

UnitedHealthcare Community Plan of New Jersey

Prescriber guide

Opioid overutilization prevention and opioid use disorder treatment programs

In response to the U.S. opioid epidemic, we've developed programs to help our members receive the care and treatment they need in safe and effective ways. We've based our measures on the Centers for Disease Control and Prevention's (CDC) opioid treatment guidelines to help prevent overuse of short-acting and long-acting opioid medications. Please use this quick reference guide to learn more about what we offer.

Concurrent Drug Utilization Review (cDUR) programs

The cDUR program uses the pharmacy claims processing system to screen all prescriptions at the point of service and checks for possible inappropriate drug prescribing and utilization, as well as potentially dangerous medical implications or drug interactions. The program includes communication to the dispensing pharmacy at point of service through claims edits and messaging to the dispensing pharmacy at point of service. The pharmacist will need to address the clinical situation at the point of sale before entering appropriate National Council for Prescription Drug Programs (NCPDP) codes to receive an approved claim, unless otherwise stated below.

THERDOSE Acetaminophen	<ul style="list-style-type: none"> • Combination opioids plus acetaminophen (APAP) limit • Prevents doses of APAP greater than 4 grams per day
Duplicate Therapy – Short-Acting Opioids (SAOs)	<ul style="list-style-type: none"> • Alerts to concurrent use of multiple SAOs
Duplicate Therapy – Long-Acting Opioids (LAOs)	<ul style="list-style-type: none"> • Alerts to concurrent use of multiple LAOs
Drug-Drug Interaction – Opioids and Medication Assisted Treatment (MAT)	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of opioids and MAT drugs
Drug-Drug Interaction – Benzodiazepines and MAT	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of benzodiazepines and MAT drugs
Drug-Drug Interaction – Selective Serotonin Reuptake Inhibitors (SSRIs) and MAT	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of SSRIs and MAT drugs
Drug-Drug Interaction – Fluconazole and MAT	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of fluconazole and MAT drugs
Drug-Drug Interaction – Atazanavir and MAT	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of atazanavir and MAT drugs
Drug-Drug Interaction – Gabapentinoids (gabapentin/pregabalin) and MAT	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of gabapentinoids and MAT drugs
Drug-Drug Interaction – Opioids and Benzodiazepines	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of opioids and benzodiazepines
Drug-Drug Interaction – Opioids and Carisoprodol	<ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of opioids and carisoprodol
Drug-Drug Interaction – Amphetamines (immediate and extended release) and MAT	<ul style="list-style-type: none"> • Enhanced point-of-sale alert for concurrent use of amphetamines and MAT drugs • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Drug-Drug Interaction – Psychotropics and MAT	<ul style="list-style-type: none"> • Enhanced point-of-sale alert for concurrent use of psychotropics and MAT drugs • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Drug-Drug Interaction – Rifampin and MAT	<ul style="list-style-type: none"> • Enhanced point-of-sale alert for concurrent use of rifampin and MAT drugs • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim

