

Opioid Prescriber Guide

UnitedHealthcare Community Plan of Indiana

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

The Concurrent Drug Utilization Review (cDUR) program uses the pharmacy claims processing system to screen all prescriptions at the point of service 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 needs to address the clinical situation at the point of sale before entering appropriate National Council for Prescription Drug Programs (NCPDP) code 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)	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 medication-assisted treatment (MAT)	Point-of-sale alert for concurrent use of opioids and MAT drugs
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-drug interaction – Opioids and sedative hypnotics	Point-of-sale alert for concurrent use of opioids and sedative hypnotics
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 for 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
High-dose opioids – Encourage pharmacist to offer opioid antagonist	<ul style="list-style-type: none"> • Enhanced point-of-sale alert for high-dose opioids that recommends the pharmacist offer an opioid antagonist • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim

Retrospective Drug Utilization Review

The Retrospective Drug Utilization Review (rDUR) program analyzes claims daily and sends communications to prescribers.

Abused Medications DUR program	<ul style="list-style-type: none"> • Daily 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, overlapping SAOs, high daily doses of opioids, a diagnosis of opioid overdose with an opioid fill, overlapping opioid and MAT medications, overlapping opioid, muscle relaxant and benzodiazepine and overlapping opioid and opioid potentiator • Patient-specific information sent to all prescribers with medication fill history for the last 4 months
Duplicate therapy – short-acting opioids (SAOs)	<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 1 pharmacy for all their medications for a period of 1 year. Lock-in periods vary by state.

Utilization management

Utilization management (UM) programs promote appropriate use, help reduce costs and help improve the health status of members.

Cumulative morphine milligram equivalent (MME) threshold

- Point-of-sale dosage limit for all opioid products up to a specified MME
- Prevents cumulative opioid doses above the preset threshold from processing
- Prior authorization required for doses above the preset threshold
- The state of Indiana has indicated the threshold limit will decrease quarterly
- State-specific threshold limit schedule from April 1, 2022–Oct. 1, 2025:
 - April 1, 2022: 1000 MME per day
 - July 1, 2022: 900 MME per day
 - Oct. 1, 2022: 825 MME per day
 - Jan. 1, 2023: 750 MME per day
 - April 1, 2023: 675 MME per day
 - July 1, 2023: 625 MME per day
 - Oct. 1, 2023: 575 MME per day
 - Jan. 1, 2024: 525 MME per day
 - April 1, 2024: 475 MME per day
 - July 1, 2024: 450 MME per day
 - Oct. 1, 2024: 425 MME per day
 - Jan. 1, 2025: 400 MME per day
 - April 1, 2025: 375 MME per day
 - July 1, 2025: 350 MME per day
 - Oct. 1, 2025: 325 MME per day

LAO prior authorization

- Prior authorization requires:
- Attestation of appropriate use and monitoring
 - Patient must have received 90 days of SAO treatment in the last 120 days (non-cancer pain)
 - There is also a step requirement through 2 preferred SAO fentanyl patches that requires cancer diagnosis or palliative care-related pain

Utilization management (cont.)

Utilization management (UM) programs promote appropriate use, help reduce costs and help improve the health status of members.

New to therapy SAO edit	<ul style="list-style-type: none">• Point-of-sale limits for members who are opioid naïve (less than 90 days of opioid therapy in previous 120 days)• Point-of-sale limits include maximum of a 7-day supply per fill and maximum of 14 days per 45 days• Prior authorization required to exceed these quantities for opioid-naïve members• Absence of state-defined denial criteria
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)• Prior authorization is required for members under age 18 prior to filling a cough and cold product containing opioid components
Transmucosal fentanyl product prior authorization	<p>Prior authorization requires:</p> <ul style="list-style-type: none">• Documentation of pain due to cancer and patient is already receiving opioids• Absence of state-defined denial criteria
Overdose prevention (naloxone)	No prior authorization is required for preferred naloxone products (generic naloxone injection, Narcan® Nasal Spray)

Evidence-based prescribing programs

Focus on outreach to prescribers identified

Fraud/waste/abuse evaluation	<ul style="list-style-type: none">• Retrospective controlled substance claims analysis• Identifies outlier opioid prescribers
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Miscellaneous programs	
Substance Use Disorder Helpline	<ul style="list-style-type: none"> • 24/7 Helpline: 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 number or license 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

State-defined denial criteria
<ul style="list-style-type: none"> • Concurrent claims for buprenorphine for MAT in the last 45 days • Concurrent use of carisoprodol or combinations • New opioid claims with concurrent claims for benzodiazepines in the last 30 days • 5 or more opioid prescribers in past 60 days • More than 1 LAO and 1 SAO utilized concurrently • New opioid utilizers attempting to fill a LAO • New opioid utilizers attempting to fill more than a 7-day supply for first SAO claim or more than 14-day supply total in 45 days

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 **970-248-5031** or **800-641-8921**.

To submit a prior authorization

Online: Sign in to the **UnitedHealthcare Provider Portal** and click on the Prior Authorization tool

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) > Prior Authorization and Notification