# Humana Healthy Horizons.

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

Effective Feb. 1, 2025

Humana Healthy Horizons<sup>®</sup> 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<sup>®</sup> 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	DD: Drug-drug interaction	DE: Dosing evaluation M0: Prescriber consulted	1A: Filled as is, false positive
Including concurrent opioid and antipsychotics usage	OR AT: Additive toxicity (use for opioid and	MP: Patient will be monitored PE: Patient	1B: Filled prescription as is 1D: Filled with different directions
The patient's prescription history detects potential interactions between two or more medications. <b>Reject code:</b> NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).	benzodiazepine interaction)	education/instruction P0: Patient consulted R0: Pharmacist consulted other source SW: Literature search/review	<ul> <li>1F: Filled with different quantity</li> <li>1G: Filled with prescriber approval</li> <li>4A: Prescribed with acknowledgments</li> <li>4B: Dispensed, palliative care</li> <li>4D: Dispensed, cancer treatment</li> </ul>
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 MO: Prescriber consulted MP: Patient will be monitored PE: Patient education/instruction PO: Patient consulted RO: Pharmacist consulted other source SW: Literature search/review	<ul> <li>1A: Filled as is, false</li> <li>positive</li> <li>1B: Filled prescription as is</li> <li>1D: Filled with different</li> <li>directions</li> <li>1F: Filled with different</li> <li>quantity</li> <li>1G: Filled with prescriber</li> <li>approval</li> <li>4A: Prescribed with</li> <li>acknowledgments</li> <li>4B: Dispensed, palliative care</li> <li>4D: Dispensed, cancer</li> <li>treatment</li> </ul>
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	<ul> <li>1A: Filled as is, false</li> <li>positive</li> <li>1B: Filled prescription</li> <li>as is</li> <li>1D: Filled with different</li> <li>directions</li> <li>1F: Filled with different</li> <li>quantity</li> <li>1G: Filled with prescriber</li> <li>approval</li> <li>4A: Prescribed with</li> <li>acknowledgments</li> <li>4B: Dispensed, palliative</li> <li>care</li> <li>4D: Dispensed, cancer</li> <li>treatment</li> </ul>

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

#### 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.

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

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

## 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

Humana Healthy Horizons is a Medicaid product offered by affiliates of Humana Inc. 657602MUL0125 GHHMHTFEN

