

UnitedHealthcare Medicare Advantage prescription drug plans: Opioid overutilization prevention

Quick reference guide for prescribers

Please use this quick reference guide to learn more about our pharmacy programs for opioid overutilization prevention. These programs apply to UnitedHealthcare® Medicare Advantage plans and prescription drug plans and can help your patients get the opioid treatments they need in safe and effective ways.

Our pharmacy-based programs align with the Centers for Medicare & Medicaid Services (CMS) Medicare Part D opioid overutilization policies.



Pharmacy-based programs

- 1 Opioid Dispensing Limit
- 2 Concurrent Drug Utilization Review (cDUR) (opioid safety alerts)
- 3 Retrospective Drug Utilization Review: Drug Management Program (DMP)



Opioid Dispensing Limit

This program helps support safe and appropriate opioid use while limiting excess quantities.

Plan benefit	Description and resolution	Prescriber action
Opioid Dispensing Limit	Limits opioid dispensing by mail and at retail locations to a 1-month supply per prescription. Pharmacies will only process opioid prescriptions for a 1-month supply.	Limit opioid prescriptions to a 1-month supply. The plan doesn't allow quantities greater than 1-month supplies.



Concurrent Drug Utilization Review (cDUR) (opioid safety alerts)

The cDUR program uses the pharmacy claims processing system to screen all prescriptions at point of sale (POS). It screens for inappropriate drug prescriptions and utilization, as well as potentially dangerous medical implications or medication interactions. We communicate with the dispensing pharmacy at POS through claims messaging.

Opioid safety alert	Description and resolution	Prescriber action
7-day supply limit for opioid naïve patients	<p>We'll limit members to a supply of 7 days or less if they haven't filled an opioid prescription within 120 days.</p> <p>For members with historical opioid use, the pharmacist will resolve at POS.</p> <p>For members without historical opioid use, the pharmacy will resubmit the claim for a 7-day supply only. If an exemption exists, the pharmacy may override the reject.</p>	<p>Prescribe a 7-day supply or less.</p> <p>Limit the amount dispensed with the first opioid prescription to reduce the risk of a future dependency or overuse of these drugs.</p> <p>Request a prior authorization for a full day's supply if quantities greater than 7 days are necessary.</p> <p>Subsequent prescriptions aren't subject to the 7-day supply limit, as we no longer consider the patient to be opioid naïve.</p>
Opioid care coordination (OCC) safety alert	<p>Limits cumulative morphine milligram equivalent (MME) dosage per day for all opioid prescriptions when the threshold exceeds 90 MME and the patient receives opioid prescriptions from more than 1 prescriber.</p> <p>The prescriber who writes the prescription will trigger the alert and the pharmacy will contact them, even if the prescribed dosage is below 90 MME.</p>	<p>Prior authorization is required. Prescriber to initiate a prior authorization.</p> <p>The review will require the prescriber to attest that the cumulative MME dosage is the amount that is medically necessary to treat the patient's condition.</p> <p>Important note: This isn't a prescribing limit. Please individualize dosage for each patient.</p>
Cumulative MME opioid safety alert	<p>Limits cumulative MME dosage per day for all opioid prescriptions when the threshold exceeds 200 MME and the patient uses more than 1 prescriber for opioids.</p> <p>The prescriber who writes the prescription will trigger the alert and the pharmacy will contact them.</p> <p>Pharmacies cannot override this safety alert and prior authorization is necessary in the absence of a member exemption.</p>	<p>Prior authorization is required. Prescriber to initiate a prior authorization.</p> <p>The review will require the prescriber to attest that the cumulative MME dosage is the amount that is medically necessary to treat the patient's condition.</p> <p>Important note: This isn't a prescribing limit. Please individualize dosage for each patient.</p>
Opioids and buprenorphine (medication used in MAT)	<p>Alert for concurrent use of opioids and buprenorphine.</p> <p>The pharmacist will conduct additional safety reviews to determine if the patient's concurrent use is safe and clinically appropriate. The pharmacist may contact the prescriber.</p>	<p>Provide timely response to pharmacy outreach.</p>

Opioid safety alert	Description and resolution	Prescriber action
Opioids and benzodiazepines	Alert for concurrent use of opioids and benzodiazepines. The pharmacist will conduct additional safety reviews to determine if the patient's concurrent use is safe and clinically appropriate. The pharmacist may contact the prescriber.	Provide timely response to pharmacy outreach.
Duplicative long-acting opioid (LAO) therapy	Alert for concurrent use of multiple LAOs. The pharmacist will conduct additional safety reviews to determine if the patient's concurrent use of 2 LAOs is safe and clinically appropriate. The pharmacist may contact the prescriber.	Provide timely response to pharmacy outreach.



Retrospective Drug Utilization Review: Drug Management Program (DMP)

The Drug Management Program helps address overutilization of frequently abused drugs while maintaining member access to the medications as medically necessary. Each month, we identify the members who meet Medicare Part D Overutilization Monitoring System (OMS) criteria, such as members who are at-risk of obtaining opioids from multiple prescribers or pharmacies. We also review the prescriptions of members with histories of opioid-related overdose.

We'll enroll these members in our Medication Therapy Management (MTM) program, which helps:

- Eligible members use their coverage and understand how to use their medications
- Protect members from the risks of drug side effects and harmful drug combinations
- Provide information to members on the safe disposal of medications that are controlled substances

Plan benefit	Description and resolution	Prescriber action
Drug Management Program (DMP)	Limits access to opioids and benzodiazepines for patients who may be at risk for prescription drug abuse. If the provider determines that misuse or abuse is possible, we may limit how the member receives opioids. DMP coverage limitations can include requiring the patient to obtain these medications from a specified prescriber or pharmacy or implementing an individualized POS edit that limits the amount of medications we'll cover.	Engage with case management team in a timely manner to review patient's opioid utilization and/or concurrent utilization of frequently abused drugs, such as benzodiazepines and potentiators. Consider a pharmacy/prescriber lock-in to better manage uncoordinated care, when necessary.



Reminders

Drug utilization review (DUR) intervention exemptions

- Residents of long-term care facilities
- Patients receiving hospice care
- Patients receiving palliative or end-of-life care
- Patients receiving treatment for active cancer-related pain or sickle cell disease

Please note that opioid safety edits don't impact patients' access to medication-assisted treatment (MAT).

Clinical considerations

Consider offering naloxone when factors that increase risk for opioid overdose are present, such as:

- History of overdose
- History of substance use disorder
- Higher opioid dosages (more than 50 MME/day)
- Concurrent benzodiazepine use

Resolving POS rejects

We encourage prescribers to resolve safety edits expeditiously and avoid disruption of therapy. Please submit prior authorization only when necessary by using one of the following options:

- Visit professionals.optumrx.com
- Call Optum Rx prior authorization at 800-711-4555, available 5 a.m.–10 p.m. PT, Monday–Friday and 6 a.m.–3 p.m. PT, Saturday



Questions?

If you have questions, please call the number on the member's ID card.