2025 Humana pharmacy point-of-sale safety edits

Effective Jan. 1, 2025

Humana Pharmacy Solutions® employs several point-of-sale safety edits, prompting additional safety reviews to determine if prescribed medications are appropriate and medically necessary. 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 pharmacy provider manual 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 the 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

If you have questions, please call the pharmacy help desk 24 hours a day, seven days a week at **800-865-8715**.

Table A

Safety edit description	Reason for service code	Professional service code	Result of service code
Morphine milligram equivalent (MME) – **opioid care coordination** The cumulative MME daily dosage is limited across all opioid prescriptions to a predetermined lower threshold (and the patient receives an opioid from more than two prescribers and two pharmacies): **Medicare only:** 90 MME to 200 MME **Reject codes:** NCPDP 88: DUR reject error NCPDP 922: MORPHINE MILLIGRAM EQUIVALENT (MME) EXCEEDS LIMITS	HD: High dose	M0: Prescriber consulted DE: Dosing evaluation DP: Dosage evaluated	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 4K: Prescriber specialty exemption-oncology or non-hospice palliative care 4L: Prescriber specialty exemption-hospice
Morphine milligram equivalent – **opioid care coordination** The cumulative MME daily dosage is limited across all opioid prescriptions to a predetermined upper threshold: **Medicare:** doses greater than 200 MME **Reject codes:** NCPDP 88: DUR reject error NCPDP 922: MORPHINE MILLIGRAM EQUIVALENT (MME) EXCEEDS LIMITS	ER: Overuse	M0: Prescriber consulted	4B: Dispensed, palliative care 4L: Prescriber specialty exemption-hospice

Safety edit description	Reason for service code	Professional service code	Result of service code
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 in Medicare, depending on prescription drug class. Please see table D below for further details.**	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
Drug-to-drug interactions Interactions include concurrent opioid and benzodiazepine usage (If the prospective drug is an opioid, it will be PPS eligible.) 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

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 can 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 past 108 days (i.e., patient is opioid naïve).
2. If the patient is opioid naïve, identify if they have an eligible exemption using pharmacy records or consult with the patient's prescriber. Please see table C for eligible exemptions.
3. If pharmacy records indicate the patient has received opioid prescriptions within the past 108 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 ICD-10 code at the point of sale to override the rejection.

Table C

Safety edit	Safety edit description and processing
Opioid naïve – seven-day supply limit (Medicare, Limited Income NET, Illinois Duals, ICare, CarePlus only)	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. **Reject codes:** NCPDP 88: DUR reject error NCPDP 925: Initial fill days' supply exceeds limit **DUR messaging:** DUR message 1: *OPIOID NAÏVE; DUR message 2:* <insert number> DAY MAX. FOR SICKLE CELL, CANCER, CHRONIC PAIN, USE ICD-10 TO OVERRIDE. **Pharmacy processing** The pharmacist at the point of sale may override the rejection to allow for paid claims utilizing eligible ICD-10 codes if a patient has an appropriate exemption, such as sickle cell disease, cancer diagnosis, palliative care, hospice or chronic pain management diagnosis (i.e., G89, M25, M47, M50, M51 or M54). Note: Patients new to Humana plans also will trigger this edit, and appropriate ICD-10 override codes should be entered if they are not opioid naïve. Subsequent prescriptions filled within 108 days will not reject as the patient will no longer be identified as opioid naïve.

Prior authorization is required for the following edits:

Table D

Safety edit	Safety edit description	Reject code
Opioid days' supply limitation	Opioid claims are limited to a 30-day supply, but a 31-day supply per fill is allowed for residents in long-term care (LTC) facilities for Medicare beneficiaries. This includes both short-acting and long-acting medications.	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan
Benzodiazepine days' supply limitation	Benzodiazepine claims are limited to a 30-day supply, but a 31-day supply per fill is allowed for residents in LTC facilities for Medicare beneficiaries.	NCPDP 76: Plan limitations exceeded; additional messaging: days' supply greater than maximum allowed for this plan
MME threshold limits Note: MME thresholds may vary by line of business and/or state requirements.	Patients fill 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: Prescriber must contact plan.

Safety edit	Safety edit description	Reject code
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
Concurrent use of any opioid medication with a benzodiazepine medication (Prior authorization required for benzodiazepine for new and existing utilizers)	Overlapping fills of opioid and benzodiazepine medication will require a coverage determination for benzodiazepine.	NCPDP 88: DUR reject error; additional messaging: This drug interacts with the patient's other drug(s).
Drug-to-disease interactions	There is a potential conflict between medication claims and diagnosis in the patient's history.	NCPDP 70: product/service not covered – plan/benefit exclusion
Polypharmacy edits (Medicare)	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. In Puerto Rico, the prescriber can call **866-488-5991**, Monday – Friday, 8 a.m. – 8 p.m., Atlantic time.