

2020 Opioid Readiness: UnitedHealthcare Medicare Advantage and Prescription Drug Plans

Quick Reference Guide

UnitedHealthcare continues to confront the opioid epidemic from all angles. We're joining with care providers and communities to prevent opioid misuse and addiction. Through touch points, we help support safe and appropriate opioid use right from the start. To help with this effort, we employ the following UnitedHealthcare pharmacy-based programs to align with The Centers for Medicare and Medicaid Services (CMS) Medicare Part D Opioid Overutilization Policy.

UnitedHealthcare Pharmacy-based Programs

These programs are specific to UnitedHealthcare Medicare Advantage and Prescription Drug Plans.

- 1 Opioid Dispensing Limit**
- 2 Concurrent Drug Utilization Review (Opioid Safety Alerts)**
- 3 Retrospective Drug Utilization Review**

Opioid Dispensing Limit

Supports safe and appropriate use of opioids while limiting excess supply in the market.

Plan Benefit

Opioid Dispensing Limit

Description and Resolution

Limits opioid dispensing by mail and at retail locations to a one-month supply per prescription.

Pharmacies will only process opioid prescriptions for a one-month supply.

Prescriber Action

Limit opioid prescribing to a one-month supply per prescription.

The plan does not allow quantities in excess of a one-month supply.

Concurrent Drug Utilization Review (cDUR) Program (Safety Alerts)

The cDUR Program uses the pharmacy claims processing system to screen all prescriptions at the point-of-service. It 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.

Opioid Safety Alerts	Description and Resolution	Prescriber Action
7-Day Supply Limit for Opioid-Naïve Patients	<p>Members who have not filled an opioid prescription recently (such as within the past 120 days) will be limited to a supply of 7 days or less.</p> <p>Historical opioid use: Resolved at point-of-service by pharmacist intervention.</p> <p>No historical opioid use:</p> <ol style="list-style-type: none">1. The pharmacy will resubmit the claim for 7-day supply only.2. The pharmacy may override the reject when an exemption exists (i.e., active cancer related pain, end of life/palliative care, hospice, sickle cell disease).	<p>Prescribe a 7-day supply or less.</p> <p>Limiting the amount dispensed with the first opioid prescription may reduce the risk of a future dependency or overuse of these drugs.</p> <p>Exemptions to a 7-day supply include (active cancer related pain, end of life/ palliative care, sickle cell disease and ongoing chronic use).</p> <p>You can request prior authorization for a full days supply if quantities greater than 7 days are necessary.</p> <p>Subsequent prescriptions are not subject to the 7 days supply limit, as the patient will no longer be considered opioid naïve.</p>
Opioid Care Coordination (OCC) Safety Alert	<p>Limits cumulative morphine milligram equivalent (MME) dosage per day across all opioid prescriptions when the threshold reaches or exceeds 90 MME and the patient uses more than one prescriber for opioids.</p> <p>The prescriber who writes the prescription will trigger the alert and will be contacted by the pharmacy even if that prescription itself is below the 90 MME threshold.</p>	<p>Provide timely response to pharmacy outreach.</p> <p>Limit high-dose opioid prescribing.</p> <p>Prescribe lowest effective dose needed to treat the patient's condition.</p> <p>Help ensure opioid prescribing is coordinated and limited to one prescriber, when appropriate.</p> <p>Important Note: This is not a prescribing limit. Dosing is individualized based on patient circumstances.</p>

Cumulative MME Opioid Safety Alert

Limits cumulative MME per day across all opioid prescriptions when the threshold reaches or exceeds 200 MME and the patient uses more than one prescriber for opioids.

The prescriber who writes the prescription will trigger the alert and will be contacted by the pharmacy.

Pharmacies cannot override the safety alert and plan authorization is necessary in the absence of a member exemption.

Prior authorization required.

Prescriber to initiate review by contacting the OptumRx Prior Authorization Department at **800-711-4555**.

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.

Important Note:

This is not a prescribing limit. Dosing is individualized based on patient circumstances.

Opioids and Drugs to Treat Opioid Use Disorder (OUD)

Alert for concurrent use of opioids and drugs used to treat OUD. The pharmacist will conduct additional safety reviews to determine if the patient's opioid use is safe and clinically appropriate. The prescriber may be contacted.

Provide timely response to pharmacy outreach.

Opioids and Benzodiazepines

Alert for concurrent use of opioids and benzodiazepines.

The pharmacist will conduct additional safety reviews to determine if the patient's opioid use is safe and clinically appropriate. The prescriber may be contacted.

Provide timely response to pharmacy outreach.

Duplicative Long-Acting Opioid Therapy (LAOs)

Alert for concurrent use of multiple LAOs.

The pharmacist will conduct additional safety reviews to determine if the patient's opioid use is safe and clinically appropriate. The prescriber may be contacted.

Provide timely response to pharmacy outreach.

Retrospective Drug Utilization Review

The Drug Management Program analyzes pharmacy claims on a monthly basis and sends communications to prescribers.

Plan Benefit	Description and Resolution	Prescriber Action
Drug Management Program (DMP)	<p>Limits access to opioids and benzodiazepines for patients who are considered by the plan to be at-risk for prescription drug abuse.</p> <p>Potential at-risk patients are identified by their opioid use, which involves multiple doctors and pharmacies.</p> <p>Through provider discussion, if misuse or abuse is determined, the plan may limit how the member receives opioids.</p> <p>The goal of a DMP is better care coordination for safer use. Coverage limitations under a DMP can include requiring the patient to obtain these medications from a specified prescriber and/or pharmacy, or implementing an individualized point-of-service edit that limits the amount of these medications that will be covered for the patient.</p>	<p>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.</p> <p>Consider a pharmacy/prescriber lock-in to better manage uncoordinated care, when necessary.</p>



Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, and patients being treated for active cancer-related pain or sickle cell disease are exempt from the above interventions. UniteHealthcare's opioid safety edits do not impact patients' access to medication-assisted treatment (MAT). UnitedHealthcare encourages prescribers to respond to pharmacists' outreach in a timely manner and give the appropriate training to on-call prescribers when necessary to resolve opioid safety edits expeditiously and avoid disruption of therapy.



Clinical Reminders: Consider offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.



Questions?

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