *INITIAL FILL DAYS' SUPPLY EXCEEDS LIMIT* **DUR messaging:** *DUR message 1: OPIOID NAÏVE* *DUR message 2:* <Insert number> DAY MAX. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE. ***OR*** OVER <insert number> MME LIMIT. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE, ADD NALOXONE. ***OR*** <Insert number> DAY MAX and OVER <insert number> MME LIMIT. FOR SICKLE CELL, CANCER, HOSPICE, USE ICD-10 CODE TO OVERRIDE, ADD NALOXONE. **Pharmacy processing** For details on PPS code overrides, see table A for quantities between three and seven days. Prior authorization is required unless the patient has an eligible exemption for greater than seven days. The pharmacist at the point of service may override the rejection for these patients only to allow for paid claims utilizing eligible ICD-10 codes (i.e., sickle cell disease, cancer diagnosis, palliative care, hospice). Note: Patients new to Humana plans also will trigger this edit, and appropriate override codes should be entered if they are not opioid naïve. Subsequent prescriptions filled within 108 days will not reject as the patient will no longer be identified as opioid naïve.

Florida Medicaid and FEHB HMO and PPO Plans only DUR/PPS codes:

Table D

Safety edit description	Reason for service code	Professional service code	Result of service code
Florida Statute 456.44(5)(a) Prescription Supply Limits (previously House Bill 21) Short-acting opioids only: Schedule II – acute pain exception – seven-day supply *Note: Prescriber must document "Acute Pain Exception" on the prescription, written or electronic. Schedule III, IV or V – 14-day supply *Note: Exclusions: long-term care, cancer, hospice, sickle cell **Reject code:** NCPDP AG: Days' supply limitation for product/service	MX: Excessive duration	M0: Prescriber consulted	3A: will only override DEA Class II, short-acting drug, for less than eight days' supply 4B: Filled, palliative care 4C: Dispensed, hospice 4D: Filled, cancer treatment 4E: Dispensed, chronic pain 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice

Prior authorization is required for the following edits:

Table E

Safety edit	Safety edit description	Reject code
Opioid days' supply limitation	Opioid claims are limited to a 30-day supply, but a 31-day supply per fill is allowed for residents in long-term care (LTC) facilities for Medicare beneficiaries. This includes both short-acting and long-acting medications.	NCPDP 76: Plan limitations exceeded; additional messaging: Days' supply greater than maximum allowed for this plan
Benzodiazepine days' supply limitation	Benzodiazepine claims are limited to a 30-day supply, but a 31-day supply per fill is allowed for residents in LTC facilities for Medicare beneficiaries.	NCPDP 76: Plan limitations exceeded; additional messaging: Days' supply greater than maximum allowed for this plan
MME threshold limits Note: MME thresholds may vary by line of business and/or state requirements.	Patients filling opioid medication doses greater than allowed MME dosing.	NCPDP 88: DUR reject error; additional messaging: Cumulative morphine equivalent dose exceeds limits NCPDP 922: Morphine equivalent dose exceeds limit NCPDP G4: Physician must contact plan

Safety edit	Safety edit description	Reject code
Antipsychotic use in patients with dementia	Patients who are 65 and older, have a diagnosis of dementia and are prescribed an antipsychotic will require prior authorization.	NCPDP 88: DUR reject error; additional messaging: Atypical antipsychotic alert
Antipsychotic use in children (Medicaid only)	Patients 1 to 17 and with at least one day in the past 14 days of more than two antipsychotic medications will require prior authorization.	NCPDP 88: DUR reject error; additional messaging: Previous therapy excludes this drug (applicable to Florida Medicaid and South Carolina TANF and CHIP only)
Concurrent use of any opioid medication with a benzodiazepine medication (only for patients with no prescription history for either medication within the past 180 days)	Overlapping fills of opioid and benzodiazepine medication will require a coverage determination.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with patient's other drug(s).
Drug-to-disease interactions	Potential conflict between medication claims and diagnosis in patient's history.	NCPDP 70: Product/service not covered – plan/benefit exclusion
Polypharmacy edits (Medicare only)	Concurrent use of two or more unique ACH medications in patients 65 or older. Prior authorization is required for ACH overlap involving at least one of the following drug classes: antiemetics, antispasmodics, antimuscarinics and/or first-generation antihistamines.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with patient's other drug(s).
Polypharmacy edits (Medicare Advantage contracts H1019 [CarePlus], H1036 [FL/NC/MS], H1951 [LA]), H4141 [GA] and H4461 [TN])	Concurrent use of three or more unique CNS-active medications in patients 65 or older. Prior authorization is required for patients with CNS overlap involving at least one of the following drugs/drug classes (only if patient had no use within the past 180 days): opioid, benzodiazepine and nonbenzodiazepine sedative-hypnotic, first-generation antipsychotic, tricyclic antidepressant, paroxetine, gabapentin and/or pregabalin.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with patient's other drug(s).

The patient's prescriber can submit a request for a prior authorization by calling Humana's Clinical Pharmacy Review department at **800-555-2546**. In Puerto Rico, the prescriber can call **866-488-5991.**