CDC Guideline for Prescribing Opioids for Chronic Pain

The CDC developed and published the _CDC Guideline for Prescribing Opioids for Chronic Pain_ to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

In order to be compliant with 42 CFR §423.153(b)(2), Clear Spring Health in partnership with its Pharmacy Benefit Manager are taking steps to ensure prescribers understand the criteria used to identify potentially at-risk Medicare beneficiaries, specifically point-of-sale edits. Our Pharmacy Benefit Manager clinical team will provide information ensure prescribers understand the reason for implementing edits. The point-of-sale edits will be administered by our Pharmacy Benefit Manager:

Seven-day supply limit for initial fills (opioid naïve) edit

- Edit logic: Members considered to be opioid naïve (no history of opioid use in the past 120 days) will be limited to a seven-day supply or less of opioids for their initial fill.

- Resolution for reject: Reduce day supply to seven days or less, pharmacy enter continuation of therapy override, member requests a coverage determination exception

Care coordination edit (90MME)

- Edit Logic: Members meeting or exceeding 90 MME will be required to have an additional check to ensure safety of utilizing $\geq$90 MME per day.

- **Resolution for reject**: Dispensing overrides reject with codes once they have contacted the prescriber to validate safety or member requests a coverage determination exception if pharmacy is unable to resolve the edit at the point –of-sale.

Duplicate long-acting (LA) opioid therapy edit

- **Edit logic**: Members utilizing more than one extended release opioid concomitantly will require the dispensing pharmacy to ensure safety of the member's opioid regimen.

- **Resolution for reject**: Dispensing pharmacy overrides reject with codes only if they have verified it is safe and appropriate for the member to utilize >1 extended release opioid.

Concurrent opioid and benzodiazepine use edit

- **Edit logic**: Members utilizing an opioid analgesic and benzodiazepine concomitantly will require the dispensing pharmacy to ensure safety of the member's regimen.

- **Resolution for reject**: Dispensing pharmacy overrides reject with codes only if they have verified it is safe and appropriate for the member to utilize an opioid analgesic and benzodiazepine together.

Concurrent opioid and buprenorphine use edit

- **Edit logic**: Members utilizing opioid analgesics and buprenorphine medications only indicated for the treatment of opioid dependence concomitantly require an additional safety check to ensure it is appropriate to fill an opioid medication while a buprenorphine medication indicated only for the treatment of opioid dependence is still active.

- **Resolution for reject**: Dispensing pharmacy overrides reject with codes only if they have verified it is safe and appropriate to utilize an opioid analgesic in conjunction with a buprenorphine medication that is only indicated for the treatment of opioid dependence.