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TO: All Part D Sponsors

FROM: Amy K. Larrick, Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Medicare Part D Overutilization Monitoring System (OMS) Update and New Part D Overutilization Management Mailbox

DATE: March 6, 2015

The Medicare Part D Overutilization Monitoring System (OMS) was implemented on July 31, 2013 to help CMS ensure that sponsors have established reasonable and appropriate drug utilization management programs to assist in preventing overutilization of prescribed medications as required by 42 C.F.R §423.153 et seq. (HPMS memo, July 5, 2013). Additional updates were applied to the OMS in subsequent releases.

This memorandum describes several recent updates affecting the use of the OMS.

**Opioid Product List Change**

Based on input from the Centers for Disease Control and Prevention (CDC), combination products containing buprenorphine and naloxone (e.g., Bunavail™, Suboxone®, Zubsolv®) will be removed from the OMS opioid list effective April 2015. We are taking this action because these products are indicated for treatment of opioid dependence and the recommended daily target dose exceeds the OMS opioid threshold of 120 mg morphine equivalent dose (MED). We recommend that Part D plan sponsors' drug utilization review programs be capable of identifying concurrent use of the combination of buprenorphine and naloxone with other opioids in order to address inappropriate use of these medications.

**New Processing Logic for OMS Point-of-Sale (POS) Response Codes**

Sponsors submit response codes to the OMS to describe beneficiary-specific POS edits implemented based on case management of the beneficiary's potential overutilization of opioids. Currently, known exception logic for PS1 and PS2 Response Codes for potential opioid overutilization issues are applied only after CMS receives the beneficiary-specific POS edit notice from the plan sponsor through MARx. Effective April 2015, the known exception logic for these codes will be based on the actual implementation date submitted in MARx for the POS edit, rather than the notification date. This change in processing logic is necessary because a proposed POS edit described in the beneficiary notice may be reversed, such as due to a coverage determination or appeal.

We encourage all sponsors to continuously - and retroactively if necessary - update the POS edit information in MARx to include the actual implementation date. For additional information, see

the Medicare Advantage and Prescription Drug Plan Communications User Guide (PCUG):  
[http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan\\_Communications\\_User\\_Guide.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html).

### **New Part D Overutilization Management Mailbox**

A new Part D Overutilization Management mailbox ([PartD\\_OM@cms.hhs.gov](mailto:PartD_OM@cms.hhs.gov)) is available for submission to CMS of any questions or suggestions related to overutilization management in Part D, the OMS, or POS edit information in MARx. Sponsors should also send copies of non-opioid, beneficiary-specific POS edit notices to this new mailbox rather than the CMS Part D Policy mailbox, in addition to sending copies to their CMS account manager.

For technical questions related to accessing the Patient Safety website, the user authorization process, or downloading or uploading OMS reports, please contact Acumen at [PatientSafety@AcumenLLC.com](mailto:PatientSafety@AcumenLLC.com) or by phone at (650) 558-8006.

The changes described above will be included in the updated Overutilization Monitoring System User Guide on the Help Documents page of the Patient Safety Analysis Website.