



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

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

- Combination opioids plus acetaminophen (APAP) limit
- Prevents doses of APAP greater than 4 grams per day

Duplicate Therapy – Short-Acting Opioids (SAOs)

- Alerts to concurrent use of multiple SAOs

Duplicate Therapy – Long-Acting Opioids (LAOs)

- Alerts to concurrent use of multiple LAOs

Drug-Drug Interaction – Opioids and Benzodiazepines

- Point-of-sale alert for concurrent use of opioids and benzodiazepines

Drug-Drug Interaction – Opioids and Carisoprodol

- Point-of-sale alert for concurrent use of opioids and carisoprodol

Drug-Inferred Health State – Opioids and Prenatal Vitamins and Medications Used in Pregnancy

- 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

- 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, and concurrent use with a benzodiazepine with an opioid
- Patient-specific information sent to all prescribers with medication fill history for the last three months

Utilization Management (UM) Programs

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

Cumulative 90 Morphine Milligram Equivalent (MME) Limit

- 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

LOA Prior Authorization

- Prior authorization requires:
 - Attestation of appropriate use and monitoring
 - Step through short-acting opioid (non-cancer pain); step through preferred LAOs
 - If appropriate, step-through neuropathic pain alternatives (non-cancer pain)

New to Therapy SAO Edit

- Point-of-sale limits for members who are opioid naïve (no opioid claims in the last 60 days)
- Point-of-sale limits include a maximum of a 7-day supply and 50 MME or less per day dose for members ages 20 and older
- Point-of-sale limits include a maximum of a 3-day supply and 50 MME or less per day dose for members under age 20
- Prior authorization required to exceed these quantities for opioid naïve members

Cough and Cold Products Containing Opioid Components

- Limited to a quantity per fill of 120 mL (units) as well as a 30-day maximum quantity of 360 mL (units)
- Cough and cold products containing opioid components are subjected to the 90 MME cumulative edit
- Prior authorization is required for members under age 18 years prior to filling a cough and cold product containing opioid components

Transmucosal Fentanyl Product Prior Authorization

- Prior authorization requires:
 - Documentation of pain due to cancer and patient is already receiving opioids

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

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

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

APAP	Acetaminophen	MME	Morphine Milligram Equivalent
CDC	Centers for Disease Control and	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

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**