UnitedHealthcare is confronting the opioid epidemic from all angles. We’re joining with care providers and communities to prevent opioid misuse and addiction, deliver tailored treatment to those who are addicted, and support long-term recovery. An important part of treating some pain and medical conditions, opioids come with a high risk of dependence. Through touch points, we help ensure safe and appropriate opioid use right from the start. To help with this effort, we developed the following pharmacy-based programs.**

**Concurrent Drug Utilization Review (cDUR) and Point-of-Sale 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.

| THERDOSE Acetaminophen | ● Combination opioids plus acetaminophen (APAP) limit  
|                        | ● Point-of-sale quantity limit  
|                        | ● Prevents doses of APAP greater than four grams per day |
| Drug-Drug Interaction – Opioids and Drugs to Treat Opioid Use Disorder (OUD) | ● Point-of-sale alert for concurrent use of opioids and drugs to treat OUD |
| Duplicate Therapy – Short-Acting Opioids (SAOs) | ● Identify duplicate therapy with SAOs  
|                                                    | ● Point-of-sale duplication of therapy edit  
|                                                    | ● Alerts to concurrent use of multiple SAOs |
| Duplicate Therapy – Long-Acting Opioids (LAOs) | ● Identify duplicate therapy with LAOs  
|                                                    | ● Point-of-sale duplication of therapy edit  
|                                                    | ● Alerts to concurrent use of multiple LAOs |
| Opioids and Pregnancy | ● Enhanced point-of-sale alert for use of opioids during pregnancy, such as concurrent use of opioids and prenatal vitamins |
| Opioids and Benzodiazepines (higher risk for overdose) | ● Point-of-sale alert for concurrent use of opioids and benzodiazepines |
| Drug Enforcement Agency (DEA) License Edit | ● Verifies DEA is active and matches scheduled medication in the claim |
| Refill-Too-Soon Threshold | ● The refill-too-soon threshold is 90 percent utilization for opioids and other controlled substances CII-V before a refill may be obtained. |

**Retrospective Drug Utilization Review (rDUR) Programs**
The rDUR program analyzes claims on a monthly basis and sends communications to prescribers.

| High Utilization Narcotic Program | ● Quarterly identification of members who are getting multiple opioid prescriptions from multiple prescribers and filling at multiple pharmacies  
|                                   | ● Patient-specific information sent to all prescribers with peer-to-peer follow-up as relevant  
|                                   | ● Repeat members may be required to select one pharmacy to fill prescriptions (Pharmacy Lock-In Program) |
| Drug-Drug Interaction – Opioid and Medication Assisted Therapy (MAT) (e.g., buprenorphine products) | ● Retrospective drug-disease alert  
|                                                    | - Identifies prescribers whose patients are receiving opioids in addition to medications used to treat OUD  
|                                                    | - Report is run quarterly and prescribers receive patient-specific data |
## Utilization Management (UM) Programs

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

### Cumulative Morphine Milligram Equivalents (MME) Limit
- Point-of-sale dosage limit for all opioid products
- Prevents cumulative opioid doses above a preset threshold from processing
- Prior authorization required for doses above a preset threshold

### Prior Authorization/Medical Necessity – LAOs
- Prior authorization/medical necessity requires:
  - Appropriate use criteria (non-cancer pain)
  - Step-through, short-acting opioid (non-cancer pain); step-through preferred LAOs
  - If appropriate, step-through neuropathic pain alternatives (non-cancer pain)
  - Less than 90 morphine equivalent dose (MME) supply limit (non-cancer pain)
- Intensive reauthorization review criteria

### Prior Authorization/Step Therapy – LAOs
- Prior authorization/step therapy requires:
  - Step-through preferred LAOs

### Prior Authorization/Medical Necessity and Prior Authorization/Notification – Transmucosal Fentanyl Products
- Prior authorization/medical necessity and prior authorization/notification requires:
  - Documentation of pain due to cancer and patient is already receiving opioids

### Prior Authorization/Notification – MAT (e.g., buprenorphine products)
- No prior authorization is required for preferred MAT products – buprenorphine sublingual tablet and Zubsolv®
- Prior authorization/notification is required for non-preferred MAT products to help ensure appropriate use

### Prior Authorization/Medical Necessity – Overdose Prevention (Naloxone)
- No prior authorization is required for preferred naloxone products – Generic naloxone injection and Narcan® Nasal Spray

### Supply Limit – LAOs
- For non-cancer pain, supply limits adhere to Centers for Disease Control and Prevention (CDC) recommendations of 90 MME daily
- No quantity ceiling limit for cancer or end-of-life diagnoses

### New-to-Therapy, Short-Acting Opioid Dispensing Limits
- Dispensing limits for short-acting opioids for opioid naïve members; seven-day limit for members ages 20 and older/three-day limit for members under age 20 with maximum dose of less than 50 MME

### Prior Authorization/Medical Necessity – Opioid Containing Cough and Cold Products
- Prior authorization/medical necessity requires review under the age of 18

## 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

## High Opioid Utilizer Management Programs

Focuses on identifying and managing members who are classified as high opioid users

### Pharmacy Lock In
- Locks member into a single pharmacy
- Members identified through evaluation of High Utilization Narcotics quarterly reports or other referrals

### High Claimant Program
- Members are identified based on annual opioid claims
- Intervention may include case management and filling restrictions
### Miscellaneous

| Substance Use Disorder Helpline | ● 24/7 helpline: 855-780-5955. For members or caregivers, staffed by licensed behavioral health providers  
| | ● Reference: liveandworkwell.com |
| Retail and Home Delivery Pharmacy Opioid Limit to 30-Day Supply | ● Retail Pharmacy and OptumRx Home Delivery Pharmacy opioid prescriptions are limited to a 30-day supply |
| UnitedHealth Group Enterprise Opioid Task Force | ● The UnitedHealth Group task force leverages resources from across the enterprise to support members and combat the opioid epidemic  
| | ● UnitedHealthcare is committed to a program of prevention, treatment and support for patients suffering from opioid misuse or addiction |
| The UnitedHealthcare Opioid Community Partnership | ● Enterprise-wide community effort to combat the opioid crisis in select cities in collaboration with care provider groups, community organizations and others |
| Drug Disposal Kits | ● To support the safe, convenient and effective disposal of unused drugs, especially opioids, OptumRx is offering members the Deterra® prescription drug disposal kit |

† Please note: Some UnitedHealthcare commercial plans may not participate in the programs outlined in this guide.

* Ohio prescribers: Reference the following standards, procedures and guidelines to be followed in the diagnosis and treatment of chronic pain: Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) “Trigger Point” and ORC Ann. 4731.052.

<table>
<thead>
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<th>Abbreviations</th>
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<td>APAP</td>
<td>Acetaminophen</td>
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<td>CDC</td>
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### We're Here to Help

For more information, please email us at pharmacy_news@uhc.com.

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