



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

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 Antipsychotics | <ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of opioids and antipsychotics • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim |
| Drug-Drug Interaction – Opioids and Carisoprodol | <ul style="list-style-type: none"> • Point-of-sale alert for concurrent use of opioids and carisoprodol |
| 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 monthly basis and sends communications to prescribers.

| | |
|---------------------------------|--|
| Narcotic DUR Program | <ul style="list-style-type: none"> • 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 3 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 one pharmacy for periods of 36 months and 60 months or it may last a lifetime, under certain circumstances. Lock-in periods vary by state. |

| Utilization Management (UM) Programs | |
|---|---|
| UM programs promote appropriate use, help reduce costs and ultimately help to improve health status of members. | |
| 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 required for doses above the preset threshold |
| New to Therapy Edit | <ul style="list-style-type: none"> ● Below point-of-sale limits for members who are opioid naïve (less than or equal to 7 days of opioids in the prior 60-day period) ● Point of sale edit limits include a maximum of a 10-day supply and 90 MME or less per day cumulative dose. Prior authorization required to exceed these quantities for opioid-naïve members. ● Prior authorization required to fill a long-acting opioid product for opioid-naïve members. |
| 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) for certain products |
| Transmucosal Fentanyl Product Prior Authorization | <ul style="list-style-type: none"> ● Prior authorization is required. |
| 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 | |
| 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"> ● Refill-too-soon threshold set 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 888-887-9003.

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**