Drug-Drug Interaction – Sedative-hypnotics (non-benzodiazepines) and MAT	<ul style="list-style-type: none"> ● Enhanced point-of-sale alert for concurrent use of sedative hypnotics and MAT drugs ● This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Drug-Drug Interaction – Topiramate and MAT	<ul style="list-style-type: none"> ● Enhanced point-of-sale alert for concurrent use of topiramate and MAT drugs ● This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Drug-Inferred Health State – Opioids and Prenatal Vitamins and Medications used in Pregnancy	<ul style="list-style-type: none"> ● Enhanced point-of-sale alert for concurrent use of opioids and prenatal vitamins and concurrent use of opioids and medications used in pregnancy (e.g., doxylamine/pyridoxine) ● This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
High-Dose Opioids – Recommend Pharmacist to Offer Opioid Antagonist	<ul style="list-style-type: none"> ● Enhanced point-of-sale alert for opioid doses over 50 MME that recommends the pharmacist offer an opioid antagonist ● This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Retrospective Drug Utilization Review (rDUR) programs The rDUR program analyzes claims on a monthly basis and sends communications to prescribers.	
Narcotic DUR Program	<ul style="list-style-type: none"> ● Monthly identification of members who are getting multiple opioid prescriptions from multiple prescribers and/or filling at multiple pharmacies ● Also identifies members with chronic early refill attempts, overlapping LAOs, high daily doses of opioids, large quantities of units being filled, overlapping opioid and MAT medications, and concurrent use with a benzodiazepine or an antipsychotic medication with an opioid ● Patient-specific information sent to all prescribers with medication fill history for the last three months
Pharmacy Lock-In Program	<ul style="list-style-type: none"> ● Pharmacy lock-in programs vary by state; however, all include filling of opioids by multiple prescribers at multiple pharmacies as an inclusion criteria for the program. ● Members chosen for the program will be locked into one pharmacy for all of their medications for a period of two years. Lock-in periods vary by state.
Utilization Management (UM) programs UM programs promote appropriate use, help reduce costs and ultimately help to improve health status of members.	
Cumulative 90 Morphine Milligram Equivalent (MME) Limit	<ul style="list-style-type: none"> ● Point-of-sale dosage limit for all opioid products up to 90 MME ● Prevents cumulative opioid doses above the preset threshold from processing ● Prior authorization required for doses above the preset threshold
LAO Prior Authorization	<ul style="list-style-type: none"> ● Prior authorization requires: <ul style="list-style-type: none"> – Attestation of appropriate use and monitoring – Step through short-acting opioid (non-cancer pain); step through preferred LAOs – If appropriate, step through neuropathic pain alternatives (non-cancer pain)
New-to-Therapy SAO Edit	<ul style="list-style-type: none"> ● Point-of-sale limits for members who are opioid naïve (no opioid claims in the last 60 days) ● Point-of-sale limits include maximum of a 5-day supply and 50 MME or less per day dose ● Prior authorization required to exceed these quantities for opioid naïve members
Cough and Cold Products Containing Opioid Components	<ul style="list-style-type: none"> ● Limited to a quantity per fill of 120 mL (units) as well as a 30-day maximum quantity of 360 mL (units) ● Prior authorization is required for members under the age of 18 years prior to filling a cough and cold product containing opioid components
Transmucosal Fentanyl Product Prior Authorization	<ul style="list-style-type: none"> ● Prior authorization requires: <ul style="list-style-type: none"> - Documentation of pain due to cancer and patient is already receiving opioids

Overdose Prevention (naloxone)

- No prior authorization is required for preferred naloxone products (Generic naloxone injection, Narcan® Nasal Spray)
-

Evidence-Based Prescribing programs

Focuses on outreach to prescribers identified as outliers

Fraud/Waste/Abuse Evaluation

- Retrospective controlled substance claims analysis
- Identifies outlier opioid prescribers

Miscellaneous**Substance Use Disorder Helpline**

- 24/7 helpline: **855-780-5955**. For members or caregivers, staffed by licensed behavioral health providers
- Reference: liveandworkwell.com

Miscellaneous – Drug Enforcement Agency (DEA) License Edit

- Verifies DEA is active and matches scheduled medication in the claim

Miscellaneous – Refill Too Soon Threshold

- Increases the refill too soon threshold to 90% on opioids and other controlled substances CII-V
-

Abbreviations

APAP	Acetaminophen	MME	Morphine milligram equivalent
CDC	Centers for Disease Control and Prevention	PA	Prior authorization
cDUR	Concurrent Drug Utilization Review	rDUR	Retrospective Drug Utilization Review
DEA	Drug Enforcement Agency	SAOs	Short-acting opioids
LAOs	Long-acting opioids	SSRI	Selective serotonin reuptake inhibitor
MAT	Medication-assisted treatment	UM	Utilization management

We're here to help

For more information, please call Provider Services at **888-362-3368**.

How to submit prior authorizations

- **Online:** Use the Prior Authorization and Notification tool in Link. For more information, go to UHCprovider.com/paan.
- **Phone:** Call **800-310-6826**
- **Fax:** Fax your completed form to 866-940-7328
- Pharmacy Prior Authorization forms are available at UHCprovider.com > Menu > Health Plans by State – choose your state > Medicaid (Community Plan) > Pharmacy Resources and Physician Administered Drugs > **Pharmacy Prior Authorization**