Humana Healthy Horizons®

2025 Humana Healthy Horizons pharmacy point-of-sale safety edits

Effective Feb. 1, 2025

Humana Healthy Horizons® employs several point-of-sale safety edits, prompting additional safety reviews to determine if prescribed medications are appropriate and medically necessary. As of Feb. 1, 2025, additional updates were made to the opioid naïve edit dispensing on page 6 for Humana Healthy Horizons® in South Carolina. Dispensing pharmacists should utilize their clinical knowledge and judgment to resolve and override with the updated drug utilization review (DUR)/professional pharmacy service (PPS) codes and International Classification of Diseases, 10th Revision (ICD-10) diagnosis code entry overrides. For additional information, please refer to the 2025 Humana Healthy Horizons pharmacy provider manuals at **Provider.Humana.com/pharmacy-resources/manuals-forms**.

DUR/PPS code functionality allowed

Claims will display the message "Soft Reject Payer Allows DUR/PPS Code Override" in the National Council for Prescription Drug Programs (NCPDP) field. Based on the type of safety edit, use the charts below to enter the correct "Reason for service," "Professional service" and "Result of service" codes for successful claim adjudication. The review steps include:

1. Reviewing pharmacy records to identify the reason for rejection (therapeutic duplication, interactions, inappropriate dosage)
    a. Rejections may result due to multiple edits occurring concurrently.
2. Consulting with the patient or their prescriber to confirm the appropriateness of the prescribed medications and determine current medications to exclude any therapy changes
3. Overriding the rejection as indicated below if pharmacy data and/or the prescriber/patient confirms appropriateness of the prescribed drug therapy and the pharmacist approves the prescription fill

For questions, please call the pharmacy call center help desk at **800-865-8715**. This line is available 24 hours a day, seven days a week.

Table A

Safety edit description	Reason for service code	Professional service code	Result of service code
Drug-to-drug interactions Including concurrent opioid and antipsychotics usage The patient's prescription history detects potential interactions between two or more medications. **Reject code:** NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).	DD: Drug-drug interaction **OR** AT: Additive toxicity (use for opioid and benzodiazepine interaction)	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4D: Dispensed, cancer treatment
Drug-to-disease interactions Potential conflict between medication claims and diagnosis in patient's history **Reject code:** NCPDP 70: Product/service not covered – plan/benefit exclusion	DC: Drug disease	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4D: Dispensed, cancer treatment
Polypharmacy edits Concurrent use of two or more unique anticholinergic (ACh) medications in patients 65 years old and older **Reject code:** NCPDP 88: DUR reject error **Note:** Pharmacy processing for some polypharmacy edits may require prior authorization depending on drug class.	DD: Drug-drug interaction	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4D: Dispensed, cancer treatment

Safety edit description	Reason for service code	Professional service code	Result of service code
Duplicate therapy Potential therapeutic or ingredient duplications based on duplicate therapy classes **Reject code:** NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s). **Note:** Pharmacy processing for some therapeutic duplications may vary depending on if the prescription fill attempt is the initial fill or a subsequent fill. Please see table B below for examples of new edits to demonstrate the variability.	TD: Therapeutic duplication	M0: Prescriber consulted PE: Patient education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review TH: Therapeutic product interchange	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4D: Dispensed, cancer treatment

Table B

Duplicate therapy edits	Pharmacy processing on initial prescription fill **Note:** For PPS eligible, see codes above under duplicate therapy.	Pharmacy processing on subsequent prescription fills
Diuretics – aldosterone receptor antagonist	PPS eligible	Prior authorization required
Janus kinase inhibitors	PPS eligible	Prior authorization required
Antiplatelet and antithrombotic drugs (selected group two)	PPS eligible	Prior authorization required

Opioid naïve edit

The pharmacy system will result in a soft or hard reject, which may be overridden if a patient meets the appropriate eligible exemptions. The review steps are below:

1. Review pharmacy records to confirm the patient has not received any opioid prescriptions within the specified look-back period (use table for state look-back period).
2. If the patient is opioid naïve, identify if they have an eligible exemption using pharmacy records or alternatively consult the patient's prescriber. See table C for eligible exemptions.
3. If pharmacy records indicate the patient has received opioid prescriptions within the specified number of look-back days, the patient is not opioid naïve and is eligible for override.
4. If pharmacy data or the prescriber confirms an exemption, enter the applicable override code at the point of service to override the rejection.

Table C

Safety edit description	Reason for service code	Professional service code	Result of service code
Morphine milligram equivalent (MME) – **opioid care coordination** Limits the cumulative MME daily dosage across all opioid prescriptions to a predetermined lower threshold (variable per individual state requirements) **Indiana:** lower threshold 90 MME; 60 MME lower threshold for short-acting opioids only (upper threshold variable) **Florida and South Carolina:** greater than 50 MME to 250 MME **Reject codes:** NCPDP 88: DUR reject error NCPDP 922: MORPHINE MILLIGRAM EQUIVALENT (MME) EXCEEDS LIMITS	HD: High dose	DE: Dosing evaluation DP: Dosage evaluated M0: Prescriber consulted	1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4C: Dispensed, hospice 4D: Dispensed, cancer treatment 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice
Concurrent use of any opioid medication with a benzodiazepine medication **South Carolina:** Any concurrent use if the prospective drug is an opioid is PPS code eligible for new and existing utilizers. **Reject code:** NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).	DD: Drug-drug interaction **OR** AT: Additive toxicity (use for opioid and benzodiazepine interaction)	DE: Dosing evaluation M0: Prescriber consulted MP: Patient will be monitored PE: Patient education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	1A: Filled as is, false positive 1B: Filled prescription as is 1D: Filled with different directions 1F: Filled with different quantity 1G: Filled with prescriber approval 4A: Prescribed with acknowledgments 4B: Dispensed, palliative care 4D: Dispensed, cancer treatment

