

Opioid overutilization prevention and opioid use disorder treatment programs for UnitedHealthcare commercial plans

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) 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 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• Point-of-sale quantity limit• Prevents doses of APAP greater than 4 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)	<ul style="list-style-type: none">• Identify duplicate therapy with SAOs• Duplicate Therapy – Short-Acting Opioids (SAOs) Point-of-sale duplication of therapy edit• Alerts to concurrent use of multiple SAOs
Duplicate therapy – long-acting opioids (LAOs)	<ul style="list-style-type: none">• Identify duplicate therapy with LAOs• Duplicate Therapy – Long-Acting Opioids (LAOs) Point-of-sale duplication of therapy edit• Alerts to concurrent use of multiple LAOs

Opioids and pregnancy	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The refill-too-soon threshold is 90% 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	<ul style="list-style-type: none"> 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)	<p>Retrospective drug-disease alert</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Prior authorization/medical necessity requires: <ul style="list-style-type: none"> Appropriate use criteria (pain unrelated to cancer or end-of-life care) Step-through, short-acting opioid (pain unrelated to cancer or end-of-life care) and step-through preferred LAOs If appropriate, step-through neuropathic pain alternatives Less than 90 MME supply limit (pain unrelated to cancer or end-of-life care) 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/medical necessity – MAT (e.g., buprenorphine products)	<ul style="list-style-type: none"> • No prior authorization is required for preferred MAT products – buprenorphine sublingual tablet, buprenorphine – naloxone sublingual tablet/film (generic Suboxone) and Zubsolv • Prior authorization/medical necessity is required for non-preferred MAT products.
Prior authorization/medical necessity – overdose prevention (naloxone)	<ul style="list-style-type: none"> • No prior authorization is required for preferred products – generic naloxone injection, brand and generic Narcan Nasal Spray, and Kloxxado
Supply limit – LAOs	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Dispensing limits for short-acting opioids for opioid naïve members • Patients ages 19 and younger, restricted to a 3-day supply for initial fill • Members ages 20 and older restricted to up to a 7-day supply for initial fill • Initial fill for all ages is limited to < 50 MME daily
Prior authorization/medical necessity – opioid-containing cough and cold products	<ul style="list-style-type: none"> • Prior authorization/medical necessity requires review under age 18
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
Opioid quality metrics in provider reporting	<ul style="list-style-type: none"> • Reporting for providers across multiple specialties to measure appropriate opioid prescribing
Opioid community partnership reporting	<ul style="list-style-type: none"> • Reporting on multiple opioid metrics for accountable care organization provider groups at the group, care provider and member levels • Includes market- and national-based benchmark comparison data • Focuses on CDC guideline compliance, prescriber and member outliers, MAT, neonatal abstinence syndrome reduction and naloxone promotion

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

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/recovery

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

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. State/federal laws/regulations/contracts will take precedence over UnitedHealthcare Pharmacy Policy when applicable.

*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.

Abbreviations			
APAP	Acetaminophen	MME	Morphine Milligram Equivalents
CDC	Centers for Disease Control and Prevention	OUD	Opioid Use Disorder
cDUR	Concurrent Drug Utilization Review	PA	Prior Authorization
DEA	Drug Enforcement Agency	rDUR	Retrospective Drug Utilization Review
LAOs	Long-Acting Opioids	SAOs	Short-Acting Opioids
MAT	Medication-Assisted Therapy	UM	Utilization Management



We're here to help

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

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