



CENTER FOR MEDICARE

TO: All Part D Sponsors

FROM: Amy Larrick Chavez-Valdez, Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: CY 2018 Formulary-Level Cumulative Opioid Morphine Equivalent Dose (MED) Point-of-Sale (POS) Edit

DATE: August 18, 2017

In the CY 2018 Call Letter, CMS notified Part D sponsors of the expectation to implement formulary-level cumulative opioid edits at point-of-sale (POS) to prospectively prevent opioid overutilization. We expect Part D sponsors to implement a soft and/or hard formulary-level cumulative opioid edit based on morphine equivalent dose (MED) at POS. Please refer to pages 159 – 161 of the CY 2018 Call Letter and the July 7, 2017 Health Plan Management System (HPMS) memorandum “Additional Guidance on CY 2017 Formulary-Level Cumulative Morphine Equivalent Dose (MED) Opioid Point-of-Sale (POS) Edit” for detailed guidance.

The current memo provides information regarding the template that Part D sponsors should utilize in the submission of the CY 2018 POS edit MED information to CMS via HPMS. **A completed template must be submitted to HPMS between August 21, 2017 and 5:00 p.m. EDT on September 1, 2017.** Please note, PACE organizations only need to submit a template if they adjudicate claims at POS.

Due to the submission of incomplete CY 2017 templates, and templates that contained contradictory information, we developed a new interactive template that should be utilized for the CY 2018 MED submission. Detailed instructions regarding how to submit the completed edit information into HPMS can be found on pages 112 – 114 of the CY 2018 HPMS Formulary Submission Module & Reports Technical Manual. Directions on how to complete the revised template are contained in the Appendix.

Please note that this template is solely for CMS data collection. The completion and submission of the core data elements contained within the template does not represent CMS’ approval or denial of a plan’s cumulative MED opioid POS edit. Also, CMS expects sponsors to have a written policy that CMS may request for review at any time.

If a sponsor wishes to revise their CY 2018 MED POS edit template after the initial submission window, they may do so by sending an email to PartDFormularies@cms.hhs.gov with the subject line “Cumulative MED POS Edit Request to Revise – [applicable contract ID number(s)].” The email should include:

1. The contract ID(s) associated with this change
2. The proposed implementation date of the revised edit
3. A justification for the mid-year change to the MED edit specifications
4. The revised MED POS edit template that will be submitted to the Health Plan Management System (HPMS) as an attachment

If the justification and review parameters are acceptable, CMS will notify the sponsor and open the gate for the revised template to be submitted to HPMS.

For questions related to this memorandum or if you are unable to complete the template, please email PartDFormularies@cms.hhs.gov.

Appendix. MED Template Completion Instructions

The attached Microsoft® Excel Workbook is to be used to create the file that will be submitted to CMS. It will also be available to download via HPMS on the **MED Opioid POS Edit – Upload** page by selecting the “View MED Opioid POS Edit File Template” link. This workbook now utilizes macros that *must* be enabled before editing the template by clicking on the “Enable Content” box.

The following information must be included on the template and the template must not be altered in any way:

1. **Edit Type to be Implemented (Yes/No).** Select YES or NO for each Edit Type, to indicate which type of edit (or both) your plan will implement. If NO is chosen, the remainder of the column will be greyed out and should not be completed. YES must be selected for at least one edit type.
2. **Implementation Date (MM/DD/YYYY).** Enter the date the corresponding edit will be implemented. This field only accepts date values within the 2018 contract year.
3. **Cumulative MED Daily Dose Threshold (mg).** Indicate the daily cumulative MED threshold in milligrams (mg) for the hard and/or soft edit. This is a free text field that accepts whole numeric values only.
4. **Number of Prescribers Included in Edit? (Yes/No).** Select YES from the corresponding drop down if a prescriber count is included in the hard and/or soft edit specifications. Select NO from the corresponding drop down if the prescriber count is not included in the hard and/or soft edit specifications. If NO is selected, the number of prescribers field below will be greyed out and should not be completed.
5. **Number of Prescribers.** In the corresponding field, specify the minimum number of opioid prescribers for the hard and/or soft edit. For example, if 3 is entered into this field, the hard and/or soft edit will trigger at POS if the member receives concurrent opioid prescriptions from 3 or more prescribers (in addition to meeting the other specifications). This is a free text field that accepts whole numeric values only.
6. **Number of Pharmacies Included in Edit? (Yes/No).** Select YES from the corresponding drop down if a number of pharmacies threshold is included in the hard and/or soft edit specifications. Select NO if the number of pharmacies threshold is not included in the hard and/or soft edit specifications. If NO is selected, the number of pharmacies field below will be greyed out and should not be completed.
7. **Number of Pharmacies.** In the corresponding field, specify the minimum number of pharmacies dispensing concurrent opioid prescriptions for the hard and/or soft edit. For example, if 3 is entered into this field, the hard and/or soft edit will trigger at POS if the member fills concurrent opioid prescriptions at 3 or more pharmacies (in addition to meeting the other specifications). This is a free text field that accepts whole numeric values only.

8. **Contract ID.** Enter the contract ID associated with the MED edits in this field. This is a free text field.

Once all of the applicable fields of the template have been completed:

1. The “Form Status” indicator will change from “INCOMPLETE” to “COMPLETE.”
2. Select the “Create HPMS Upload” button to create an Excel file to be uploaded to HPMS.
3. As a result, a copy of the template as a Microsoft® Excel .xlsx file will be saved in the same directory with the current date added to the file name.
4. Submit this newly created file to HPMS via the instructions above. Please do not submit the original template consisting of macros.