Safety edit is a general term that refers to any alert at the pharmacy that results from communication between the plan's and the pharmacy's computer systems. Safety edits are intended to promote safe and effective use of medications. When a beneficiary fills certain prescriptions, like opioids, their drug plan and pharmacist will do a safety review. The safety review may trigger a safety edit, depending on the situation.

Some safety edits for opioid prescriptions can be resolved at the pharmacy, whereas others may require further action before the beneficiary can fill their prescription as written. If a beneficiary's prescription cannot be filled because of a safety edit, the beneficiary can request a **coverage determination.** The pharmacist should give the beneficiary a notice about how to request a coverage determination from their plan. A coverage determination is a process that allows a beneficiary and their provider to ask the plan to reconsider its decision not to cover the prescription. The beneficiary's provider should provide evidence to the plan that the prescription is medically necessary.

Safety edits may not apply to all beneficiaries who fill an opioid prescription. Exclusions may include:

- Residents of long-term care facilities, those in hospice care, those receiving palliative or end-of-life care, and those being treated for active cancer-related pain (exact definitions of excluded beneficiaries are developed by individual plans)
- Those receiving buprenorphine for medication-assisted treatment for substance use disorders
- Those with reasonable overlapping refill dispensing dates (as determined by plan), or those who have already been approved for certain opioid dosages or opioid use with benzodiazepines

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Terms to know

Point-of-sale (POS): Time and place that beneficiary picks up and pays for their prescription. In the context of opioid prescriptions, this is almost always the pharmacy. At this point, the pharmacist will also submit a claim to the beneficiary's insurance.

Morphine milligram equivalent (MME): Measurement used to determine the strength of a dose. At higher MMEs, the beneficiary may be at increased risk for negative health outcomes, including overdose.

Hard edit: Prescription may not be filled by the pharmacist without a prior authorization or a coverage determination from the plan. The pharmacist may attest to medical necessity and require an expedited determination from the plan. If the plan makes a determination in favor of the beneficiary, that approval should be valid for the remainder of the plan year.

Soft edit: Pharmacist is alerted to the safety edit, but may override the edit using a code in order to fill the prescription.

Safety edits for opioid prescriptions

Type of safety edit	Trigger	Restriction	Next steps
Opioid naïve 7-day supply When an individual has not taken opioids in the last few months and gets a new prescription, the prescription is limited to seven days or less.	Initial dispensing of an opioid prescription	**Hard edit**: Supply limited to seven days or fewer	• If beneficiary has **exclusion(s)**, pharmacist can override edit at POS • If issue is not resolved at POS, and beneficiary needs more than seven-day supply, beneficiary or their prescriber can request coverage determination from plan for prescription as written
Care coordination at 90 MME or more When an individual has multiple prescriptions that add up to 90 MME or more, the pharmacist must confirm the new prescription with the prescribing physician. Depending on plan, this safety edit may only be triggered when two or more prescribers are involved.	Total MME reaches 90 MME or more per day	**Soft edit**: Pharmacist consults with prescribing physician to confirm prescription	• Pharmacist should consult with prescribing physician or any other physician in the practice before filling prescription (Note: If prescriber has recently been consulted and pharmacist has up-to-date information, then additional consultation is not required) • If the beneficiary has **exclusion(s)** or physician has confirmed prescription, pharmacist can override edit at POS
200 MME or more When an individual has multiple prescriptions that add up to 200 MME or more (exact threshold set by plan), the pharmacist generally must not fill the new prescription without a coverage determination. (Note: Plans are not required to implement this safety edit.)	Total MME reaches 200 MME or more per day	**Hard edit**: Prescription will not be filled and may require prior authorization	• If beneficiary has **exclusion(s)**, pharmacist can override edit at POS • If issue is not resolved at POS, beneficiary or their prescriber can request coverage determination from plan for prescription as written
Concurrent opioid and benzodiazepine When an individual is prescribed both an opioid and a benzodiazepine, the pharmacist must perform an extra safety review before filling the new prescription.	Concurrent use of opioids and benzodiazepine	**Soft edit:** Additional safety review at POS	• Pharmacist should perform additional safety review before filling prescription • If patient has **exclusion(s)**, or based on pharmacist's clinical determination, pharmacist can override at POS
Duplicative long-acting (LA) opioid therapy When an individual is prescribed multiple long-acting opioids, the pharmacist must perform an extra safety review before filling the new prescription.	Concurrent use of multiple long-acting opioids	**Soft edit**: Additional safety review at POS	• Pharmacist should perform additional safety review before filling prescription • If beneficiary has **exclusion(s)**, or based on pharmacist's clinical determination, pharmacist can override edit at POS

For more information, see the Centers for Medicare & Medicaid Services (CMS) Frequently Asked Questions and Medicare Learning Network publication.