Safety edit description	Reason for service code	Professional service code	Result of service code
Opioid days' supply limitation – Florida Short-acting opioids only: Schedule II – acute pain exception – seven-day supply *Note: Prescriber must document "Acute Pain Exception" on the prescription, written or electronic. Schedule III, IV or V – 14-day supply *Note: exclusions include long-term care, cancer, hospice, sickle cell **Reject code:** NCPDP AG: Days' supply limitation for product/service	MX: Excessive duration	M0: Prescriber consulted	3A: Will only override DEA Class II, short-acting drug, for less than eight days' supply 4B: Dispensed, palliative care 4C: Dispensed, hospice 4D: Dispensed, cancer treatment 4E: Dispensed, chronic pain 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice

Prior authorization is required for the following edits:

Table D

Safety edit	Safety edit description	Reject code
Opioid days' supply limitation – Indiana	Maximum of a seven-day supply with subsequent claim(s) not to exceed a seven-day supply (for a total of 14 days of therapy) every 45 days for preferred short-acting opioids only (Prior authorization is required if exceeded.)	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan
Opioid days' supply limitation – South Carolina	Opioid claims are limited to a 30-day supply.	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan
Benzodiazepine days' supply limitation – Indiana	Maximum of a 15-day supply with subsequent claim(s) not to exceed a 15-day supply (i.e., for a total of 30 days of therapy every 90 days) A prior authorization is required if exceeded. Applicable to select benzodiazepine/doses only (as indicated by state benzodiazepine criteria)	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan

Safety edit	Safety edit description	Reject code
Benzodiazepine days' supply limitation – Oklahoma and South Carolina	Benzodiazepine claims are limited to a 30-day supply.	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan
MME threshold limits **Florida and South Carolina:** Greater than 250 MME daily dosage will require prior authorization. **Indiana:** Upper MME threshold will vary each quarter based on state tapering schedule**.** **Oklahoma:** Greater than 90 MME daily dosage will require prior authorization.	Patients filling opioid medication doses greater than allowed MME dosing	NCPDP 88: DUR reject error; additional messaging: Cumulative morphine equivalent dose exceeds limits. NCPDP 922: Morphine milligram equivalent (MME) exceeds limits. NCPDP G4: Physician must contact plan.
Opioid naïve **Indiana:** maximum seven-day supply Opioid naïve is defined as less than 90 days of opioid use in the past 120 days. **Florida:** maximum 90 MME daily limit for initial opioid fills Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy. **Oklahoma:** Patients who have not had an opioid prescription within the past 108 days (i.e., new to opioid therapy) are limited to a supply of seven days or less **South Carolina**: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.	Limitations for initial opioid prescriptions (i.e., Patients do not have a history of opioid use within a specified look-back period.)	NCPDP 925: Initial fill days' supply exceeds limits.

Safety edit	Safety edit description	Reject code
Opioid naïve - continued **Reject codes:** NCPDP 88: DUR reject error NCPDP 925: Initial fill days' supply exceeds limits. Note: Patients new to Humana plans also will trigger this edit, and appropriate override codes should be entered if they are not opioid naïve. Subsequent prescriptions filled after the initial opioid fill will not reject as the patient will no longer be identified as opioid naïve.		
Antipsychotic use in patients with dementia	Patients who are 65 years old and older, have a diagnosis of dementia, and are prescribed an antipsychotic will require prior authorization.	NCPDP 88: DUR reject error; additional messaging: atypical antipsychotic alert
Antipsychotic use in children	Patients 1 to 17 years old and with at least one day in the past 14 days of more than two antipsychotic medications will require prior authorization.	NCPDP 88: DUR reject error; additional messaging: Previous therapy excludes this drug. (applicable to Florida Medicaid and South Carolina TANF and CHIP only)
Concurrent use of any opioid medication with a benzodiazepine medication **Florida:** Any concurrent use will require prior authorization for extended-release opioids only**.** **South Carolina:** Any concurrent use will require prior authorization for the benzodiazepine (applies to new and existing utilizers).	Overlapping fills of opioid and benzodiazepine medication will require a coverage determination.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).

Safety edit	Safety edit description	Reject code
Concurrent use of any opioid medication with a benzodiazepine medication – Indiana Concurrent opioid and benzodiazepine use with greater than seven days of overlap in the past 180 days (excluding the days' supply of the requested drug) requires prior authorization.	Overlapping fills of opioid and benzodiazepine medication will require a coverage determination.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).
Drug-to-disease interactions	Potential conflict between medication claims and diagnosis in patient's history	NCPDP 70: Product/service not covered – plan/benefit exclusion
Polypharmacy edits	Concurrent use of two or more unique ACh medications in patients 65 years old or older Prior authorization is required for ACh overlap involving at least one of the following drug classes: antiemetics, antispasmodics, antimuscarinics, antidepressants (new utilizers only), skeletal muscle relaxants and/or first-generation antihistamines.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).

The patient's prescriber can submit a request for prior authorization by calling Humana's Clinical Pharmacy Review department at **800-555-2546,** Monday – Friday, 8 a.m. – 8 p.m., Eastern time.