

Community Plan of Pennsylvania (Medicaid)

Quick reference guide

Opioid overutilization prevention and opioid use disorder treatment programs for UnitedHealthcare Community Plan of Pennsylvania (Medicaid)

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 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 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 and a benzodiazepine, overlapping opioid and an antipsychotic medication, 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
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 50 Morphine Milligram Equivalent (MME) Limit	<ul style="list-style-type: none"> • Point-of-sale dosage limit for all opioid products up to 50 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"> • Documentation of appropriate use and monitoring • Step through short-acting opioid (non-cancer pain) and step through preferred LAOs
SAO Supply Limit	<ul style="list-style-type: none"> • For members under age 21, SAO are limited to a 3-day supply per 365 days • For members ages 21 or older, SAO are limited to a 5-day supply per 180 days • Prior authorization required to exceed these quantities
Cough and Cold Products Containing Opioid Components	<ul style="list-style-type: none"> • Limited to a quantity per fill of 120 mL (units), as well as a 30-day maximum quantity of 360 mL (units) • Prior authorization is required for members under age 18 prior to filling a cough and cold product containing opioid components
Drug-Drug Interaction – Opioids and Medication-Assisted Treatment (MAT)	<ul style="list-style-type: none"> • Prior authorization required for opioids when concurrently used with MAT drugs (MAT does not require prior authorization)
Drug-Drug Interaction – Benzodiazepines and MAT	<ul style="list-style-type: none"> • Prior authorization required for benzodiazepines when concurrently used with MAT drugs (MAT does not require prior authorization)
Drug-Drug Interaction – Sleep Aids and MAT	<ul style="list-style-type: none"> • Prior authorization required for sleep aids when concurrently used with MAT drugs (MAT does not require prior authorization)
Drug-Drug Interaction – Skeletal Muscle Relaxants and MAT	<ul style="list-style-type: none"> • Prior authorization required for skeletal muscle relaxants when concurrently used with MAT drugs (MAT does not require prior authorization)

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Transmucosal Fentanyl Product Prior Authorization

Prior authorization requires:

- Documentation of pain due to cancer and patient is already receiving opioids

Overdose Prevention (naloxone)

- 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

- Retrospective controlled substance claims analysis
- Identifies outlier opioid prescribers

Miscellaneous

Substance Use Disorder Helpline

- 24/7 helpline: **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.
- **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**