

Opioid prescriber guide

UnitedHealthcare Community Plan of Florida

The programs described in this guide were created to help UnitedHealthcare Community Plan members receive the opioid care and treatment they need in safe and effective ways. We've based our measures on Centers for Disease Control and Prevention (CDC) opioid treatment guidelines to help prevent misuse of short-acting and long-acting opioid medications.

Concurrent Drug Utilization Review (cDUR) program

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. The pharmacist needs 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.

Drug-drug interaction - Opioids and antipsychotics	Point-of-sale alert for concurrent use of opioids and antipsychotics.
Drug-drug interaction - Opioids and benzodiazepines	Point-of-sale alert for concurrent use of opioids and benzodiazepines.
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 sedative hypnotics	Point-of-sale alert for concurrent use of opioids and sedative hypnotics.
Drug-drug interaction - Opioids and skeletal muscle relaxants	Point-of-sale alert for concurrent use of opioids and skeletal muscle relaxants.
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)• Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Duplicate therapy - Short-acting opioids (SAOs)	Alerts to concurrent use of multiple SAOs.

Concurrent Drug Utilization Review (cDUR) program (cont.)

High dose acetaminophen

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

High dose opioids – Recommend pharmacist to offer opioid antagonist

- Enhanced point-of-sale alert for opioid doses more than 50 MME that recommends the pharmacist offer an opioid antagonist
- Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim

Retrospective Drug Utilization Review (rDUR) programs

These programs analyze claims daily and send communications to prescribers.

Abused medications DUR program

- Identifies members daily 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 MAT medications, overlapping opioid and a benzodiazepine, overlapping opioid and antipsychotic medication, overlapping opioid, muscle relaxant and benzodiazepine, and overlapping opioid and opioid potentiator
- Sends patient-specific information to all prescribers with medication fill history in last 4 months

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
- Requires selected members to use a single pharmacy and/or prescriber(s) for all of their medications

Utilization Management (UM) programs

These programs help promote appropriate opioid use, reduce costs and improve member health outcomes.

Buprenorphine MAT prior authorization

- Prescribers may prescribe a 7-day supply of buprenorphine for MAT when initiating members
- Prior authorization is required for more than 7 days

Utilization Management (UM) programs (cont.)

These programs help promote appropriate opioid use, reduce costs and improve member health outcomes.

Cumulative 90 milligram morphine 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
Duplicate therapy – Long-acting opioids (LAO)	<p>Prior authorization required for concurrent use of multiple LAOs.</p>
LAO prior authorization	<ul style="list-style-type: none"> • Prior authorization requires: <ul style="list-style-type: none"> – Appropriate use criteria (non-cancer pain) – Step through SAO (non-cancer pain); step through preferred LAOs – If appropriate, step through neuropathic pain alternatives (non-cancer pain) • Intensive reauthorization review criteria
Overdose prevention (naloxone)	<p>Prior authorization isn't required for preferred naloxone products (e.g., generic naloxone injection and Narcan® Nasal Spray).</p>
SAO duration limits	<ul style="list-style-type: none"> • Point-of-sale limits include a 3-day supply per fill and 2 fills in a rolling 30-day period, or a 7-day supply per fill and 2 fills in a rolling 30-day period with “acute pain exception” written on the prescription • The <90 MME per day dose limit applies • We require prior authorization to exceed these quantities
Transmucosal fentanyl product prior authorization	<p>Requires that prior authorization includes documentation of pain due to cancer and patient is already receiving opioids.</p>

Evidence-based prescribing programs

These programs focus on outreach to prescribers.

Fraud/waste/abuse evaluation	<ul style="list-style-type: none"> • Analyzes retrospective controlled substance claims • Identifies outlier opioid prescribers
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Miscellaneous	
Miscellaneous – Drug Enforcement Agency (DEA) license edit	• Verifies DEA number or license is active and matches scheduled medication in the claim.
Miscellaneous – Refill-too-soon threshold	• Increases the refill-too-soon threshold to 90% for opioids and other Schedule CII-V controlled substances.

Pharmacy prior authorization

Information and forms are available on our [Pharmacy Resources and Physician Administered Drugs](#) page in the Pharmacy Prior Authorization section.

We’re here to help

If you have questions, call **888-362-3368**.

Support for your patients:

- 24/7 substance use helpline at **855-780-5955**, available to our members who are your patients, and their caregivers; staffed by licensed behavioral health providers
- liveandworkwell.com

