

# Specialty Pharmacy Continuum®

## Policy

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# Medicare Part D to Focus on Opioid Prescribing, Revised Star Measures



*By David Wild*

BOSTON—Medicare Part D payment changes, in 2019, will further clamp down on high-risk opioid use and prescribing, and will shift additional drug coverage liability to manufacturers, an expert told attendees of the Academy of Managed Care Pharmacy's 2018 Managed Care & Specialty Pharmacy annual meeting.

The Centers for Medicare & Medicaid Services (CMS) used the April 2, 2018, Medicare Part D Call Letter to implement a new requirement that manufacturers rebate 70% of drug costs for "applicable" drugs incurred while beneficiaries are in the coverage gap, noted Melissa Andel, MPP, the vice president of health policy at Applied Policy, a consulting firm in Alexandria, Va.

The move would reduce the amount that beneficiaries must pay to 25% and for plans to 5%, Ms. Anandel said, adding that applicable drugs are generally brand-name drugs and biosimilars. "Ironically, the ultimate effect of these revisions may be that manufacturers increase prices to compensate for their greater financial liability," she pointed out.

Medicare Part D plans will be required to pay for 63% of "non-applicable" medications, which are generally generic drugs, during the coverage gap. There will be no changes to maximum copayments or coinsurance for beneficiaries in other phases of the benefit, according to Ms. Anandel.

### **Focus on Opioid Use**

A major medication-related focus of the Call Letter is the opioid overdose crisis, Ms. Anandel told attendees. "Because CMS considers the measures they have taken to be successful, they are adding additional measures, on top of what is required by the Comprehensive Addiction and Recovery Act," she said.

New Part D requirements will call on plans to limit first-time opioid prescriptions for acute pain to seven days, to restrict at-risk beneficiaries to specific prescribers and pharmacies, and to apply beneficiary-specific point-of-sale (POS) claim edits. "The goal with these new changes is to reduce the risk of long-term use, diversion and to be consistent with state rules and commercial plan policies," Ms. Anandel said.

To help contain the opioid crisis, CMS also will require plans to identify beneficiaries receiving opioids with gabapentin/pregabalin and/or benzodiazepines and to take steps to improve care coordination for members receiving 90 morphine milligram equivalents (MME) or more per day and those receiving duplicative long-acting opioids. The latter strategy is in line with the CDC's 2016 guideline for prescribing opioids for chronic pain, released in 2016: They state that "clinicians should use caution when prescribing opioids at any dosage, [and] should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  MME/day."

Lester Lachuk, PharmD, the director of pharmacy at Care Wisconsin, a nonprofit managed care organization based in Madison, who moderated the session, said, "CMS really wants to further decrease the number of members using high amounts of opioids, and having POS edits and limiting the number of first prescriptions to seven days are two effective ways of altering prescribing habits."

### **New and Revised Star Measures**

In addition, CMS is adding a number of Medicare Part D medication-related Star Measures, ranging from use of diabetes medications along with a statin, use of high- or moderate-intensity statins among members with atherosclerotic cardiovascular disease, and use of antipsychotics among members with dementia.

"Improving antipsychotic use among beneficiaries with dementia was a priority several years ago, but it seems to have gone down the list given the urgency of addressing the opioid crisis," Ms. Andel said.

The announcement of 2019 Medicare Part D payment policy changes and the final Call Letter, including many other changes and additions, can be accessed on the CMS web site.