limitation – Oklahoma and South Carolinaa 30-day supply.additional messaging: days' supply greater than maximum allowed for this planMME threshold limits Florida and South Carolina: Greater than 250 MME daily dosage will require prior authorization.Patients filling opioid medication dosingMCPDP 88: DUR reject error; additional messaging: Curulative morphine equivalent dose exceeds limits. NCPDP 922: Morphine milligram equivalent (MME) exceeds limits. NCPDP G4: Physician must contact plan.Indiana: Upper MME threshold will vary each quarter based on state tapering schedule.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.Opioid naïve supplyLimitations 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.Polioid naïve is defined as less than 90 days of opioid use in the past 120 days.Limitations for initial opioid prescription within the past 120 days.NCPDP 925: Initial fill days' supply exceeds limits.Potioda: maximum 90 MME daily limit for initial opioid prescription within the past 108 days (i.e., new to opioid therapy.Supply are limits or maximum 90 MME daily limit or maximum for initial opioid prescription within the past 108 days (i.e., new to opioid therapy.Supply of seven days or lessSouth Carolina: maximum 90 MME daily limit or maximum five-day supply of site and asys (i.e., new to opioid therapy.Supply for initial opioidOklahoma: Patients w	Safety edit	Safety edit description	Reject code
South Carolina     than maximum allowed for this plan       MME threshold limits     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 93: Initial fill days' supply exceeds limits on that an opioid prescription s(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.       Opioid naïve is defined as less than 90 dMME daily limit 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.       Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.     Elorida: maximum 90 MME daily limit for initial opioid fills       Patients who have not had an opioid prescription within the past 100 days of exert days (i.e., new to opioid therapy.     South Carolina: maximum 90 MME daily limit of maximum 90 MME daily limit or maximum 90 MME daily limit or maximum five-day supply for initial opioid fills	Benzodiazepine days' supply	Benzodiazepine claims are limited to	NCPDP 76: Plan limitations exceeded;
MME threshold limits       Patients filling opioid medication         Florida and South Carolina:       Greater than 250 MME daily         Greater than 250 MME daily       dosing         Junto 220: Morphine milligram       equivalent dose exceeds limits.         Indiana: Upper MME threshold       nessaging: Cumulative morphine         will vary each quarter based on       state tapering schedule.         Oklahoma: Greater than 90 MME       Limitations for initial opioid         daily dosage will require prior       Limitations for initial opioid         priorid naïve       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         Opioid naïve is defined as less       than 90 days of opioid use in the         past 60 days are defined as new       popioid fills         Patients who have not had an       opioid prescription within the past 100 days are defined as new         opioid therapy.       Oklahoma: Patients who have         Oklahoma: Patients who have not had an opioid prescription within the past 108 days (i.e., new to opioid therapy) are         Iimitto i ress       South Carolina: maximum 90         MME daily limit or maximum       maximum         fired to a supply for initial opioid fills </td <td>limitation – Oklahoma and</td> <td>a 30-day supply.</td> <td>additional messaging: days' supply greater</td>	limitation – Oklahoma and	a 30-day supply.	additional messaging: days' supply greater
Florida and South Carolina: Greater than 250 MME daily dosage will require prior authorization.doses greater than allowed MME dosingmessaging: Cumulative morphine equivalent dose exceeds limits. NCPDP 922: Morphine milligram equivalent (MME) exceeds limits. NCPDP 64: Physician must contact plan.Indiana: Upper MME threshold will vary each quarter based on state tapering schedule.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.Opioid naïve supplyLimitations 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.Opioid naïve supplyLimitations 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.Opioid naïve is defined as less than 90 days of opioid use in the past 60 days are defined as new to opioid therapy.SupplyOklahoma: Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.Supply of seven days or lessSouth Carolina: maximum five-day supply for initial opioid fillsSupplySouth Carolina: maximum five-day supply for initial opioid fillsSupplySupplySupplyMin the past 108 days (i.e., new to opioid therapy) are limited to a supply of seven days or lessSupplySouth Carolina: maximum five-day supply for initia	South Carolina		than maximum allowed for this plan
Florida and South Carolina: Greater than 250 MME daily dosage will require prior authorization.       doses greater than allowed MME dosing       messaging: Cumulative morphine equivalent (MME) exceeds limits. NCPDP 922: Morphine milligram equivalent (MME) exceeds limits. NCPDP G4: Physician must contact plan.         Indiana: Upper MME threshold will vary each quarter based on state tapering schedule.       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.         Opioid naïve supply       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.         Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.       Horida a new to opioid therapy.       NCPLP 925: Initial fill days' supply exceeds limits.         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       South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills       South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills	MME threshold limits	Patients filling opioid medication	NCPDP 88: DUR reject error; additional
Greater than 250 MME daily       NCPDP 922: Morphine milligram         dosage will require prior       equivalent (MME) exceeds limits.         Indiana: Upper MME threshold       NCPDP G4: Physician must contact plan.         Oklahoma: Greater than 90 MME       Limitations for initial opioid         daily dosage will require prior       authorization.         Opioid naïve       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         Dioid naïve is defined as less       than 90 days of opioid use in the         past 120 days.       Florida: maximum 90 MME daily         Florida: maximum 90 MME daily       Imits         mit 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         Oklahoma: Patients who have not had an       opioid prescription         mith the past 108 days (i.e., new to opioid therapy) are       Imited to a supply of seven days or less         South Carolina: maximum 90       MME daily limit or maximum         MME daily limit or maximum       point fills			messaging: Cumulative morphine
dosage will require prior authorization.       equivalent (MME) exceeds limits. NCPDP G4: Physician must contact plan.         indiana: Upper MME threshold will vary each quarter based on state tapering schedule.       unitations 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.         Opioid naïve supply       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.         Opioid naïve supply       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.         Polidaria: maximum 90 MME daily limit for initial opioid fills       Patients who have not had an opioid prescription within the past 102 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       South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills	Florida and South Carolina:	dosing	equivalent dose exceeds limits.
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. 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 100 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	Greater than 250 MME daily		NCPDP 922: Morphine milligram
