



Opioid Overutilization Prevention and Opioid Use Disorder Treatment Programs for UnitedHealthcare Community Plan of Arizona

Quick Reference Guide

In response to the United States 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 the overuse of short-acting and long-acting opioid medications. Please use this quick reference guide for information on 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

- Combination opioids plus acetaminophen (APAP) limit
- Prevents doses of APAP greater than 4 grams per day

Duplicate Therapy – Long-Acting Opioids (LAOs)

- Alerts to concurrent use of multiple LAOs

Drug-Drug Interaction – Opioids and Medication-Assisted Treatment (MAT)

- Point-of-sale alert for concurrent use of opioids and MAT drugs

Drug-Drug Interaction – Opioids and Benzodiazepines

- Point-of-sale alert for concurrent use of opioids and benzodiazepines

Drug-Drug Interaction – Opioids and Carisoprodol

- Point-of-sale alert for concurrent use of opioids and carisoprodol

Drug-Inferred Health State – Opioids and Prenatal Vitamins and Medications Used in Pregnancy

- 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)
- 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

- 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 one year (lock-in periods vary by state).
Utilization Management (UM) Programs	
UM programs promote appropriate use, help reduce costs and ultimately, help improve the health status of members.	
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) and step-through, preferred LAOs If appropriate, step-through neuropathic pain alternatives (non-cancer pain)
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 is required for doses above the preset threshold.
New to Therapy and Duration Limit SAO Edits	<ul style="list-style-type: none"> 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 five-day supply for initial fill for short-acting opioids. For those younger than 18, point-of-sale limits include maximum of a five-day supply for all short-acting opioid fills, initial and refills, maximum of 180 units allowed per 30 days, and a maximum of two unique SAO products within a 30-day period. Prior authorization is required to exceed these quantities.
Cough and Cold Products Containing Opioid Components	<ul style="list-style-type: none"> 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.
Transmucosal Fentanyl Product Prior Authorization	<ul style="list-style-type: none"> Prior authorization requires documentation of pain due to cancer and patient is already receiving opioids.
Overdose Prevention (Naloxone)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Retrospective controlled substance claims analysis Identifies outlier opioid prescribers
Peer Comparison Reporting	<ul style="list-style-type: none"> Identification of, and outreach to, outlier opioid prescribers compared to peers within like specialties
Miscellaneous	
Substance Use Disorder Help Line	<ul style="list-style-type: none"> 24/7 Help Line: Call 855-780-5955. For members or caregivers, staffed by licensed behavioral health providers Reference: liveandworkwell.com
Miscellaneous – Drug Enforcement Agency (DEA) License Edit	<ul style="list-style-type: none"> Verifies DEA is active and matches scheduled medication in the claim
Miscellaneous – Refill-Too-Soon Threshold	<ul style="list-style-type: none"> Increases the refill-too-soon threshold to 90% on opioids and other controlled substances CII-V

Abbreviations			
APAP	Acetaminophen	MME	Morphine-Milligram Equivalent
CDC	The 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	UM	Utilization Management
MAT	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**.
- **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.