

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

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.

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 – 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 – Opioids and Sedative Hypnotics	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and sedative hypnotics
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 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 daily basis and sends communications to prescribers.

Abused Medications DUR Program	<ul style="list-style-type: none"> • 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 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
SUPPORT Act Program	<ul style="list-style-type: none"> • Quarterly identification of members who are concurrently receiving an opioid and benzodiazepine or opioid and antipsychotic • Care providers with medication fill history in the last 120 days receive a letter identifying all members who have received concurrent therapy
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 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.

Utilization Management (UM) programs

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

Cumulative 90 Morphine Milligram Equivalents (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	<p>Prior authorization requires:</p> <ul style="list-style-type: none"> • 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 that requires cancer diagnosis or palliative care-related pain • Methadone requires diagnosis of terminal cancer pain
Short-Acting Supply Limit	<ul style="list-style-type: none"> • Point-of-sale limits include maximum of a 7-day supply per fill and must not exceed 14-cumulative-day supply in the last 60 days • Prior authorization required to exceed these quantities
Chronic Opioid Use Supply Limit	<ul style="list-style-type: none"> • Prior authorization is required for members needing to exceed 90-day supply of opioid therapy in the last 120 days • Appropriate use criteria (non-cancer pain)
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)

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Transmucosal Fentanyl Product Prior Authorization

Prior authorization requires:

- Documentation of pain due to cancer and prescriber must be enrolled in Risk Evaluation and Mitigation (REM) program

Overdose Prevention (Naloxone)

- No prior authorization is required

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

Peer Comparison Reporting

- Identification of and outreach to outlier opioid prescribers compared to peers within like specialties
- 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 SAOs Fentanyl patches that requires cancer diagnosis or palliative care-related pain.
- Methadone requires diagnosis of terminal cancer pain

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

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	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](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**



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc. or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC) or its affiliates.

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