Indiana: Upper MME threshold will vary each quarter based on state tapering schedule.       Imitations for initial oploid         Oklahoma: Greater than 90 MME daily dosage will require prior authorization.       Limitations for initial oploid 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.         Opioid naïve supply       Limitations for initial oploid 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.         Opioid naïve supply       Limitations for initial opioid prescription s(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.         Opioid naïve supply       Limitations for initial opioid prescription state tapering schedule.       NCPDP 925: Initial fill days' supply exceeds limits.         Opioid naïve supply       Limitations for initial opioid prescription state tapering schedule.       NCPDP 925: Initial fill days' supply exceeds limits.         Opioid naïve supply       Limitations for initial opioid ifils       NCPDP 925: Initial fill days' supply exceeds limits.         Opioid naïve supply of ages of opioid use in the past 120 days.       Limitations for initial opioid fills       NCPDP 925: Initial fill days' supply for initial opioid fills         Oklahoma: Patients who have not had an o	dosage will require prior		equivalent (MME) exceeds limits.
<ul> <li>will vary each quarter based on state tapering schedule.</li> <li>Oklahoma: Greater than 90 MME daily dosage will require prior authorization.</li> <li>Opioid naïve</li> <li>Limitations for initial opioid prescriptions (i.e., Patients do not have a history of opioid use within a specified look-back period.)</li> <li>Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.</li> <li>Florida: maximum 90 MME daily limit for initial opioid fills</li> <li>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</li> <li>South Carolina: maximum 90</li> <li>MME daily limit or maximum five-day supply for initial opioid fills</li> </ul>	authorization.		NCPDP G4: Physician must contact plan.
<ul> <li>will vary each quarter based on state tapering schedule.</li> <li>Oklahoma: Greater than 90 MME daily dosage will require prior authorization.</li> <li>Opioid naïve</li> <li>Limitations for initial opioid prescriptions (i.e., Patients do not have a history of opioid use within a specified look-back period.)</li> <li>Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.</li> <li>Florida: maximum 90 MME daily limit for initial opioid fills</li> <li>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</li> <li>South Carolina: maximum 90</li> <li>MME daily limit or maximum five-day supply for initial opioid fills</li> </ul>	Indiana: Upper MME threshold		
state tapering schedule. Oklahoma: Greater than 90 MME daily dosage will require prior authorization. Opioid naive Indiana: maximum seven-day supply Opioid naive 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			
Oklahoma: Greater than 90 MME daily dosage will require prior authorization.     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.       Opioid naïve supply     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.       Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.     Elorida: maximum 90 MME daily limit for initial opioid fills     NCPDP 925: Initial fill days' supply exceeds limits.       Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.     NCPDP 925: Initial fill days' supply exceeds limits.       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			
daily dosage will require prior authorization.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.Opioid naïve supplyLimitations 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.Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.Imitations for initial opioid fillsFlorida: maximum 90 MME daily limit for initial opioid fillsPatients 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 lessSouth Carolina: maximum 90 MME daily limit or maximum fre-day supply for initial opioid fills	state tapening senedate.		
authorization.       Imitations 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.         Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.       Specified look-back period.)       NCPDP 925: Initial fill days' supply exceeds limits.         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.       NCPDP 925: Initial fill days' supply exceeds limits.         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			
Opioid naïveLimitations 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.Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.specified look-back period.)NCPDP 925: Initial fill days' supply exceedsFlorida: maximum 90 MME daily limit for initial opioid fillsPatients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.NCPDP 925: Initial fill days' supply exceedsOklahoma: 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 lessSouth Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills			
Indiana: maximum seven-day supplyprescriptions (i.e., Patients do not have a history of opioid use within a specified look-back period.)limits.Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.specified look-back period.)limits.Florida: maximum 90 MME daily limit for initial opioid fillsspecified look-back period.)limits.Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.specified look-back period.)limits.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 lessspecified look-back period.)limits.South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fillsspecified look-back period.)limits.			
Indiana: maximum seven-day supplyhave a history of opioid use within a specified look-back period.)Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.have a history of opioid use within a specified look-back period.)Florida: maximum 90 MME daily limit for initial opioid fillslimit for initial opioid fillsPatients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.limit for initial opioid fillsOklahoma: 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 lesslimited to a supply of seven days or lessSouth Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fillslimited to a supply of seven days or less	Opioid naive		
supplyspecified look-back period.)Opioid naïve is defined as less than 90 days of opioid use in the past 120 days.specified look-back period.)Florida: maximum 90 MME daily limit for initial opioid fillsspecified look-back period.)Patients who have not had an opioid prescription within the past 60 days are defined as new to opioid therapy.specified look-back period.)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 lessspecified look-back period.)South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fillsspecified look-back period.)	Indiana, marine and a day		limits.
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			
than 90 days of opioid use in the past 120 days.Florida: maximum 90 MME daily limit for initial opioid fillsPatients 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 lessSouth Carolina: maximum 90 MME daily limit or maximum fills	supply	specified look-back period.)	
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	Opioid naïve is defined as less		
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	than 90 days of opioid use in the		
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	past 120 days.		
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	Florida: maximum 90 MME daily		
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	limit for initial opioid fills		
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		
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	opioid prescription within the		
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	past 60 days are defined as new		
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	to opioid therapy.		
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	<b>Oklahoma:</b> Patients who have		
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			
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			
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			
or less South Carolina: maximum 90 MME daily limit or maximum five-day supply for initial opioid fills			
MME daily limit or maximum five-day supply for initial opioid fills	or less		
MME daily limit or maximum five-day supply for initial opioid fills	South Carolina: maximum 90		
five-day supply for initial opioid fills			
fills	-		
Patients who have not had an	fills		
	Datients who have not had an		
opioid prescription within the			
past 60 days are defined as new			
to opioid therapy.			

