

# Opioid overutilization prevention and opioid use disorder treatment programs for UnitedHealthcare Community Plan of Arizona

## Quick reference guide

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.

<b>THERDOSE Acetaminophen</b>	<ul style="list-style-type: none"><li>• Combination opioids plus acetaminophen (APAP) limit</li><li>• Prevents doses of APAP greater than 4 grams per day</li></ul>
<b>Duplicate Therapy – Long-Acting Opioids (LAOs)</b>	<ul style="list-style-type: none"><li>• Alerts to concurrent use of multiple LAOs</li></ul>
<b>Drug-Drug Interaction – Opioids and Medication-Assisted Treatment (MAT)</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and MAT drugs</li></ul>
<b>Drug-Drug Interaction – Opioids and Benzodiazepines</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and benzodiazepines</li></ul>
<b>Drug-Drug Interaction – Opioids and Carisoprodol</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and carisoprodol</li></ul>
<b>Drug-Drug Interaction – Opioids and Sedative Hypnotics</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and sedative hypnotics</li></ul>
<b>Drug-Inferred Health State – Opioids and Prenatal Vitamins and Medications Used in Pregnancy</b>	<ul style="list-style-type: none"><li>• Enhanced point-of-sale alert for concurrent use of opioids and prenatal vitamins and for concurrent use of opioids and medications used in pregnancy (e.g., doxylamine/pyridoxine)</li><li>• This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim</li></ul>

### Retrospective Drug Utilization Review (rDUR) programs

The rDUR program analyzes claims on a daily basis and sends communications to prescribers.

#### Abused Medications DUR Program

- Daily 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, overlapping SAOs, high daily doses of opioids, a diagnosis of opioid overdose with an opioid fill, overlapping opioid and medication-assisted treatment (MAT) medications, overlapping opioid, muscle relaxant and benzodiazepine and overlapping opioid and opioid potentiator
- Patient-specific information sent to all prescribers with medication fill history for the last 4 months

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## Pharmacy Lock-In Program

- Pharmacy lock-in programs vary by state, however, all include filling of opioids by multiple prescribers at multiple pharmacies as an inclusion criterion for the program
  - Members chosen for the program will be locked into 1 pharmacy for all of their medications for a period of 1 year. Lock-in periods vary by state.
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## Utilization Management (UM) programs

UM programs promote appropriate use, help reduce costs and, ultimately, help improve the health status of members.

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### LAO Prior Authorization

Prior authorization requires:

- Attestation of appropriate use and monitoring
  - Patient must have received 90 days of SAO treatment in the last 120 days (non-cancer pain). There is also a step requirement through 2 preferred SAO fentanyl patches require cancer diagnosis or palliative care-related pain
  - Methadone requires diagnosis of terminal cancer pain
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### Cumulative 90 Morphine Milligram Equivalents (MME) Limit

- 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
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### New to Therapy and Duration Limit SAO Edits

- For those 18 and older, if a member is opioid naïve (no opioid claims in the last 60 days), point-of-sale limits include a maximum of a 5-day supply for initial fill for short-acting opioids
  - For those younger than 18, point-of-sale limits include maximum of a 5-day supply for all short-acting opioid fills, initial and refills, maximum of 180 units allowed per 30 days and a maximum of 2 unique SAO products within a 30-day period
  - Prior authorization is required to exceed these quantities
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### Cough and Cold Products Containing Opioid Components

- Quantity per fill of 120 mL (units) is applied, as well as a 30-day maximum quantity of 360 mL (units)
  - Prior authorization is required for those younger than 18
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### Transmucosal Fentanyl Product Prior Authorization

- Prior authorization requires documentation of pain due to cancer and patient is already receiving opioids
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### Overdose Prevention (Naloxone)

- No prior authorization is required for preferred naloxone products (generic naloxone injection, Narcan® Nasal Spray)
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## Evidence-Based Prescribing programs

Focuses on outreach to prescribers identified as outliers

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### Fraud/Waste/Abuse Evaluation

- Retrospective controlled substance claims analysis
  - Identifies outlier opioid prescribers
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## Miscellaneous

### Substance Use Disorder Help Line

- 24/7 Help Line: Call **855-780-5955**. For members or caregivers, staffed by licensed behavioral health providers.
- Reference: [liveandworkwell.com](https://www.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

<b>APAP</b>	Acetaminophen	<b>MME</b>	Morphine Milligram Equivalent
<b>CDC</b>	Centers for Disease Control and Prevention	<b>PA</b>	Prior Authorization
<b>cDUR</b>	Concurrent Drug Utilization Review	<b>rDUR</b>	Retrospective Drug Utilization Review
<b>DEA</b>	Drug Enforcement Agency	<b>SAOs</b>	Short-Acting Opioids
<b>LAOs</b>	Long-Acting Opioids	<b>UM</b>	Utilization Management
<b>MAT</b>	Medication-Assisted Treatment		

### 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](https://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](https://UHCprovider.com) > Menu > Health Plans by State – choose your state > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs > **Pharmacy Prior Authorization**

