

Medicare Learning Network® (MLN) Event Transcript Clarification



Event Title: [New Part D Opioid Overutilization Policies Call](#)

Event Date: February 14, 2019

Clarifications

1. Transcript page 5, paragraph 5, sentence 2

Currently reads: “Generally, this is done after a successful coverage determination or appeal.”

Correction

Should read: “Generally, this **plan authorization** is done after a successful coverage determination or appeal.”

2. Transcript page 19, paragraph 5, sentence 2

Currently reads: “So the plan makes that determination based on case management, and in the context of a beneficiary specific point of sale edit, the desired result is that is in consultation with the prescribers as to what the medically necessary amount is, but if the plan is not able to get a response from the prescriber, they can't implement one.”

Correction

Should read: “So the plan makes that determination based on case management, and in the context of a beneficiary specific point of sale edit, the desired result is that is in consultation with the prescribers as to what the medically necessary amount is, but if the plan is not able to get a response from the prescriber, **the plan can** implement one.”

3. Transcript page 19, paragraph 6

Currently reads: However now that they have additional tools available to them through the drug management program such as the pharmacy limitation, they can put a pharmacy limitation in place and again you know the beneficiary has an opportunity to pick the pharmacy, so we expect that plans would be more likely to use that limitation at least first to resolve the case rather than a beneficiary specific edit in cases where they're not able to contact a prescriber, have case management with the prescriber.

Correction

Should read: However now that they have additional tools available to them through the drug management program such as the pharmacy limitation, **the plan can** put a pharmacy limitation in place and again you know the beneficiary has an opportunity to pick the pharmacy, so we expect that plans would be more likely to use that limitation at least first to resolve the case rather than a beneficiary specific edit in cases where they're not able to contact a prescriber, **meaning** have case management with the prescriber.