Humana Healthy Horizons is a Medicaid product offered by affiliates of Humana Inc. 657602MUL0125 GHHMHTFEN

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	Patients who are 65 years old and	NCPDP 88: DUR reject error; additional
with dementia	older, have a diagnosis of dementia,	messaging: atypical antipsychotic alert
	and are prescribed an antipsychotic	
	will require prior authorization.	
Antipsychotic use in children	Patients 1 to 17 years old and with at	NCPDP 88: DUR reject error;
	least one day in the past 14 days of	additional messaging: Previous therapy
	more than two antipsychotic	excludes this drug.
	medications will require prior authorization.	(applicable to Florida Medicaid and South Carolina TANF and CHIP only)
Concurrent use of any opioid	Overlapping fills of opioid and	NCPDP 88: DUR reject error; additional
medication with a	benzodiazepine medication will	messaging: This drug interacts with the
benzodiazepine medication	require a coverage determination.	patient's other drug(s).
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).		

Safety edit	Safety edit description	Reject code
Concurrent use of any opioid	Overlapping fills of opioid and	NCPDP 88: DUR reject error; additional
medication with a	benzodiazepine medication will	messaging: This drug interacts with the
benzodiazepine medication –	require a coverage determination.	patient's other drug(s).
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.		
Drug-to-disease interactions	Potential conflict between	NCPDP 70: Product/service not covered –
	medication claims and diagnosis in patient's history	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	NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).
	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.	

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.