UnitedHealthcare®
Resolving the NEW Opioid 7-Day Supply Limit Safety Edit for Opioid Naïve Members
Effective Immediately

On January 1, 2019 UnitedHealthcare Medicare Advantage and Prescription Drug Plans implemented several new point-of-service safety edits to help reduce the prevalence of opioid misuse and address safety concerns around opioid prescriptions.

The 7-Day Supply Limit Edit applies to claims, where a member has:
- Not filled an opioid claim within the last 120 days (Opioid-Naïve) AND
- Is filling a prescription that is greater than 7 days.

The 7-Day Supply Limit Edit does not apply to members already taking opioids.

Below are important instructions and actions you will need to take as a result of this edit. Please review and reference the below information when resolving opioid claim rejections. A claim may be subject to multiple safety edits.

<table>
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<tr>
<th>Safety Edits</th>
<th>Reject Code</th>
<th>Point-of-Service Message</th>
<th>Pharmacy Resolution <em>3 options depending on Member circumstance</em></th>
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</thead>
<tbody>
<tr>
<td>NEW! 7-Day Supply Limit for Opioid-Naïve: Applies to opioid pain medications for opioid-naïve members with no opioid use in last 120 days.</td>
<td>88 - DUR Reject Error (Hard Reject) and 925 – Initial Fill’s Day Supply Exceeds Limits</td>
<td>7 DAY MAX OPIOID NAIVE</td>
<td>1) Any historical opioid use within the last 120 days: Submit the below Prior Auth on the claim to resolve at Point-of-Sale Prior Auth Type = 5 Prior Auth Nbr for HXOPIOID = 4000 2) No historical opioid use within the last 120 days: Resubmit claim for 7-days supply or less. 3) Identified EXEMPTIONS (i.e. active cancer related pain, end of life/palliative care, hospice): Submit the below Prior Auth on the claim to resolve at Point-of-Sale Prior Auth Type = 5 Prior Auth Nbr for EXEMPT = 4005</td>
</tr>
</tbody>
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Frequently Asked Questions:

Can the 7-Day Supply Limit Edit be resolved at the point-of-sale?

Yes. The pharmacy can resubmit the claim for a 7-days supply for members who do not have a history of previous opioid use, or can follow the above instructions to resolve the claim rejection.
If the member is filling multiple opioids on the same day, and meets the above criteria for historical opioid use or edit exemption, is the pharmacy required to enter the Prior Auth Type and Prior Auth Nbr for each rejected claim to resolve the reject?

Yes. The Prior Auth Type and Prior Auth Nbr should be submitted for each opioid claim that rejects for the 7-days supply edit when a resolution is appropriate.

Will subsequent prescription filled during the plan’s review window (last 120 days) be subject to the 7-days supply limit edit?

No. Subsequent prescriptions filled during the plan’s review window will not be subject to the 7-days supply limit.

When is a Prior Authorization Required?

A Prior Authorization is only required for quantities in excess of a 7-days supply that do not meet the above criteria, or the prescriber indicates additional quantities are needed based on this member’s circumstances.

Can members be exempt from this edit?

Yes. Active cancer, hospice, or members who reside in a long-term care setting may be excluded from the 7-Day Supply Limit Edit and other opioid safety edits.

Pharmacies must submit the following patient residence codes (PRC) to resolve these safety edit exemptions:

- 03 - Nursing Facility/Long Term Care Facility
- 09 - Intermediate Care Facility
- 11 - Hospice

Should the “Medicare Prescription Drug Coverage and Your Rights” notice be given to members?

Yes. A written notice of a member’s rights to a coverage determination must be given to a member when the member cannot obtain the prescription as initially written by the prescriber. The only exception is when a claim rejects for the Opioid Dispensing Limit only.

These claims will return the following reject code and/or message:

- Reject Code: 569 CMS Appeal Rights Notice
- Message: Provide Exception Process Printed Notice

For the 7-Day Supply Limit for Opioid-Naive and the pharmacy lowers the day supply to 7 days or less and it results in a paid claim, pharmacies are still required to provide the written notice because the member has not received the full day supply as indicated on the prescription.

I need assistance to override the opioid safety edits at point of sale. Who do I contact?

For assistance, please contact our Pharmacy Help Desk at the number listed below.

To reduce processing errors, please confirm the information on member’s ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the OptumRx Help Desk:

Pharmacy Help Desk: (24 hours a day, 7 days a week)

- AARP® MedicareComplete® and UnitedHealthcare® MedicareComplete Plans: 877-889-6510
- AARP® MedicareRx, United MedicareRx, UnitedHealthcare MedicareRx Plans: 877-889-6481
- UnitedHealthcare® Medicaid Plans: 877-305-8952
- All other Plans: 800-788-7871